

Spynie - (Care Home) Care Home Service

Duffas Road
ELGIN
IV30 5JG

Telephone: 01343 552 255

Type of inspection:
Unannounced

Completed on:
6 May 2025

Service provided by:
Intobeige Ltd

Service provider number:
SP2004005486

Service no:
CS2003055110

About the service

Spynie Care Home is a care home for older people and it is registered to provide a care service to a maximum of 56 people. Five of these places may be provided to named individuals under 65 years old.

Spynie is a single storey building located on the outskirts of Elgin, it is a short distance from the town centre. There is a bus stop nearby. All bedrooms are single occupancy and have ensuite facilities. There are three units, each with their own dining and lounge area, conservatory, and private enclosed level-access garden.

There were 54 people living in the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 29 and 30 April 2025. The inspection was carried out by two inspectors 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 20 people using the service and seven of their family members
- spoke with 23 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Overall, people were well supported to wash, dress, and take care of their appearance.
- People enjoyed varied, well presented and appetising meals.
- The activities on offer were varied, but more should be done outside of the scheduled activities, to support people to get the most out of life.
- The care home benefitted from a stable management team and workforce and this provided continuity of care.
- Information was not always accurately or timeously recorded, and this prevented the quality assurance systems identifying areas for improvement and supporting better outcomes for people.
- Generally, staff interacted with residents in a friendly, respectful and dignified manner.
- The provider should support the development of staff to use person-centred and inclusive language.
- The upgrades to the home's environment had enhanced people's lives.
- The gardens and outdoors spaces had been improved and people were able to enjoy the outdoor space.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - 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?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed areas for improvement.

Most of the time, people were well supported to wash, dress, and take care of their appearance. They looked comfortable and relaxed. Occasionally, a lack of attention to detail meant some people's dignity was not maintained. The staff team were quick to respond to our feedback on the day, however, it would be beneficial to ensure shift leaders have regular oversight of people's care and support so that staff can identify and address these matters as they arise (please see, 'What the service has done to meet areas for improvement made at or since the last inspection', area for improvement 2).

People's meal time experiences had improved. The lunches smelt and looked appetising and people were actively offered alternatives to the two main choices, for example, sandwiches, omelettes and salads. Staff were knowledgeable about people's dietary needs, including those individuals who required modified textures or altered diets. People told us they were happy with the meal choices and we observed people enjoying their meals. We saw staff supporting people to eat and drink with dignity most of the time. However, on occasions, we saw staff support people with food in a hurried manner, standing over the person, rather than sitting next to them, which could discourage people from enjoying their meal (please see, 'What the service has done to meet areas for improvement made at or since the last inspection', area for improvement 2).

Snacks and drinks were readily available in-between meals, including fresh fruit. A named member of staff was responsible for offering those snacks and drinks on each unit, and we saw staff sensitively encouraging people. This ensured people had enough food and drink to maintain their health and wellbeing.

There were three activity co-ordinators (one part-time) who helped plan activities within the care home and the local area. There was a programme of activities including links with the community, such as visits from local schools and visits outside of the home, including bus trips. People were able to join these activities regularly. Group and one-to-one activities had a positive impact on people's quality of life.

However, we noted there were missed opportunities for staff to meaningfully engage with people, resulting in some people looking bored or sleeping. The provider should develop a whole team approach which includes care staff, to support people to get the most out of life. For example, the activity co-ordinators told us some people really benefitted from art and craft activities, so these could be made available in-between the planned activities. We heard another person state how much they would like to go for a walk, but lacked the opportunity to do so, (please see, 'What the service has done to meet areas for improvement made at or since the last inspection', area for improvement 1).

Medication was well managed within the service, with effective oversight from managers. This meant that people received the right medication, at the correct time, so that it benefitted people's health and wellbeing.

The care home was observed to be generally clean, tidy and free from odour. Personal protective equipment (PPE) was appropriately stored and staff maintained good hand hygiene. All of this contributed to preventing the spread of infection. We noticed a few areas the service should improve. Shared equipment should be cleaned after every use, for example, hoists and shower chairs. A chlorine based solution must be used to enable effective cleaning. The management team were quick to respond to our feedback and both of

these areas were addressed immediately. We observed the new cleaning schedule of equipment and the correct cleaning solution being used on the second day of the inspection. For this reason we did not make a requirement, but we will follow this up at the next inspection.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed areas for improvement.

The care home benefitted from a stable management team and workforce. The management team were well supported by senior leaders, all of whom shared in the commitment to improve the standard of care for people.

There was a comprehensive programme of audits in place and these had the potential to identify issues when they arose, so improvements could be made. However, they relied upon information being recorded accurately and timeously, which we identified was not always happening. This meant the systems were not always effective at improving people's experiences and outcomes. For example, we noted inaccurate daily recordings which meant the management team were not made aware of an accident and related injury, and this prevented them from fully investigating it and putting preventative measures in place. We also noted people's distress was not always accurately recorded. This prevented management from using the information to improve the quality of care and reflecting the information in their staffing numbers (please see requirement 1).

Compliments, concerns and complaints were, on the whole, managed effectively through discussion with residents and their family members. However, concerns were not always documented, so it was not possible to track the outcome of those concerns. The service should ensure all concerns are logged and used to inform practice and improve people's outcomes. The majority of relatives told us they were very happy with their loved ones care and they felt the management team were responsive to their feedback. There was one formal complaint upheld by the Care Inspectorate (please see 'Additional Information'). The management team had a system in place for recording concerns and agreed to use this to inform their learning (please see requirement 1).

The provider's oversight of medication was well managed and the audits identified issues and addressed them promptly. This helped to keep people safe and ensured people benefitted from their medication.

We discussed the benefits of using the Care Inspectorate's self evaluation tool with the provider. The tool enables services to assess how well they are doing and highlights areas where they could support improved outcomes for people.

Requirements

1. By 1 August 2025 the provider must ensure the quality assurance systems support improved care practices that link directly to improving the outcomes for people. In order to do this, the provider must ensure that:
 - a) daily care records, audit tools, and concerns and complaints are timeously and accurately completed and capture people's views and experiences,
 - b) senior management use the information gathered to identify areas for improvement,
 - c) prompt action is taken to address indications of poor care provision,

- d) there is a whole team approach to making improvements,
- e) share and ensure improvements are sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: '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?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed areas for improvement.

People benefited from a warm atmosphere due to positive staff relationships. Staff enjoyed working at Spynie, fostering a good team spirit, which improved staff retention and continuity of care.

Staff deployment had improved since the last inspection. Each unit had a nurse or senior care assistant directing care staff and overseeing people's care. Staff were assigned roles based on their skills and experience. This was effective; for example, a staff member was assigned the role of encouraging people's food and fluid intake, and this enhanced people's wellbeing. However, some units managed staffing better than others. At times, communal spaces lacked staff presence, leaving people looking bored or sleeping. On occasions, during the busier periods, staff were delayed answering call buzzers, and this caused distress to some individuals (please see, 'What the service has done to meet areas for improvement made at or since the last inspection', area for improvement 2).

Staffing arrangements were informed by various measures, including a staffing tool that considered individual needs and the professional judgement of clinical and care staff. We discussed incorporating more information into staffing decisions, such as people's views, experiences, outcomes, and staff opinions. We shared details about the 'Staffing Method Framework' and we will follow up on this at the next inspection.

Overall, we observed staff interacting with residents in a friendly, respectful and dignified manner. They used humour to good effect and people looked happy and relaxed. However, on a few occasions, staff used outdated language when speaking to people or about people; or staff were hurried and missed key opportunities to provide comfort and reassurance. We discussed this with the management team, who were keen to provide person-centred training to support staff development (please see area for improvement 1).

Areas for improvement

1. To ensure that people are treated with respect and dignity, the provider should educate and support staff to talk to people and about people, in a person-centred, inclusive manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience care and support where all people are respected and valued.' (HSCS 4.3)

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweighed areas for improvement.

The home was generally clean, odour free, tidy and in a good state of repair. An extensive programme of environmental upgrades had recently been completed and some were ongoing. These had enhanced the environment and made the home a comfortable and pleasant place to live. People told us they had been consulted on the upgrades and they had chosen the colour scheme and 'bonny' curtains. We found the walls of some of the corridors, bathrooms and bedroom doors, required a refresh, which the senior leadership team stated was in the process of being arranged (please see area for improvement 1).

People's bedrooms were individualised and they (or their representatives) had chosen the layout and decoration of their personal space, as well as bringing furniture from home. This helped create warmth and comfort and due to the familiarity of their surroundings, people felt relaxed and comfortable.

The conservatory areas were bright and airy and provided lovely quiet places for people to sit, away from the busyness of the main lounge/dining area. We didn't see many people using these spaces, albeit the manager felt they were being used more regularly than at the previous inspection. We felt that people would benefit from accessing these areas more often, particularly those that preferred a quieter space or for one-to-one support. It would be beneficial for the provider to consider the layout of the building when determining the overall staffing numbers and the deployment of those staff.

Each of the three units, had their own fully enclosed, private, outdoor space. We noted the patio doors were unlocked so people, who were able, could access these areas as and when they chose. Residents had been supporting staff to plant the raised beds ready for the summer and there was a variety of attractive shrubbery and flowers. The gardens were largely tidy, with more work planned. Although the gardens were level, a relative told us some of the paved areas were slightly uneven, which made them difficult for some residents to access. We discussed this with the provider to consider how they can support and encourage people to use the outdoor space safely.

There was a comprehensive maintenance programme for the home, which included essential safety checks such as hot water temperatures and this helped to keep people safe. Staff were quick to report any issues and we saw that these were followed up.

Areas for improvement

1. To ensure people live in an environment that is well looked after and reduces the spread of infection, the provider should have a plan to repair and paint the walls and doors of the corridors and bathrooms.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed areas for improvement.

Everyone in the care home had a personal plan which detailed their care and support. There was information about people's wishes, likes, and dislikes, relevant risk assessments and reviews. Specific care plans around wound care and pain management had improved, and this ensured staff had the most current information to support the delivery of care.

Plans were accessed on the service's digital system. Staff were able to record and review plans at the point of delivering care via handheld devices. Staff were familiar with the system and were able to demonstrate how they would input information. This was beneficial because it meant staff had access to people's most up to date information when they needed it.

However, at times there were gaps in the care plans or inaccuracies in the daily notes and this meant people's care could not always be accurately evaluated. For example, on several occasions we noted people's mood was recorded as happy following care and support, but the notes did not reflect the time prior to that, when they were distressed and unhappy or needed comfort. This information is important, because it feeds into the staffing tool that determines overall staffing numbers, and it enables senior staff to evaluate people's care and make changes if necessary (please see, 'How good is our leadership?' requirement 1).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1 February 2025, the provider must ensure people have access to appropriate seating to meet their support needs and to help them take part in home life.

To do this, the provider must at a minimum.

- a) ensure people are appropriately assessed for seating that meets their needs
- b) ensure there is sufficient seating and seating equipment for people to use.

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:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 12 December 2024.

Action taken on previous requirement

The service had supported people to be assessed for appropriate specialist seating and this enabled people to spend more time out of bed and in the communal areas. As a result, we have deemed this requirement as met.

Met - within timescales

Requirement 2

By 1 February 2025, the provider must ensure that people receive food and fluid which is appropriate to their support needs.

To do this the service should, at a minimum:

- a) ensure people have access to and support to drink sufficient fluid throughout the day
- b) ensure staff have information at the point of service to ensure all people's dietary requirements are known
- c) ensure sufficient snacks are available and easy to access.

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:

'My meals and snacks meet my cultural and dietary needs, beliefs, and preferences' (HSCS 1.37).

This requirement was made on 12 December 2024.

Action taken on previous requirement

Significant improvement had been made in relation to people's nutrition and hydration. Each lounge had a snack station and a member of staff was deployed specifically to encourage food and fluid intake. We saw people helping themselves to the snack station, and for those that couldn't, being supported to do so. People's care plans detailed their likes and dislikes, their food and fluid needs, as well as identifying people on modified or altered diets. Kitchen and care staff were aware of the people who needed specialist diets and the leader on shift had oversight of meal times to ensure people received the correct meal. This helped to keep people hydrated and well. As a result, we deemed this requirement as met.

Met - within timescales

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 support activities the provider should ensure that staff and activities co-ordinators work together to provide meaningful activities which reflect individuals' interests and hobbies. Analyse the information recorded to inform the activities programme and seek feedback from people who use the service and families to offer people more enjoyable ways to spend their time.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 2 August 2024.

Action taken since then

We found the service had made progress towards meeting this area for improvement. They employed three activity co-ordinators, who had developed a programme of activities, that reflected people's interests and hobbies.

Further work was required to provide meaningful ways for people to spend their time, outwith the scheduled programme of activities. This would require a whole team approach, where care staff also support people to

spend time doing what they enjoy. For example, one person told us they would like to go for a walk, several people told us they would like to do arts and crafts, which could be made accessible at quieter times. Other people said they would just like time to talk with staff.

This area for improvement has not been met. Therefore we follow this up at the next inspection.

Previous area for improvement 2

To support people's health and wellbeing and maximise the time staff have to spend with people, the provider should review and improve the availability of shift leaders to effectively deploy staff, support good team working and assess the quality of people's every day care.

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

'People have time to support and care for me and to speak to me' (HSCS 3.16); and
'My care and support is consistent and stable because people work well together' (HSCS 3.19).

This area for improvement was made on 2 August 2024.

Action taken since then

We found the service had made progress towards meeting this area for improvement.

Staff deployment had improved since the last inspection. Each unit had a nurse or senior care assistant directing care staff and overseeing people's care. Staff were assigned roles based on their skills and experience. This was effective; for example, a staff member was assigned the role of encouraging people's food and fluid intake, and this enhanced people's wellbeing. However, some units managed staffing better than others. At times, communal spaces lacked staff presence, leaving people looking bored or sleeping. On occasions, during the busier periods, staff were delayed answering call buzzers, and this caused distress to some individuals. Sometimes there was a lack of attention to detail in people's appearance/clothing, which could impact their dignity.

Therefore, further work was required to ensure shift leaders were available to assess the quality of people's care and ensure that staff were effectively deployed, so they could maximise the time they had to spend with people.

This area for improvement has not been met. Therefore we follow this up at the next inspection.

Previous area for improvement 3

Improvements should be made to the gardens and outdoor spaces to ensure they are safe and enjoyable spaces for people to access and to spend time in.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 2 August 2024.

Action taken since then

The provider had made significant improvements to the gardens and outdoor spaces.

The gardens were largely clean and tidy, with raised beds and a variety of attractive plants and flowers. There were benches for people to sit and enjoy the space. Bird feeders encouraged birds and wildlife into the gardens. The service told us more work was planned to further improve the gardens, including purchasing more plants and flowers.

Although the gardens were level and wheelchair accessible, a relative told us some of the paved areas were slightly uneven, which made them difficult for some residents to access. We discussed this with the provider to consider how they can support and encourage people to use the outdoor space safely.

Therefore, this area for improvement has been met.

Previous area for improvement 4

To ensure that people's experience of care and support meets their needs, wishes and choices, the provider should ensure that communication strategies are improved. To do this the provider should, at a minimum:

- a) ensure people's preferences are recorded, reviewed, and made available to staff
- b) improve leadership oversight of people's care and support and address this when this is not as stated in the care plan
- c) develop and agree individualised communication strategies for people and their families.

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 10 April 2024.

Action taken since then

Sufficient progress had been made towards meeting this area for improvement to deem it as met.

People's preferences were recorded in relation to activities, likes and dislikes and daily routines. We observed staff speaking to people politely and with dignity, and giving choice about how their care was provided.

We received positive feedback from most relatives who felt the management team listened to them and acted on their feedback.

The service should continue to build upon this improvement to ensure that the views, thoughts and wishes of people are used to improve the standard of care within the home.

Previous area for improvement 5

People who are experiencing end of life care, and have distressed periods, staff should be available to assist and respond without delay. Staff should also understand and be aware that by supporting the person

timeously, to relieve any distress, it also helps provide reassurance to their families.

This is in order to comply with:

Health and Social Care Standard 1.15: 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.

This area for improvement was made on 17 May 2025.

Action taken since then

We deemed this area for improvement as met. We received very positive feedback from a relative regarding the end of life care their loved one received. They found the care supportive, timely and compassionate, which provided them with the reassurance and confidence that their relative was being well looked after.

Previous area for improvement 6

The provider should ensure that people who experience care and are to have their placement terminated are supported to have a review meeting to fully discuss the reasons prior to notice being served. This ensures a person-centred approach, and a person's views, wishes, and choices are respected and taken account of. The provider should also ensure that people are supported to explore and obtain independent advocacy.

This is in order to comply with:

Health and Social Care Standard 2.3: I am supported to understand and uphold my rights.

This area for improvement was made on 10 February 2025.

Action taken since then

This area for improvement was made following an upheld complaint. The provider developed a procedure/process for staff to follow prior to terminating a placement and this included a review meeting, as well as exploring advocacy options. It was too soon to see this process being used, however, this is something we will follow up in the future if/when it is used.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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