

Etive House Care Home Care Home Service

Benderloch
Oban
PA37 1QW

Telephone: 01631 720 278

Type of inspection:
Unannounced

Completed on:
3 June 2025

Service provided by:
Etive House Care Home Ltd

Service provider number:
SP2019013363

Service no:
CS2019376878

About the service

Etive House Care Home is registered with the Care Inspectorate to provide a care home service to a maximum of 62 older people assessed as requiring residential care. There were 47 people living in the home at the time of inspection.

The provider is Etive House Care Home Ltd.

The home is situated in the village of Benderloch near Oban. There is ample private parking available for visitors. Public transport is limited in the area due to the rurality of the service. There is local shop situated near the home and a few other useful public amenities, such as a library and cafe.

The accommodation is within a purpose-built two storey building and each floor has pleasant lounges and quiet rooms available. All bedrooms have ensuite toilet facilities. These are supplemented by shared assisted bathroom and shower rooms.

Attractive secure garden areas are accessible on the lower floors with outside furniture.

About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 of May 2025, between the hours of 9:30 and 21:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the 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 nine people using the service and eight of their family and friends. We received nine returned questionnaires with feedback about the service
- spoke with 16 staff and management and received nine returned questionnaires with feedback about the services
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals and received two returned questionnaires with feedback about the service.

Key messages

- There was a feeling of warmth and calmness in the care home.
- Staff were visibly caring towards people.
- Managers engaged positively with relatives, staff and people using the service.
- Some people's personal plans needed updating.
- End of life personal plans were discussed with people and relatives sensitively.

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

4 - Good

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

We observed warm and engaging interactions between staff, people living in the service, and their relatives. Staff demonstrated a good understanding of each person's individual needs, preferences and routines and this helped them to deliver consistent and person-centred support.

People's health needs were well supported. We saw evidence of timely referrals to health professionals, with documentation clearly recording actions and outcomes, particularly in areas such as wound care. Visiting health professionals commented positively on staff's responsiveness and their ability to provide accurate information during visits. This supported good continuity of care.

Effective systems and procedures were in place for administering regular prescribed medications as well as "as and when required" medications. Medication administration records (MARS) were completed correctly, and "as and when" protocols were clearly documented and understood by staff. This meant that people received their medications in the right way and at the right time.

There was consistently positive feedback from people and their relatives about the food provided. Meals were presented well and people described them as enjoyable and plentiful. The kitchen team showed enthusiasm for their role, with the chef regularly speaking to residents to gather feedback and adapt meals to suit individual tastes and dietary needs. Relatives shared that they had noticed improvements in their loved ones' appetite and weight. This gave them confidence in the nutritional quality of the food.

Our mealtime observations showed a calm and sociable dining experience. People were supported appropriately where needed, and the atmosphere was relaxed and unhurried, showing us that people enjoyed their mealtimes.

There was an attractive secure garden area with non restricted access for people. This had been prepared mainly by the maintenance officer, however several people who live there had also participated in ensuring the garden was weed free and well planted throughout. People enjoyed using the garden to sit and relax and chat to friends and family. The outside air, the different colours and textures of their surroundings significantly improved people's mental wellbeing.

Infection prevention and control practices were well established and followed current national guidance. Staff demonstrated good understanding of Personal Protective Equipment (PPE) use, including outbreak procedures. This included correct laundry processes and enhanced cleaning routines. Cleaning schedules were in place, and the home was free from malodour, reflecting strong hygiene practices.

The home adopted an inclusive approach by supporting people with a range of different needs to live together. This promoted a positive, community feel within the home. Social opportunities were encouraged, with shared spaces used well to promote interaction.

Staff handovers were clear, and daily flash meetings supported good communication and planning across the team. This helped ensure staff were kept up to date with people's changing needs.

We saw evidence of good efforts to maintain links with the wider community. People enjoyed outings and it added to people's wellbeing. This could at times prove to be difficult due to the rural nature of the service, and we discussed how it would be useful for the service to have its own transport. This is being discussed between managers and the provider.

People were supported to maintain meaningful relationships, and families and friends were always welcomed. Celebrations took place for birthdays and other special days, such as Mother's day and VE day. The welcome that was given, and the open relaxed atmosphere in the home added to people's emotional wellbeing needs.

There was a range of activities available within the home. Activity provision appeared to be largely group-based and routine in nature, with limited information to show how people's personal preferences or abilities were being fully considered. It was shared with us that some individuals preferred one-to-one interaction rather than group activities, but there was little evidence of how these preferences were being actively supported. As such, we have repeated the previous area for improvement made at the last inspection. (See area for improvement 1).

Areas for improvement

1. The service should ensure people's day-to-day activities are meaningful, and accessible for everyone living in the home.

They should as a minimum:

- a) involve all staff,
- b) reflect people's individual preferences,
- c) maintain and enhance people's level of independence, skills, and abilities,
- d) maintain records of meaningful engagement and activity.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our leadership?

4 - Good

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

Staff spoke positively about leaders being supportive and available for support. People's families told us that they were very satisfied with the communication from the home. They felt that managers and staff kept them up to date with any concerns about loved ones and took steps to improve their lives. They felt that they were listened to.

It was good to see that each day started with a daily walk round by managers, which meant that they themselves could see any issues around furnishing and fabric of the building. It was also a good opportunity to meet and speak with people, both staff and people living there, and gave them a good daily overview of the service.

The service had quality assurance systems in place across a range of areas including infection prevention and control (IPC), environment, fluids, falls, oral care, skin care and medication. These had been completed by managers, but had not always followed organisational time scales, meaning some were more up to date than others. It is important to keep quality assurance up to date as it highlights to managers what is going well and where improvements need to be made in the service. Managers were aware of this and had already discussed with us they had recognised this. We spoke of different ways in which this could be improved, such as delegating some areas of responsibility to senior carers. This would help ensure that quality assurance could be achieved at the right time and assist in a journey of continuous improvement for the service. (See area for improvement 1).

We saw that there were good policies in place that staff could access easily, policies such as whistleblowing, training and development and end of life care advanced care planning. These accessible policies ensured that if a member of the staff team was unsure they could access the policy and be informed. There were systems in place to check at regular intervals that all staff were on the Scottish Social Services Register (SSSC), which they were.

A daily flash meeting was held where the head of each department was present. This was the opportunity to pass on information from the evening before, or plans for that day. It wasn't always possible for everyone to attend as it was held at 11:30. This meant that for the chef it was in the middle of lunch preparation. We were able to discuss holding this meeting earlier in the day and in a bigger room, which is available, where everyone could attend and stay for the whole short meeting. It would mean that each department would be aware of what was happening elsewhere in the home and would lead to better knowledge of the service as a whole.

Supervision for staff takes place, as well as team meetings, relatives meetings and resident meetings. Relevant agendas were in place for meetings that encouraged discussion.

Due the rural setting of the care home it wasn't always possible for all staff or relatives to attend their meeting. We understood how difficult this could be for people and discussed ways to circumvent it, which the management have taken on board.

Areas for improvement

1. To promote better quality audits, management should make full use of organisational audit systems, and involve senior care staff in the process. This should evidence when audits have been completed, outline any resulting action plans and specify who is responsible for implementing the actions.

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).

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.

Staff engaged with residents and families with kindness and compassion. It was clear to see there was positive relationships between staff and people in the home, and this extended to their family members.

People in the home and their families spoke very kindly about staff and enjoyed their relationships with them. One family member told us "I feel I have lovely relationships with all the staff, as do other peoples family members" and another told us that "there is excellent care and support, I'm delighted with it all.

We saw that at all times there were care staff available on the floor, and that they always made time for people and were able to meet their needs.

We spoke with several new staff who had been recently recruited, and all told us how pleased they were to work in the home. Some had come to know the home through covering as agency staff, and once having worked in the service they had decided they wanted to work there permanently. They told us "I fell in love with the town and fell in love with the service". This attitude was apparent throughout the service as the staff helped create a calm atmosphere which benefited everyone in the home.

Staff had access to relevant training, and a new training officer had recently been appointed, which should further support the development of staff knowledge and skills.

There was an induction process in place for new staff where there was mandatory training, such as moving and handling, infection prevention and control and adult support and protection. However there was also other training available that could be achieved over a longer period, for example, dementia awareness and stress and distress in people. Training was refreshed within recommended time scales and the emphasis on individual staff competencies was reassuring. This meant that people could benefit from a staff team who were knowledgeable, informed and well trained.

We saw that there was always a senior member of staff on the floor who offered guidance and leadership, and this particularly helped the newly recruited staff. Overall, there were good working relationships between all staff, and they were supportive of each other.

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.

We found the home to be clean, bright and welcoming. It felt homely throughout, and people's rooms reflected this, with personal touches and comfortable furnishings. We saw evidence of investment in the building and its furnishings, which contributed to a pleasant and comfortable environment for residents.

There was a well kept secure garden area.

A maintenance officer was in post, and the service had recently recruited another person to assist. Staff told us they had a good working relationship with the maintenance team. The service made effective use of a repair book to report and track maintenance issues, which helped ensure repairs were carried out promptly.

All staff followed good practice in using Personal Protective Equipment (PPE), and we observed them following infection control measures appropriately. The home felt clean and fresh throughout, with no unpleasant odours, including in bathrooms and communal areas. Senior domestic staff had developed a cleaning schedule and staff used a clear, step-by-step approach to cleaning tasks. This contributed to high standards of hygiene within the home.

The laundry area was well organised and worked efficiently, with clear systems for managing clean and soiled items. We were pleased to see a new system for tagging people's clothing had been implemented, and people told us that their clothes were no longer going missing as a result.

There was some good use of dementia-friendly signage, such as personalised signs on bedroom doors to help residents identify their rooms more easily. However, signage across the home was inconsistent, and some areas would benefit from clearer labelling to better support people living with dementia. The deputy manager was carrying out an environmental dementia audit while we were there and this will identify where improvements are needed.

While the overall environment was positive, a few areas required some improvement. We found that room audits were not being carried out monthly as expected. Although the service has now taken steps to address this, regular auditing is essential to ensure the home continues to meet standards and to pick up on issues early. We did see that in a few areas that worn or stained carpet was being replaced, however this could have been identified earlier with a proactive approach.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We viewed several people's personal plans and we saw that on admission to the service personal plans had been well written. They were person-centred and had outcome focused information. However, as we read through them, we saw that many had not been reviewed within the statutory timescale of at least once in each six months. This review should include risk assessments for people to ensure that they, and staff, remain as safe as possible.

Overall this meant that some individuals or some families had not had the opportunity to formally input to a review of their own, or loved ones, care. This is important for people as needs and wishes change over time.

Changes in care needs must be recorded in plans to ensure that all people supporting the person have all the information required in order to provide the best care. People who may be experiencing a level of dementia are not always able to express what they would like to, or need to change. In these instances then it is particularly important that families/friends are invited to have the opportunity to speak for them. (See requirement 1).

Staff were aware of people's changing needs, however this was mainly achieved through conversation with people and their families, or by staff handovers given at the start and end of each working day. Conversations can be forgotten or misheard, hence the need for formal reviews and recordings in personal plans. Managers were aware of this and it had been added as an action to the service improvement plan; they were taking steps to rectify and improve this.

External health professionals had good relationships with staff and management and they regularly attended the service. Staff did not hesitate to contact them when their input was required, and their input was then recorded by them in a separate communications book. This ensured that staff and management knew what, if any, changes were required to maintain someone's good health and wellbeing.

Requirements

1. By 25 August 2025 the provider must ensure that care plans and risks assessments are accurate and up to date to ensure people are supported well. These should give staff clear instruction on how to meet people's needs safely.

To do this the provider must:

a) carry out regular reviews of care plans to ensure these reflect people's current needs and keep a record of when these have been completed.

b) ensure that amendments to care plans and risks assessments are made timeously when people's needs have changed.

c) communicate people's changing needs clearly to all staff, directing them to read care plan updates and keep a record of how this has been communicated.

d) care plan audits should be used to ensure information about people and their needs are accurate and any issues identified are addressed effectively.

This is to comply with Regulation 5(1) (Personal Plans) 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 is right for me because it sets out how my needs are to 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

The service should ensure people's day-to-day activities are meaningful, and accessible for everyone living in the home. They should as a minimum:

- a) involve all staff,
- b) reflect people's individual preferences,
- c) maintain and enhance people's level of independence, skills, and abilities,
- d) maintain records of meaningful engagement and activity.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 14 October 2021.

Action taken since then

We found that while a number of activities were taking place within the home, these were primarily group-based.

People we spoke with expressed a preference for more individualised support, such as playing dominoes or receiving one-to-one social interaction in their own rooms.

These individual preferences did not appear to have been fully considered in the planning or delivery of activities.

There was a lack of recorded evidence showing how activities and engagement were tailored to individual needs or how they contributed to residents' wellbeing and independence. Without this information, it was not possible to assess the effectiveness or meaningfulness of the engagement provided.

This area for improvement has not been met.

Previous area for improvement 2

The service should review its cleaning schedules and ensure staff use products in line with the Care Home National Infection Prevention Control Manual (NIPCM). This should include the correct concentration of chlorine on sanitary ware to help minimise risks around contact transmission for all listed pathogens.

This is to ensure that care and support is consistent with the 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).

This area for improvement was made on 13 February 2023.

Action taken since then

Staff adhere to the National Care Home Infection Prevention and Control Manual.

Cleaning schedules had been updated, providing staff with clear guidelines on procedures and expectations. Staff demonstrated a strong understanding of these protocols, confirming their knowledge, and compliance.

Regular checks are now being conducted to maintain standards and ensure continued adherence.

The service's own infection prevention control policy aligns with the national guidelines, and appropriate cleaning products are being used.

Cleaning cupboards contained clear instructions, helping staff understand the correct materials for specific tasks.

Additionally, staff showed a strong grasp of control measures during outbreak situations, with evidence of disposable cleaning tools such as mop heads being used effectively.

This area for improvement has been met.

Previous area for improvement 3

Bed rails are considered work equipment when used in care homes. They are also 'medical devices', and product safety issues fall under the authority of the Medicines and Healthcare products Regulatory Agency (MHRA).

In order to ensure their safe use, bed rails should be:

- a) included in planned preventative maintenance programme,
- b) maintained in accordance with the manufacturer's instructions,
- c) traceable, for example by using the manufacturers serial number.

In addition, records should be kept of inspections, repairs and maintenance completed on bed rails and staff should be deemed competent to maintain this equipment.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

This area for improvement was made on 13 February 2023.

Action taken since then

We saw the service is now ensuring that all bed rails undergo regular checks as part of an ongoing program. Records show that bed rail checks are being completed consistently and are now being properly documented.

All maintenance work is now being carried out in line with the manufacturer's instructions. The maintenance officer demonstrated a clear understanding of the required procedures and expectations. There is a reliable audit trail in place, supporting both accountability and traceability.

To further strengthen the process, maintenance records should continue to be routinely cross-checked by a manager. This added level of oversight will help maintain consistency and compliance.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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
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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