

Glenurquhart Centre (Support Service) Support Service

31 Coiltie Crescent
Drumnadrochit
Inverness
IV63 6TR

Telephone: +441456459077

Type of inspection:
Unannounced

Completed on:
25 April 2025

Service provided by:
GlenUrquhart Care Centre

Service provider number:
SP2003001700

Service no:
CS2003017886

About the service

The Glenurquhart Centre is a purpose-built premises based in a residential area of Drumnadrochit. The service provides community-based support within Drumnadrochit, Tomich, Strathglass, Kiltarlity, Beaully and Glenurquhart.

The aims of the Glenurquhart Centre are to provide a supportive environment for older adults who would benefit from enjoying an enhanced, independent quality of life. It offers social activities, nutritious meals, personal care support, domestic services, and transport assistance. The centre also recognises the needs of carers and provides support to them as well as the people they care for.

The provider is Glenurquhart Care Project and at the time of inspection up to 20 people a day, five days a week, were using the service.

About the inspection

This was an unannounced inspection which took place from 23 to 25 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 with 11 people using the service and two of their family;
- spoke with 13 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Staff developed meaningful relationships with people based on warmth, respect, and compassion.
- People receiving care and support felt happy due to an open and welcoming culture where they felt valued as individuals.
- People benefited from staff being able to spend time with them and understand their needs and preferences.
- Managers and staff were responsive to feedback and motivated to continually improve and develop the service.
- Staff were competent, skilled, and mentored within their role through regular supervision and training.
- People benefited from high quality facilities and a setting which was comfortable, light, safe and well maintained.
- People and their families were fully involved in planning their care and support.
- People's quality of life was enhanced through building strong relationships with external partners which promoted community involvement.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for people.

Staff were welcoming in the service and people benefited from a happy, relaxed, and sociable atmosphere. People's needs and wishes were well understood by compassionate staff who could spend time building a trusted relationship with them. This meant people were confident in receiving the right care at the right time from the right people who knew them well. People felt treated with kindness, dignity, and respect. One person told us "It's lovely here, it's amazing banter and I would never miss it" and another person confirmed "The staff are brilliant, and no-one here will say anything different. They are all so patient". Staff agreed and told us "It's lovely, you can enjoy the residents and spend time with them, and get to know them well" and when we spoke with others they confirmed "People are happy, it's a really good atmosphere, everyone walks away with having something from here: if a bad day they have a shoulder to lean on or on a good day, someone to laugh with".

People were fully involved in making decisions about their wellbeing through holistic personal plans. Staff actively sought feedback from people using the service and provided technology or specialist equipment to support their involvement. One example was how the interactive board in the lounge could be used for group activities or converted to a table-top tablet for individual hobbies. Managers and staff worked hard to improve people's experiences, and this was reflected with increased demand for the centre. One external agency told us "The centre is now the best it has been in years. The increase in people using the service is huge" and another confirmed "They have made a huge effort to support every unique person, and make sure that everyone is accepted and treated with compassion, dignity and respect."

People's interests and wishes were reflected in a range of daily planned activities. People's enjoyment of the outdoor space was being enhanced with the involvement of a gardening project and community groups visited to provide entertainment. One external agency told us "They make an effort to do as many different activities to make the centre as appealing and accessible to as many people as possible" and a relative confirmed "You know they're having a good time, they will talk about the activities and share stories so we feel involved in their lives". People appeared interested in the activities and there was lots of laughter in the group. This meant people were encouraged to make positive lifestyle choices that contributed to their physical, mental, and emotional wellbeing. One person told us "They're lovely here, it's good to make friends" and this was confirmed by another who said, "It's great for people living on their own, I love it here."

People's wellbeing was supported with tasty, attractively presented food, regular drinks, and snacks. Staff took time for people to be as independent as possible, and promoted their skills and choices while being responsive to their wishes. People's enjoyment of their food was enhanced by not being rushed and sharing conversations with friends in a pleasantly arranged dining area. People could choose alternatives from the three-course lunch menu and adapted cutlery and crockery ensured everyone could enjoy their meal based on their individual needs. This meant people's nutrition and hydration needs were well met. One person told us "The lunches are fabulous" and another person said, "I think the food is really lovely."

The service could improve by identifying additional external agencies who could contribute to the activities programme and sustain changing interests within the people using the centre.

How good is our leadership?

4 - Good

We evaluated this key question as good. There were important strengths that had a significant positive impact on people's outcomes and clearly outweighed areas for improvement.

Leaders within the service showed that they had the skills, motivation, and capacity to oversee improvement. Managers and staff developed a dedicated team with shared values based on good practice. This meant people benefited from a culture of openness, continuous learning and development. One staff member told us "We are all really open and honest, we encourage an open culture," and another said, "It's clear to see how the managers and seniors are respected, they talk with people and have a very positive style and attitude." The positive impact of the team developing a shared vision for the centre was recognised by external agencies who told us managers have "formed an incredibly happy, well supported team, that can in turn provide an excellent service for the people in our community, and I am grateful that I am able to work alongside them" while another confirmed "I feel a large part of that is down to how the service is managed and you can see the impact this has had on both staff and the supported people".

Managers evaluated people's experiences and actively sought regular feedback. This meant people felt listened to and their views considered. One example was the use of the 'comments, compliments and complaints' forms which were used to inform service improvements. People were confident giving feedback because they knew it would be acted upon. One person told us "You say something, and staff are right there to help" while a staff member confirmed "If managers say they are going to do something, it's done, they are always about and will sit and be part of something."

Managers developed quality assurance activities that guided the future direction of the centre. However, this was not documented in an improvement plan with clear outcomes which were reviewed within set timescales. We identified where this should improve (see area for improvement 1). Staff felt communication and relationships between the team were important in how managers led improvement and supported their involvement. Staff told us "The management is fantastic, everybody here works as a team and it's very much an open door policy if anything comes up" and "Communication is excellent here, we're a team and all working together and no obvious hierarchy, we never say 'not my job'. This meant leaders and staff learned from practice and the right action was taken at the right time to reduce risks and promote people's health and wellbeing.

Areas for improvement

1. To ensure quality assurance activities are summarised within a structured document, managers should complete a service improvement plan.

This should include, but is not limited to:

- a) detailed outcomes for service improvements which are informed by self-evaluation and feedback from people using the service;
- b) identified staff and managers with responsibility for specific actions in meeting the outcomes for the service. These should include timescales for achieving the outcomes and be signed off by managers when completed; and
- c) regular reviewing of the outcomes which are part of the established systems within the service and the improvement plan updated to reflect progress.

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); 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?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for people.

Staff understood the needs of people using the service so the right number of staff with the right skills were always working to support people's outcomes. There were daily communications between staff with opportunities to discuss their work and how to achieve the best outcomes for people. One example was the clearly defined roles which were discussed each morning, such as which staff will be on direct support, serving lunches, or leading on activities. Staff told us "The managers are great and play to our strengths, I really like everyone I work with" and another confirmed "One of the things I like is managers very much encourage us as a team to pull together."

Staff helped each other by being flexible in response to changing situations. This meant people's support was consistent and stable. Staff had time to build positive relationships with people and engage in meaningful conversations. This meant care and support was provided which was personalised for people's needs and wishes. One person told us "Staff are all fantastic and everybody is so helpful, they do it with love, everyone mucks in including the bosses, everyone works well together". When we spoke with staff they said, "I go home at night feeling everyone is well looked after and cared for" and "It's a good staff team, we all work really well together, and everyone is treated with dignity, respect and kindness." This meant people using the service and staff benefited from a warm atmosphere because there were good working relationships.

Managers supported the welfare of staff, were confident in having discussions about practice and supported professional development. Staff were encouraged to develop within their roles through allocated time to complete their training, regular supervisions and mentoring. Staff told us "Supervision is supportive, and we can knock on the door and go to the office between" and another confirmed "I now have the chance of progression, and am very well mentored, we are encouraged to be reflective and learn." This meant staff felt happy and motivated which benefited people using the service. Staff told us "I can go to the managers at any time, they're very visible on the floor" and "It's just a great place to work, I feel well supported in my role."

Staff had a range of experience and skills that met the needs of people using the service. Contingency plans for unplanned staff absence or adverse weather conditions were carefully considered and alternative arrangements made from within the staff team without the use of agency staff. This meant people benefited from continuity of care.

Managers were responsive to unplanned supervision but the service could improve by ensuring planned supervisions are tracked as part of quality assurance processes.

How good is our setting?**5 - Very Good**

We evaluated this key question as very good, where significant strengths supported positive outcomes for people.

Glenurquhart Centre is purpose-built as a setting and benefited from recent refurbishment of the interiors. The building is accessible with space for moving and handling equipment if needed. The floorings are suitable for mobility needs and furnishings of a high standard. Staff told us what the team achieved, including views of people using the service, and that "It was our vision for the centre, including refurbishment, which has made such a huge difference and also increasing the number of people that use the centre" and another confirmed "We feel we have a building fit for purpose, clean and well maintained but we kept some of the service users' personality and history on the walls and in its furnishings".

People could choose to use the quiet room, games room or communal lounge area. This meant people benefited from choosing spaces that met their needs to be private or enjoy socialising with others. The environment benefited from plenty of natural light, fresh air and was open and welcoming. Garden areas were being developed in partnership with a community project to enhance use of the greenhouse and land for growing vegetables and plants. This meant people's health and wellbeing could benefit from connection to nature and sharing activities as part of being connected within their community.

Staff ensured the environment and equipment was clean, fresh, and safely maintained. Quality assurance systems included auditing of hygiene and ongoing maintenance of the premises. Fire safety and evacuation procedures were reviewed and staff understood their responsibilities in promoting best practice with infection prevention and control. One person told us "No matter what time of day it is you can go in and it will be clean" and when we spoke with others, they shared this experience. This meant the facilities were safe and suitable for people to use.

There were separate areas for staff so that they could have private conversations and breaks away from shared spaces. People using the service, families, staff, and external agencies expressed pride in the setting and commented on what an enjoyable and bright space it was to spend time. External agencies told us "It's a good team and the difference in the upgrade and work that's been done is absolutely noticed" and another confirmed "It's now a pleasure to go in, more people use it, it's light and airy, more people are coming in like community groups". This meant positive outcomes for people using the service and has contributed to the positive changes in leadership, management, and staff culture.

The service could improve by considering dementia-friendly signage which includes clear, easily readable signs with strong visual contrast, recognisable symbols, and pictures. Using consistent signage throughout the centre, including for exits and toilets, which are well-lit and do not have reflective surfaces would promote best practice.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were important strengths that had a significant positive impact on people's outcomes and clearly outweighed areas for improvement.

People benefited from aspirational care and support planning that informed their experiences of being cared for and supported. One staff member told us "We are at a place of a shared vision for the service and aspirations about it being used out of hours and extending" while an external agency confirmed "The people supported here are made to feel welcome, they are fully supported to be as independent as possible, whilst being assisted with any needs they may have".

People expressed feeling involved and consulted about their views with their rights to make decisions respected. Families and people using the service expressed confidence in how staff escalated any concerns and ensured appropriate follow up. This meant people's changing health needs were identified by staff and their health and wellbeing promoted. One relative told us "I feel very confident because the people who provide support know them well. We could do with more of it! It is just about perfect" and another said, "It gives us confidence that when we phone someone is taking comprehensive notes, they're so adaptable to updating their package to what is going on."

People's personal plans were reviewed, evaluated, and updated. Staff collaborated with other professionals and external agencies to make the most of what people wanted to achieve. Families felt supported and involved with the ability to speak to managers and staff if they felt concerned about the welfare of their relative. One relative told us "I can speak to a manager and whenever I phone there is always someone there to keep me informed" and another confirmed "The centre has been really good, and we have used them for guidance and support and advice."

However, while personal plans were reviewed, there was a lack of consistency with recording dates and documenting meetings with other professionals. We identified where this should improve (see area for improvement 1).

Areas for improvement

1. To ensure people's outcomes benefit from their feedback and changing needs or wishes, the provider should ensure that both internal review meetings and those with other professionals are consistently recorded. This should include, but is not limited to, updating and reviewing each relevant section of their personal plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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); and
'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

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 must develop an Activities Plan which ensures that people are enabled to get the most out of life with options to maintain, develop and explore their interests, strengths and skills. In order to achieve this, the provider must ensure:

- a) that each person is supported to develop an individual activity plan which focuses upon their interests, strengths and skills
- b) that individual activities plans are used to inform and complete the service activities plan
- c) that the service activity plan is regularly reviewed, as part of quality assurance activities, and that the views of people using the service are actively sought and used to inform the contents of the plan.

This ensures that care and support is consistent with the Health and Social Care Standards which state: 'I can choose to have an active life and participate in a range of recreational, social, creative and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 10 July 2023.

Action taken since then

People's care plans detailed their likes and dislikes within an assessment of activities. Individual choices reflected interests, hobbies and strengths in addition to asking about anything new people might like to try. A service activities planner used this information to develop in-house events as well as benefiting from the input of external agencies. People's views and suggestions were actively sought and considered as part of the daily morning meetings with staff.

This area of improvement was met.

Previous area for improvement 2

The provider must ensure that newly developed quality assurance processes are embedded within practice and carried out in a manner which achieves improvements in the provisions of the service. To do this the provider must ensure:

- a) the service improvement plan is regularly reviewed and updated and captures all auditing and quality assurance activity across all areas of the service being provided
- b) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported
- c) clear action plans with timescales are devised where deficits and/or areas for improvement have been identified
- d) action plans within the service improvement plan are regularly reviewed and signed off as complete once achieved by an appropriate person.

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

This is to ensure 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 10 July 2023.

Action taken since then

The service has established internal quality assurance systems, such as weekly audits and action plans. Managers and named staff were responsible for specific tasks, such as updating care plans. Questionnaires were used to gather feedback from people using the service and self-assessment tools for staff to evaluate performance. People's health and wellbeing were reviewed at daily meetings where staff identified any issues and followed up with relevant agencies. Areas for improvement and progress were reviewed within the organisation's business plan and accountability to external funding groups. However, the quality assurance activities were not captured within a service improvement plan, which would more clearly show how outcomes have been achieved and reviewed within set timescales by named managers.

There will be an amended area for improvement to take account of progress to date.

Previous area for improvement 3

To promote good outcomes for people, the provider should develop, record, link and evaluate the quality of staff practice. This includes, but is not limited to:

- a) Supervision records, annual appraisals and direct observations which show evaluation of staff skills and feedback from people using the service and contribute directly to action planning within the service improvement plan;
- b) Team meetings which are used to capture staff views, involve direct engagement with people attending the service and contribute directly to action planning within the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 10 July 2023.

Action taken since then

Managers have developed policies and procedures to record and evaluate staff practice. Staff benefit from supervision and direct observations which inform their professional development. Staff skills and knowledge were promoted through support from accessible managers and a team culture which encouraged continuous learning. People using the service provided feedback and staff meetings provided opportunities for views to be shared as part of service improvement.

This area for improvement was met.

Previous area for improvement 4

People should have confidence that their personal support plans reflect their individual needs and intended outcomes. To promote good outcomes for people, the provider should review current personal support planning approaches.

This includes, but is not limited to:

- a) Developing personal support plan formats which are person-centred, strengths-based and outcomes focussed.
- b) Seek the views of people who use the service about their experience of personal support planning and reviews.
- c) Develop support plan review approaches which promote greater involvement from people and accurately record discussions and agreed outcomes.
- d) Support plan reviews, either directly undertaken by the service or by other professionals, should be appropriately recorded to evidence discussions had taken place and agreements made.

The following Health and Social Care Standards have been considered in making this area for improvement.
1.15 "My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices." 1.23 "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected".

This area for improvement was made on 10 July 2023.

Action taken since then

Personal support plans have been reviewed and there was an ongoing system of named keyworkers for updating information. People's plans reflected their individual needs and outcomes and focused on promoting their strengths and interests. Staff sought the views of people using the service and documented their feedback. Review forms recorded discussions and people were involved in evaluating their agreed outcomes. However, support plan documents should consistently record dates for when each section has been reviewed and when updates are due. Discussions by other professionals should also be documented by the service and their organisation's minutes added when made available.

There will be an amended area for improvement which reflects progress to date.

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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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