

St Brendan's (Care Home) Care Home Service

St. Brendan's Home
Castlebay
Isle of Barra
HS9 5XE

Telephone: 01871 817 217

Type of inspection:
Unannounced

Completed on:
22 April 2025

Service provided by:
Comhairle nan Eilean Siar

Service provider number:
SP2003002104

Service no:
CS2003009705

About the service

St Brendan's care home is located in Castlebay, Isle of Barra, and adjoins St Brendan's hospital.

The care home is located on the ground floor of the two-storey building, and consists of 10 rooms with en suite wash basins, a spacious lounge and dining area with a sea view, a TV room, shared bath and shower facilities, and four toilets. There is an outside area to the rear of the building with garden furniture.

Some provisions are shared with the NHS, including housekeeping and laundry.

The service provides residential care for a maximum of ten people, of which two places can be for respite care.

The provider is Comhairle Nan Eilean Siar.

About the inspection

This was an unannounced inspection which took place between 15 - 22 April 2025. The inspection was carried out by one inspector 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 or spent time with six people using the service and two of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service responded quickly to people's health needs.
- Management were visible and approachable.
- Medication documentation and recording was not always consistent.
- Staffing levels were stable and staff knew people well.
- Quality assurance processes in the service had been developed since the last inspection.

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 staff team?	4 - Good
How good is our setting?	4 - Good

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

At the time of inspection there were six people living in St Brendan's, the home had a warm and welcoming atmosphere and staff supported people in both Gaelic and English language, based on each person's preference.

People's health benefitted from the service having good engagement with healthcare professionals, and the service had advocated on behalf of people to ensure they received necessary appointments and referrals. One professional told us:

"It has always been a pleasure to work with the staff and residents in the happy and caring atmosphere I find."

Medication recording systems were in place. We found that some protocols for PRN 'as required' medication had not been completed, and there were inconsistencies in some medication records (**see area for improvement 1**).

Mealtimes were relaxed and staff had a good understanding of people's likes and dislikes, this meant people were supported to have a good nutritional intake. Activities within the home were led by people's preferences, these included visits from musicians and intergenerational activities with the local nursery.

People were supported to maintain their spiritual beliefs and attend religious services that were important to them. There were frequent visitors to the home, who told us they were made to feel welcome at any time of the day, this ensured people were able to maintain connections with the local community and those who were important to them. One relative told us:

"I am more than delighted with the care [my relative] receives at St Brendan's. The staff are wonderful."

Areas for improvement

1. The service should ensure protocols are in place for the administration of all PRN 'as required' medication. Staff should follow best practice guidance in the administration of medication, including recording the effects of PRN medication when administered.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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.

Management calculated staffing levels in the service using the 'Isaac and Neville' dependency tool, along with knowledge of people's needs and staff strengths. During the inspection there were sufficient staff on duty to meet people's needs, and people told us staff responded to call buzzers promptly if help was requested.

There had been no recent use of agency staff in the service, this meant that people were supported by a team of staff who were familiar to them. It was recognised during the inspection that senior care staff often cover shifts 'on the floor' which means they do not always have time to complete some other aspects of their role.

Staff were well trained and has access to a variety of training opportunities within the provider's integrated services. Staff members told us they felt well supported by the management team, who they felt were approachable and responsive. Team meetings were held regularly to promote effective communication within the team, and discuss how best to meet people's outcomes.

People and their relatives were complimentary of the staff team. Relatives told us that important communication about their loved one was shared promptly, and they were always made to feel welcome when visiting. One relative told us:

"The staff at St Brendan's go above and beyond their requirements in caring for [my relative]. It gives me great comfort to know that they are looked after by such diligent, friendly and lovely people."

How good is our setting?**4 - Good**

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

The care home building was warm, comfortable, and bright with natural light. People's bedrooms were personalised with their own belongings, and they had been encouraged to choose décor and furnishings to their liking; this meant people benefitted from a homely environment, and could be confident their opinions and preferences were valued. Communal areas were accessible and had ample space for people to be able to spend time with others, or alone if they wished to. People told us they loved the views from the windows throughout the home.

The service utilises the space, layout of the building, and grounds as creatively as possible. The facilities within the home were well-maintained, and appropriate checks on the building and equipment were being carried out regularly, this meant that people could be assured their home was a safe environment.

The environment was cleaned to a high standard. Hand washing facilities were available throughout the building and supplies of personal protective equipment (PPE) were plentiful.

The building adjoined the local hospital and it was noted the car park was very busy at times during the

inspection, this could inhibit accessibility for people going out or visitors coming into the home. The service had already noted this in their service improvement plan.

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

The provider should continue to develop strong leadership and staff competency by embedding effective use of quality assurance processes across all areas of the service. To do this the provider should ensure:

- a) routine audits and checks are being completed across all areas of the service, and at the necessary frequency to embed best practice;
- b) clear action plans with timescales are devised where deficits and/or areas for improvement are identified;
- c) audit action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

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 18 April 2023.

Action taken since then

The service manager had robust quality assurance measures in place and we sampled the associated documents during the inspection, these covered key areas of service delivery. The quality assurance processes were working to identify improvements in the service, which were being actioned appropriately, and included quality assurance checks from the senior management team. The service manager intends to further improve quality assurance measures by increasing observations of staff practice.

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.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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