

## Mackintosh Centre (Care Home) Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
NHS Highland

**Service provider number:**  
SP2012011802

**Service no:**  
CS2012307246

## About the service

The Mackintosh Centre is a purpose-built care centre situated in the village of Mallaig. A residential care service and a day support service operate from the centre although currently only the care home is operating. The care home accommodation consists of eight single en-suite rooms, a lounge, dining room, bathing and toilet facilities. There are also some seating areas in the grounds and garden areas which surround the centre.

The Mackintosh Centre (Care Home) is registered to provide a care service to a maximum of eight older people of which two may be respite/short break places. The provider is NHS Highland.

The aim of the service is to provide residents and respite clients with a welcoming, safe and supportive environment in which to live or stay, ensuring provision of a high quality care which is responsive to individual needs and is delivered by a compassionate and professional team of staff.

There were seven people in the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place between 23 and 25 June 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 five people living in the service and five relatives, we also spoke with two people who were members of the 'Friends' group.
- Spoke with nine staff and management.
- Observed practice and routine activities.
- Reviewed documents.

## Key messages

- People experienced kind and compassionate care and support from skilled staff that knew them well.
- The service had made very good progress in adopting and implementing quality assurance processes which had a positive impact on outcomes for residents and staff.
- Residents and their families felt listened to and that their views were respected.
- The service had strong links to the local community and benefited from the support of local people, organisations and services.
- The management team needed to implement regular 1:1 meetings with staff to ensure consistent staff support and to promote staff development.
- The provider needed to consider a range of options to support staff learning and development.

## 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?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

It was clear that staff knew people's needs well. We saw staff members support people sensitively and with discretion, for example at mealtimes. This helps people feel safe and that their concerns validated. Throughout the inspection we observed staff responding to people politely and respectfully and where appropriate, with shared humour.

The service worked with other agencies and professionals to support health and wellbeing and to achieve good outcomes for people. This included the local GP and community nursing service. Staff were quick to pick up on changes in people's mood or presentation and where required, make appropriate referrals that would support good outcomes for people's health and wellbeing.

The service had robust procedures in place to store, manage and administer people's medication. This provided assurance that people's medicines were managed safely and reviewed regularly. This meant that people's health continued to benefit from effective management of their medication.

The service benefited from a full time cook. Meals looked and smelled delicious, which helps to stimulate appetites and encourages good nutritional intake. The catering staff were aware of people's dietary needs, and risks and went out of their way to offer tempting alternatives if someone did not appear to enjoy their meal. Residents were consulted on the menus and able to offer suggestions for meals, thus ensuring their preferences were taken into account when planning meals.

We saw good evidence to support that some kind of recreational activity was taking place daily for people. This helps to maintain people's skills, interests and promotes their wellbeing. Activities were continuing to develop, but people told us that there were few activities specifically to interest the men living in the home. Some relatives we spoke with felt their loved one was a bit bored, although they acknowledged that they were no longer able to initiate or hold their attention on a task for very long. **(See area for improvement 1).**

Visitors to the home were very welcome. Most of the residents enjoyed visits from local schoolchildren and 'friends of the Mack' were regular visitors. Special milestones, like birthdays and anniversaries were celebrated in the home and often these events were open to, and well attended by families and local people. This helps maintain people's connection to their community and supports their wellbeing and sense of identity and belonging.

### Areas for improvement

1. The service should continue to develop a variety of suitable activities for residents and in particular, to encourage discussion and engagement of male residents in developing the activities programme.

**This is to ensure my 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)

### How good is our leadership?

4 - Good

Overall, we saw the service had made some notable progress in developing, implementing and monitoring quality assurance processes. Therefore, we evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Feedback from people we spoke with was positive about the management team. Relatives said they had confidence in the way the home is run. They told us they could raise concerns and had confidence the managers or staff would deal with their worries promptly and effectively.

There was an improvement plan in place, taking forward issues from the last inspection in 2023. Regular auditing across all areas in the home identified where improvements needed to be made, which informed the improvement plan. This should also include specific plans for the garden and developing suitable activities for residents that would enhance their experiences and support good outcomes for them.

Adverse events were recorded on the Datix system which were forwarded to senior management within the NHS. This ensured there was good oversight of significant events when they occurred. The manager kept a record locally which provided her with an overview and opportunities for more detailed analysis which informed and updated risk assessments. This supports a safer environment and work practices.

Staff supervisions were starting to happen; however, this was not occurring with expected regularity. The home had reopened in October 2024 having been closed for a lengthy period of time. Organisational policy sets frequency of support and supervision meetings with staff at 8 -12 weekly. A sample of supervision records showed that some staff had not had any supervision and others only one. The supervision records were brief and did not identify if practice was acceptable or status of training and development. Staff supervision and support is an important and effective management tool to ensure staff are competent and confident in their role and influences delivery of safe and compassionate care and support to people. This was identified as an area for improvement at the last inspection. The area for improvement has not been met and has been restated. **(See area for improvement 1).**

### Areas for improvement

1. The provider should ensure that staff were supported in their role through effective and regular meetings with their management team. This should include 1:1 meetings and annual performance appraisals.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

### How good is our staff team?

4 - Good

We evaluated this key question as good where we found important strengths which had a positive impact on people's experiences and outcomes.

The home is a small service, and on the surface, staffing levels appear to be quite high. However, people living in the care home have complex needs, including varying levels of anxiety with accompanying stress and distressed reactions. We saw that this was consistently managed well.

Staff clearly enjoy their work and had developed positive relationships with the residents. Staff told us they loved working in the home and thought of residents as their own family.

They said, 'We just do what they want; give them what they need and how they want to be supported. We really listen to them and try to make them have a happy life'.

Staff also felt well supported by the management team. They told us, 'We can talk to them about anything. There is an open door here and they encourage you to speak to them about things that are bothering you or any training we might need'. One staff member said they felt, 'there is a good team here', and spoke highly of the management team saying, 'they are good together, they make a good approachable management team'.

The staff group worked well together and have developed as a cohesive team. There was good communication between the staff team, effected by daily flash meetings and regular team meetings. Information was passed on accurately and effectively, so issues like staff cover, or picking up on residents who were not feeling themselves or whose presentation was concerning could be managed effectively, and people got the right support to prevent deterioration in their health or wellbeing.

Ancillary staff were clearly integrated into the team. Their contributions were actively invited and valued. This reflects a whole team approach, where every member, regardless of role or seniority, is encouraged to participate in discussions and decision-making. This promotes the development of an inclusive and cohesive staff team that works well together, is supportive of each other and works to the benefit of the residents. Such inclusivity fosters a collaborative culture built on mutual respect and trust, enhances communication, and contributes to positive staff morale.

Staff training could be challenging. Although most staff had completed mandatory online training through the Turas platform, organising essential face to face training, such as moving and assisting and violence and aggression was difficult. This was because of the distance to travel to training venues and in releasing people for training as it inevitably entailed several hours travelling and often an overnight stay. This meant that staff were missing essential training opportunities that kept their knowledge up to date and practice safe.

**(See area for improvement 1).**

Competency assessments were completed regularly, but recording was at a basic level with little evaluation. It would be beneficial to enhance the recordings by incorporating reflective commentary, outcome-based evaluations, and clear links to professional development goals. This would support more meaningful assessments, enable targeted support, and ensure that staff competencies were not only maintained but continuously developed.

## Areas for improvement

1. The provider needs to consider how they can better support staff in remote and rural locations to access required training to ensure staff have the necessary knowledge and skills appropriate for their roles and to ensure delivery of care and support follows good practice guidance and is safe.

**This is to ensure that care and support are consistent with the Health and Social Care Standards which state that:**

**'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)**

## How good is our setting?

### 4 - Good

We evaluated this key question as good. Important strengths could be identified which outweighed any areas for improvement and had a positive impact on people's experiences.

The home was clean, odour free and there were good arrangements in place in terms of general maintenance and safety checks on equipment and facilities.

Overall, the home was comfortable, and homely. There was a large dining room where people gathered to enjoy meals together if they wished to or they could choose to eat in their rooms. The communal lounge, however, was quite small in size which could impact negatively on people who use mobility aids to move independently and safely.

Bedrooms were spacious and comfortable. They were personalised to individual tastes and people could furnish them with their own furniture and beds if that was their preference. Having their own possessions and treasured mementos helped people to feel safe and promoted a sense of belonging. Some bedrooms faced the back of the building and a cliff face which could make the room quite gloomy. These rooms could be enhanced with good lighting and colour, creating a cosy, relaxing environment for people.

The dining room doubled as an activities space and was well used for arts and crafts, quizzes and reminiscence, and also entertaining. It faced the large well-equipped kitchen, so residents were able to see hear and smell food and treats being made. This helped stimulate memories which lead to meaningful conversation; and people's appetites which supported good nutritional intake.

Records demonstrated that equipment was regularly serviced. There was a handyman on site to manage day to day maintenance. However, these should be regularly checked to ensure that completed requests for repairs were signed off.

The home benefitted from a safe, secure outdoor space with views out to the summer isles and beyond. There were plans in place to develop the garden so it was more accessible for people and to create an attractive outdoor space for residents to enjoy and where they could participate in outdoor activities.

The home also had the facility for a day care service which was currently closed, but residents could utilise the additional space if they wanted, to entertain their visitors in private. This also incorporated a small kitchen where guests could make light refreshments for themselves and their loved ones. This enabled a warm welcoming and homely environment that promoted dignity, independence and meaningful interaction

for people.

## How well is our care and support planned?

**5 - Very Good**

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

Personal support plans were well written, person centred, and outcome focused. They provided good information about people's personal histories, their health and wellbeing needs, what support then needed to manage these and how they wished their support to be delivered. Personal support plans were readily accessible and provided sufficient information to enable staff to deliver personalised support to people. This included information about people's emotional needs and how to support people who are displaying signs of anxiety or distress. This helped people to feel safe.

Personal plans were evaluated monthly. This helped to ensure that support plans were working and continued to meet people's health and wellbeing needs. Any changes were made following discussion with the person and /or their families or legal representatives. Support plans were updated when changes were agreed which helped keep personal plans up to date.

Reviews were happening regularly. We saw that residents, their families, guardians and/or power of attorneys participated in reviews or had been consulted in the review process. This meant that people's care and support was right for them because they were involved in developing their care plan.

It was clear from talking to staff and observing their interactions with residents that staff knew people well. They were able to speak about residents' current needs and whether this had improved and why; and if there was a decline, what the home was doing to support them. That level of intimate knowledge about residents' needs and wishes reflects a person-centred approach to care, where staff are attuned to individual preferences, histories, and wellbeing challenges. It fosters trust, enables timely interventions, and ensures that care is responsive and compassionate.



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

### Requirements

#### Requirement 1

By 28 February 2024, the provider must ensure that people experience a service that is well led and through a culture of continuous improvement, supported by clear quality assurance processes that drive improvements.

In order to achieve this the provider must ensure:

- a) that staff are led, directed and supported by suitably qualified, skilled, and compassionate leaders;
- b) that the care and support people receive is effectively monitored to ensure that it meets their needs;
- c) that managers and leaders carrying out quality assurance processes have the appropriate skills, knowledge, and understanding for the tasks;
- d) where improvements are identified, these are taken forward as a matter of urgency to address potential impacts on people's experiences;
- e) that robust follow up actions are taken to minimise risks of harm to people living in the care home; and
- f) The outcomes from quality assurance processes inform and update the services improvement/development plan.

This is to comply with Regulation 3 – Principles and 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

- 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and
- 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 2 October 2023.

#### Action taken on previous requirement

We saw effective monitoring and regular quality audits being completed.

Quality audits identified where improvements needed to be made and informed the improvement plan.

There was good evidence that many of the issues identified had already been addressed; for example, one audit identified health care assessments had not been properly completed. Following some staff training and input from the care collaborative team, this had resulted in completed health assessments for each resident which were reviewed and updated monthly.

The manager and deputy were visible on the floor and demonstrated clear leadership and direction. Staff

we spoke with said that they felt well supported by the management team, that their views were listened to and they felt their contributions were valued and considered in the decision-making process.

## Met - outwith timescales

### Requirement 2

The provider must ensure that staff are sufficiently trained for their role.

In order to achieve this they must

- a) develop a training needs analysis for each member of staff that identifies gaps in their knowledge and skills;
- b) ensure that training is provided to meet the identified training needs for staff;
- c) develop a monitoring system to ensure that learning from training has been implemented and has been effective in improving professional practice.

This is in order to comply with Regulation 15 - Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I 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 requirement was made on 2 October 2023.

### Action taken on previous requirement

There was evidence to support staff development and promoting of leadership within the home. A training needs matrix had been completed and most mandatory training had been completed. Staff competency was assessed regularly to ensure their practice was of a good standard and consistent with good practice guidance.

Due to the remoteness of the service, it was difficult to get staff booked on for in person training such as moving and assisting and violence and aggression, as this was held centrally.

However, there was sufficient progress made to consider this requirement as **MET**, but in recognition of the issues around releasing staff for essential face to face training, we have made an area for improvement in relation to this under Key Question 3.

## Met - outwith 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

The provider should ensure staff have sufficient information and guidance to support people to stay well and keep good health including emotional and mental health.

In order to achieve this the provider needed to develop appropriate stress and distress plans for people who experience intense emotions. These should include:

- a) any known triggers, or indicators that suggest people's emotional health may be unstable;
- b) provide clear guidance for staff on how they should respond to each person's distressed reactions and strategies for de-escalation;
- c) the process for raising concerns about people's emotional health and to whom.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

This area for improvement was made on 2 October 2023.

#### Action taken since then

Staff knew the residents very well and could speak about their issues confidently, including what upset them and how to comfort them. Stress and distress plans had been formulated with some input from the stress and distress team and community mental health.

This area for improvement is **MET**.

#### Previous area for improvement 2

The manager should develop a system for recording referrals to health care professionals to include date referral was made, and date seen by health professional, the outcomes and any follow up action that may be needed. Information from health professionals including any assessments need to be included in people's plan of care. Any support or interventions that may be required should be set out in their plan in sufficient detail to assist staff provide effective care and support. Records should be audited on a cyclical basis to check the system is effective.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24) 'My care and support is consistent and stable because people work together well'. (HSCS 3.19)

This area for improvement was made on 2 October 2023.

## Action taken since then

We saw documentary evidence that referrals were recorded, and issues followed up on and actioned. This provides a forum to check if and when referrals to health professionals have been made and supports staff if follow-up discussions need to be made.

There was good evidence to support this area for improvement is **MET**.

## Previous area for improvement 3

The manager should ensure that staff are consistently supported in their role.

In order to achieve this, they should ensure that they implement a formal process of professional support, reflection and learning for staff that contributes to their professional development. Outcomes from professional support and supervision meetings should inform future training for individuals and contribute to annual staff appraisals.

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

**'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'** (HSCS 3.14)

**This area for improvement was made on 2 October 2023.**

## Action taken since then

Supervision records we sampled showed that this had not happened for most of the staff group. The supervision records were at a very basic level rather than being informative and contributing to staff learning and development. This was discussed with the manager and deputy during the inspection, and they were signposted to information on effective supervision to support their understanding and development as supervisors and to support team learning and development.

This area for improvement is **NOT MET**. we have restated this area for improvement please refer to key question 2 in the body of this report.

## Previous area for improvement 4

The provider should ensure that the management of people's medicines was safe, effective and robust.

In order to achieve this they should ensure:

- a) staff responsible for administering medication have appropriate training for this role, including regular updates and refresher training;
- b) observations of staff practice, including competency assessment are completed regularly and without prior notice to staff;
- c) quality audits for medication is completed at least quarterly.

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

**'I have confidence in people because they are trained, competent and skilled, are able to reflect on**

their practice and follow their professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 2 October 2023.

#### Action taken since then

We have seen a significant improvement in managing, administering and recording of people's medications. The process is more carefully monitored, and this has led to less errors and better recording practices from staff.

This area for improvement is **MET**.

#### Previous area for improvement 5

The manager should regularly review the actions identified following an adverse event and evidence that these have been effective in achieving the desired outcome.

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 2 October 2023.

#### Action taken since then

All adverse events are recorded under the Datix system which means that all senior management have oversight of events and accidents. However, the manager also keeps a record which is reviewed regularly to help identify trends and patterns of behaviours. This then informs risk management and informs and updates risk assessments, which supports risk reduction and a safer environment for people and supports reduction in risks for people.

This area for improvement is **MET**.

#### Previous area for improvement 6

The manager should ensure that the information in people's care and support plans contain full and detailed information to support people appropriately. This should include their communication needs and support with continence.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

This area for improvement was made on 2 October 2023.

## Action taken since then

We sampled a selection of care and support plans. These were well written; outcome focused, and person centred. Information was inclusive and clearly involved the person or family members. There was sufficient information and direction in the care and support plans to guide staff in supporting people with their known needs, considering their wishes, preferences and areas of risk. Support plans were regularly reviewed to ensure that the plan was working and continued to meet people's current needs.

This area for improvement is **MET**.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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