

## Fernlea, The Wishart Anderson (Care Home) Care Home Service

Marrister  
Symbister  
Whalsay  
Shetland  
ZE2 9AE

Telephone: 01595 745 181

**Type of inspection:**  
Unannounced

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**Service provided by:**  
Shetland Islands Council

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## About the service

Fernlea, The Wishart Anderson is a care home for older people registered to provide a care and respite service for up to 10 people. It is situated in Marrister on the island of Whalsay, one of the Shetland Islands. It is situated in a small village and is accessible from the Shetland mainland by ferry.

The service provides accommodation over one floor, with 10 single bedrooms, five with an en-suite bathroom. There is a homely, communal sitting and dining room which overlooks Linga Sound and people can access a well-maintained central enclosed garden and courtyard area.

A downstairs area is used as a staff office base and for a day service. The day service spaces are occasionally used by people living in the care home for family events such as birthday parties.

At the time of the inspection, 10 people were living in the service.

## About the inspection

This was an unannounced inspection which took place on 20, 21, 22 and 25 February 2025 between 09:00 and 17:00. The inspection was carried out by an inspector and team manager from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with everyone using the service and two of their family, four people and one family member responded to our survey
- spoke with nine staff and management, 10 staff responded to our survey
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals, two responded to our survey.

## Key messages

- People spoke highly of the care and support they received.
- Staff treated people with kindness, dignity and compassion.
- The provider needed to develop quality assurance processes.
- Care plans needed improvement.
- The staff team worked well together to ensure people were supported.
- The care home was comfortable and homely.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people.

People looked well, both physically and emotionally. People told us they were happy where they were and family feedback supported that view. "Staff are extremely helpful and willing to listen" and "I think the staff are excellent" were a couple of comments we received. Importantly, people were supported by familiar and knowledgeable staff which supported their wellbeing. Interactions between staff and people were warm and friendly. That meant people had a sense of confidence in the support provided.

Medication was managed safely and supported individuals' health needs as there were robust systems in place. We saw examples where medications were reviewed to ensure people continued to benefit from prescribed medication. There was a need for staff competency to be assessed more frequently. The current process of observing practice at the initial stages of employment was not sufficient. It is important that staff confidence and competency in this critical area of work is carried out on a regular basis. That lessens the likelihood of poor practices developing and also offers reassurance to staff that they are doing a good job.

People's health benefited from the care and support provided. Staff were responsive to changes in people's physical and mental health needs and shared this information with the right people. That meant people received appropriate, responsive care which supported their health and wellbeing. It was positive to find that monthly locality meetings were held which included a variety of health staff as well as care staff. That allowed for a broad range of views to be shared on how best to support people. Minutes of these meetings could be better recorded and best practice would be to reflect them in people's care plans.

We received positive feedback from local health and medical staff. Comments included: "I was very impressed - but actually this is what I experience on a regular basis at Fernlea when I visit." It was encouraging to hear that work was taking place to ensure that all involved staff teams were developing their communication systems. People's health outcomes are enhanced by a team who work around the person to achieve the same goals.

Staff felt restricted in time to support people to do what they want to do to make their day meaningful. There was a sense at points that there wasn't much going on for people. People's days do not have to be filled with a formal 'activity' but they might find their day having gone well because someone took time to chat to them, to sit with them. Small touches can mean a lot to people. That said, it was positive to hear about the links to the local community such as the local school being involved. The 'bag of proil' Reminiscence Project was noted to be popular with people. Given how one man shared his memories of when electricity came to Whalsay, we appreciated the power that happy memories can have on people's mood. Reliving positive experiences can reduce anxiety but it also acts as a talking point from which staff can learn even more about the people they support. People benefit from a staff group who are curious about them and their interests. Staff can use the information to develop relationships and to support care planning.

We observed the mealtime experience. Staff were available to assist people when needed. This was done in a dignified and supportive manner. Staff chatted with all around to check on their enjoyment of the meal but also to offer company. It was a very sociable situation but those who chose to eat in their rooms were afforded that choice also. Those with a sweet tooth enjoyed the 'fancies' on offer and all enjoyed the home cooked traditional food - reestit mutton and soup. It was heartening to find food on offer which reflected local culture. People's nutritional needs were well met impacting positively on their health and wellbeing.

There was a positive attitude to food and drinks in the service where people could help themselves at any point. That was important for people who were using the service for a short period and were seeking to retain control over doing tasks for themselves.

The alarm call system was not working properly. The provider had already started working to remedy this. We expect this to be completed in a timely manner and have asked for a clear timescale to be forwarded to us. People's sense of safety and security is enhanced by being confident they will be responded to when calling for support.

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The service had recently been under the scrutiny of a Large Scale Investigation (LSI) from the Health and Social Care Partnership. That had concluded with recommendations, many of which were noted within our inspection.

Two improvement plans were in place, one was for the whole provider group - Shetland Islands Council Community Care Resources. The other was for the care home alone. People should have confidence that the service is well led and managed. Leaders expressed a desire to meet all recommendations to improve outcomes for people using the service. We will monitor the actions within the plans in our next inspection.

Quality assurance is an umbrella term, which embraces all activity that contributes to service improvement. Quality assurance activities monitor compliance with policies and procedures, evidence strengths and good practice, identify gaps and areas for development, drive learning and service improvement. A quality assurance framework allows those with leadership responsibility to understand how effectively their service is working to deliver good care to people. That means keeping people safe, promoting positive outcomes, and ensuring agreed standards are being met. Quality assurance in the service was not fully effective.

There was a tracker for quality assurance to be implemented which included monitoring of some key areas such as care plan audits, medication audits, supervision, staff meetings and Scottish Social Services Council (SSSC) oversight. There was a need to ensure that all relevant audits were included. There was no framework in place for the tracker which meant leaders could not be sure as to exactly what quality assurance needed to be undertaken and the standard expected. The framework should clearly set out expectations of leaders and what the leaders can expect in terms of oversight and governance (see requirement 1).

One tracker contained important data related to people's assessed needs. However, it was not used to its full advantage. It was not clear where the information was being checked against care plans to ensure all information was up-to-date and was used to influence decisions around care and support. Given recent gaps in leaders being available locally, time is needed for the current team to be able to use these audits to full effect.

Audits of care plans were in place but they were not effective in identifying gaps or where better recordings were required. The audit was more of a checklist which did not clearly identify the quality of work within the care plans. Audits should be valuable and meaningful; they can be used to identify good practice. They can also identify where improvement is needed and actions plans should guide such improvements.

A training tracker was in place. It identified training such as induction, core and person specific or personal development and the frequency required for refreshers. That helped leaders see who had completed training and where gaps in training were in place. People are better supported by trained and knowledgeable staff who understand the role expected of them.

Medication audits were taking place. We saw good examples of these audits showing what needed to change and actions taken. A significant impact on reduction in errors and improvement in practice was noted. Positive and supportive processes such as those ensured people's safety was enhanced regarding their medication. We could see that staff identified and took ownership of improvements. We need to see this spread to other key areas such as care plan audits (see How well is our care and support planned?).

## Requirements

1. By 20 June 2025, the provider must develop a quality assurance framework which will support improvement and ensure good management oversight.

To do this, the provider must, at a minimum:

- a) identify the relevant quality audits that must take place within the service which promote the safety and wellbeing of people and staff
- b) identify and detail the associated timescales within which each quality audit must take place
- c) identify and detail the required standards that should be met with regards to best practice expectations
- d) ensure that actions identified in quality assurance audits are followed up with clear action plans which are reviewed and signed off by the responsible manager
- e) ensure governance and adequate oversight arrangements are in place for service quality and to provide guidance and support to leaders in the service.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

## How good is our staff team?

## 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living in the care home benefited from a warm atmosphere due to positive working relationships. Staff spoke highly of working well together and appreciating each other.

Staff were recruited well and new employees took part in an induction. They shadowed experienced staff which gave them a chance to learn directly from them. Online training was in place but areas such as moving and handling training was provided in person. Some staff did prefer face-to-face training and leaders did source this where they could. People could be confident that staff had undertaken the relevant training to carry out their role.

Staffing levels did appear to follow a more traditional ratio approach. We stressed the importance of ensuring that the staffing levels were informed by a dependency tool which the service had access to. The dependency tool calculates how many support hours people should have in relation to their need for support. However, we were confident that professional judgement was also used to determine staffing levels. That meant that where people needed extra support such as during periods of poor health, staff levels rose as required. People could be confident that leaders responded to their health and wellbeing needs with the right staffing levels in place.

Night shift cover appeared to be working well. We saw a great example of where cover was provided in a way which suited staff in terms of their family commitments. Flexibility ensured people were cared for and staff were able to balance their own caring commitments. People often reap the rewards of a content, valued staff team.

Staff felt part of a team. They enjoyed working at Fernlea and were proud of the difference they made to people's lives. Staff comments included: "I feel that the level of care in Fernlea is the very best it can be, as a team we strive to be the best we can and even if short staffed everyone is willing to put in the extra hours to make sure that is always the case" and "I feel lucky to be part of a service which is so respectful and dedicated to our residents".

Recent events around scrutiny of the service had been upsetting for all staff. Support from the provider was made available. However, staff generally felt a lack of strong leadership during the Large Scale Investigation (LSI). The provider should reflect on the experiences as to how it engages in extra scrutiny with the workforce whilst offering a supportive role at the same time.

Clarity is needed around out of hours on call arrangements to ensure staff are clear on who to contact where any issues arise outwith office hours. The provider had offered a formal system which did not work and staff resorted to informal calls to leaders. Local leaders sought to support staff but that risked staff never feeling they could truly get a break from work. There was also a risk that some decisions could only be taken at very senior levels (see area for improvement 1).

Staff did feel supported by local leaders. They felt they could approach them with discussions which were important to them. Confidential, supportive conversations were seen as an aspect of support to staff which they valued. Staff were offered formal support through supervision which was used to look at staff development as well as wellbeing. Not all staff had access to this but we were confident that leaders were in a position to catch up. We will look at this during our next inspection.

## Areas for improvement

1. To support people's wellbeing, the provider should ensure that a robust on-call system is in place. Staff should have access to a leader who is in a position to offer clear guidance and make decisions as required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

## How good is our setting?

### 5 - Very Good

We found significant strengths in aspects of the care home environment and how these supported positive outcomes for people. Therefore, we evaluated this key question as very good.

The home had a pleasant and welcoming atmosphere both at the entrance to the home and as we walked around the building. It was heartening to find open access at the front door. That reinforced the sense of it being people's home where people could come and go as they wished.

Routine maintenance checks were in place as were domestic audits to confirm that all areas were cleaned as required. As a result, people could be confident about their safety and the environmental cleanliness within the home.

Communal spaces such as the dining area and living room were well used. Some people chose to stay in the privacy of their own room, care plans confirmed those choices. The view from the dining room was outstanding. One person spoke with joy about the day, three killer whales swam in front of the home! Looking out at a natural environment can generate a multitude of positive emotions which promotes good mental health.

Visitors felt welcomed. There was a spacious downstairs area which was used for day services. Families had accessed it for birthday events and suchlike. We asked management to consider whether it could be used more often. The upstairs area lacked a private family room and it would be good to see an alternative on offer.

The home had pleasant touches such as artwork displays which people and local children had worked together to create. They added a touch of vibrancy to the hallways and offered a lovely talking and reminiscence point. Individual rooms were homely and personalised. In general, the environment was well-kept.

En suite toilets are available in all ten bedrooms with five of these also having an en suite shower. There are plans to adapt all bedrooms to have en suite showers. The plans have not come to fruition due to the need to take a room out of commission to complete works and there is a high demand for service provision. The provider should review their plans to make a firm decision on the planned works and when they will take place. That would ensure that all living in the service would have access to their own private facilities. A newly installed accessible bath was enjoyed by those who preferred a soothing, relaxing experience. That meant that people had choice over personal care.



People had access to outdoor areas, an enclosed courtyard offered a safe space where people could go and enjoy the fresh air but within easy observation of staff.

For some people, being able to make a cup of tea when they wanted and suchlike was important. It was positive to find an accessible kitchen which could also be used by families, if wished. This too added to the sense of home.

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

On starting the inspection, the leadership team told us that they recognised that the care plans and risk assessments needed improvement. It was included within their improvement plan. It is important that leaders can recognise and acknowledge where things are not as good as they should be. We were reassured that leaders were keen to promote a culture of continuous improvement and good practice within care planning activities.

A care plan is crucial to ensuring people get the right level of care in line with their needs and goals, in a way that suits them. It guides staff as they deliver care to a person and is their primary source of information when doing so. When creating a care plan, the assessed care needs and personal preferences are the first things to think about. Care planning is a skill; staff felt they needed to be better skilled. We were pleased to see that the provider was seeking to have a key working champion and to develop key working training for staff.

Plans were primarily task orientated and covered people's routines, some offered better information than others. They offered an element of a guide to staff as to what to do but they lacked detail of why they should do things. Plans should centre around the person and cover what is meaningful and important to people, what they want out of life. People's choices and wishes should be fully recorded (see requirement 1).

Staff knew people well and could talk about people's needs and how best to meet them. They understood risks for people as well. There was a need for risk assessments to be clearer as to what the risk was and what could be done to minimise the risk. In particular, the notion of stress and distress was often understood by staff but care plans did not capture that rich information. However, it was important that the information was fully recorded. Without that, people could be at risk of staff providing care based on incorrect information (see requirement 1).

Where required, staff completed charts to record and monitor aspects of people's health and wellbeing. That included food and fluid charts or monthly weights. We found some gaps but overall they were being well used. However, some recordings were vague such as 'porridge' - it made no reference to how much was eaten or if a target amount of food needed to be eaten in a day. If recordings are being used, there should be clarity on why they are in place and what is to be achieved. Leaders should maintain an overview of recordings to be confident that accurate and useful information is recorded (see requirement 2).

We noted under What the service has done to meet any areas for improvement we made at or since the last inspection?, that there was a need for better recording around as required medication. Sometimes people cannot express their health needs but staff are aware of changes due to the way in which people may change their body language or suchlike. It is important that recordings around this are in place which help new staff to understand what is needed to support people to keep them well (see requirement 2).

We have asked leaders to make better use of future care planning. Planning ahead can help people feel more in control and able to manage any changes in their health and wellbeing. That was particularly pertinent for people using the service on an interim basis but also for those who want to discuss end of life care and support.

Care reviews were either up-to-date or planned in advance. We found these to be recorded in a meaningful and person-centred way. People and their families were clearly involved in reviews with their views well recorded. Some external staff also took part in reviews. That ensured that a collaborative approach was taken to ensure people's planned care was right for them.

## Requirements

1. By 20 June 2025, the provider must ensure that people's personal plans and risk assessments contain up-to-date and essential information to give staff clear instruction on how to meet their needs safely.

In order to do this, the provider must, at a minimum:

- a) ensure all care plans are accurate, detailed and reflect the current assessed needs of people
- b) ensure all risk assessments are accurate, detailed and reflect the current assessed needs of people
- c) ensure people's choices and wishes are fully recorded
- d) use care plan audits to ensure information about people and their needs are accurate and issues identified are addressed effectively.

This is to comply with Regulation 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. By 20 June 2025, the provider must ensure that people are protected by safe and effective health and medication systems and procedures.

In order to do this, the provider must, at a minimum

- a) ensure PRN protocols are in place for as required medication which includes bowel management, pain relief and stress and distress

- b) ensure PRN protocols give clear instruction on when medication should be given and when further action should be taken
- c) ensure clear links are made between care plans and PRN protocols, to ensure staff have knowledge of the signs to be aware of as well as strategies and techniques to provide responsive care
- d) ensure health monitoring records are used only when needed and that clear guidance is available as to targets to be met and actions to take if not met. Rationale for using such records should be in place
- e) ensure monitoring records and PRN protocols are regularly reviewed to make sure they are used effectively.

This is to comply with Regulation 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To improve the provision for the health, welfare and safety of residents, the management team should ensure that effective medication management systems are in place and being adhered to by all staff involved in the administration of medications.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes" (HSCS 3.14) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

**This area for improvement was made on 11 January 2023.**

#### Action taken since then

Systems and processes were in place to support good practice around people's use of medication. These were generally robust. However, there had been a gap in terms of audits due to a gap in leadership over recent months. As we had seen how well these worked before, we were confident that they would fully reinstate them.

Leaders had already identified a need to ensure all staff were up-to-date with all available medication training. The provider was working to further develop and improve the current medication policies and procedures to ensure they are up-to-date and relevant.

Sometimes people are not able to communicate their health needs and rely on staff to interpret whether they are in pain or suchlike. As required medication was in place for one person who could not communicate their need for such medication. Staff were able to describe the signs that they would look out for to decide on whether to use medication. However, it was not fully recorded. It is important that such recordings are in place to guide all staff and make sure that people are able to access medication when needed to keep them well.

**This area for improvement is no longer in place and has been incorporated into a new requirement under How well is our care and support planned?**

## Previous area for improvement 2

To support clear and transparent reporting processes, the service should submit relevant and prompt notifications to the Care Inspectorate in line with its notification guidance entitled - Records that all registered care services (except childminding) must keep and guidance on notification reporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

**This area for improvement was made on 11 January 2023.**

### Action taken since then

It was evident that management were using their own recording system to detail accidents, incidents and any other relevant information. We were satisfied that leaders were able to use their system confidently and competently. Notifications sampled did not meet the threshold to be sent to us. That indicated an understanding of the difference between internal notifications and our notifications.

A few recent notifications had been made to us. There had been a gap in notifications to us which was primarily due to a leader's absence. The provider should consider contingencies for such periods such as delegating responsibility to another leader. However, we were confident that going forward, leaders had the knowledge and understanding to notify us as required.

**This area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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