

Montfield Support Services Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 July 2025

Service provided by:
Shetland Islands Council

Service provider number:
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About the service

Montfield Support Services is a residential care home situated in Lerwick, on the Shetland mainland. The service provides intermediate care and respite for up to 17 adults and older people. The provider is Shetland Islands Council.

The service provides accommodation on one floor in single bedrooms, each with an en-suite toilet, wash hand basin and shower. There is a communal lounge area, and a dining area, as well as a small kitchen that people can use to make their own drinks and snacks. There is an accessible outdoor space to the front of the building.

There were 15 people living in the home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 13, 14 and 17 July 2025 from 08:45 till 18:00. Following this, information was sent electronically and the inspection completed remotely. 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 using the service and five of their family;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with one visiting professional.

Key messages

Strong partnerships with professionals and tailored care helped individuals achieve independence and stay connected to their communities.

The home was well-maintained, welcoming, and designed to support independence.

Medication tracking and incident reporting systems require improvement to ensure safety and compliance.

Following recent management changes, the service continues to make steady progress in addressing gaps and implementing planned improvements.

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?	3 - Adequate
How good is our setting?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

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

There were strong and positive working relationships between the service and (allied) health professionals. This was reflected in both practice and the development of personal plans. The service provided a rehabilitation role designed to support people to move into their own homes. These working relationships ensured that people were given the correct support to meet their needs and agreed outcomes, including being able to live independently.

People's mealtimes provided a good opportunity to be sociable in a relaxed atmosphere. The dining area was pleasant and comfortable to add to the quality of people's mealtime experience. Staff took time to support people with eating and drinking, chatting with warmth and sensitivity. We saw that food was of a good quality. It was home cooked, fresh and hot with a choice available. Individual dietary requirements were documented and there was careful monitoring of people's nutritional intake. We saw that any concerns were communicated and quickly escalated to dietitians for specialist advice.

Families, visiting professionals, and individuals receiving support were complimentary about the service. Families visited regularly and told us they felt included in the life of the home. Community engagement was encouraged with organised outings and activities taking place within the home. When people needed support to access the community, this was provided. Those who were able to go out independently did so and were encouraged. This meant that people were able to build or maintain links with the local community.

Interactions between staff and individuals were observed to be warm and respectful. We observed staff taking time to talk with people, and staff deployment took account of the need for staff presence in communal areas. This supported people's safety needs, helped to ensure that any needs were anticipated and appropriately responded to, and supported conversation and interaction.

Staff advocated on behalf of those they supported to ensure their needs were addressed, including supporting people to apply for housing and suitable mobility aids. This meant that people were able to direct their own care and support.

Care interventions were well recorded in people's daily notes; this demonstrated that people were supported to meet the outcomes stated in their personal plans. This included interventions such as supporting people to do the exercises the physiotherapist gave them. Medication was generally well managed; however, improvements in medication quality assurance processes would have helped to prevent or identify potential errors. This is discussed further under key question two.

Infection prevention and control practices were monitored and assessed. Staff were observed adhering to handwashing and hygiene protocols, demonstrating good infection control practices. This meant that people were kept well.

Regular reviews had not been consistently carried out, which was attributed to the rehabilitative nature of the service. However, we saw that the service had begun to implement regular reviews and a tracker was in place to ensure they were scheduled in line with legislative requirements. This was to ensure that care continued to align with individuals' needs, preferences, and abilities.

How good is our leadership?**3 - Adequate**

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

The service had recently appointed a new manager. At the time of the inspection this new manager was split between this and another service. This meant that there had not been a full time manager in the service for several months.

We found that existing quality assurance systems did not support the management team to quickly identify areas before issues occurred.. We discussed this with the new manager who was able to confirm that they were planning to implement a number of changes which would support the service to better manage the areas we found to be in need of attention. This included ensuring that audits were effectively used to monitor practice and drive improvement where needed. The provider was in the process of developing quality assurance processes for use across the islands and we welcomed this development. The provider and manager were responsive to our feedback and keen to improve.

An example was when reviewing medication recording, we found that a medication was missed for five consecutive days. This was recorded as being because it was unavailable. We queried the process that should be followed to ensure that the medication was ordered and upon review, it appeared that the medication was present in the building. A more effective system for investigating such discrepancies was needed, rather than relying on manual review of paperwork. This would support management to identify errors or issues more quickly.

A service improvement plan was in place; however, actions scheduled for review by the end of the previous year had not been completed due to the gap in management. We have written an area for improvement for the provider and service manager to work together to develop quality assurance processes that work well to improve outcomes for people (see area for improvement 1).

Incident trackers were being completed; however, follow-up actions could have been more timely and thorough. Additionally, not all incidents were being appropriately reported to the Care Inspectorate. Notifications were missing for key events, which were discussed with management during the inspection. We found that internal reporting and learning from incidents within the local authority was robust. However, the internal guidance did not include clear instruction to staff to ensure they reported notifiable events to the Care Inspectorate. We have written an area for improvement to ensure this is addressed (see area for improvement 2).

Areas for improvement

1. The service provider should ensure that the management team initiates a quality assurance system that identifies areas for improvement. The provider should ensure the management team draw up an improvement plan and ensure the management team has a process in place to review the action taken and improvements made,

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)

2. To maintain transparent reporting procedures, the provider should ensure all notifiable events are submitted to the Care Inspectorate timeously.

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).

In line with guidance - records that all registered care services (except childminding) must keep guidance on notification reporting.

How good is our setting?

4 - Good

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

The home was warm, welcoming and clean. The service had taken account of best practice guidance for supporting people with dementia. Signage and visual markers, such as clear signs indicating the location of toilets, enabled people to move around the home independently and with confidence. The environment was regularly assessed to ensure it remained dementia-friendly. There was a calm and pleasant atmosphere that positively influenced the experience of those living in the home.

All required safety checks had been carried out, and the overall maintenance of the building was found to be good. This ensured the home was safe and people were living in a pleasant environment.

It was noted that one of the bathrooms was being used for storage. This was not appropriate and should be addressed to ensure all facilities remain accessible and fit for purpose. This was discussed with the new manager who agreed to find a more appropriate solution for storing these items. This was completed by the time the inspection visits concluded.

The home benefited from a pleasant outdoor space, which was undergoing improvement works at the time of the visit. It was positive to see that people living in the home were actively involved in gardening activities, contributing to a sense of ownership and engagement with their environment. People reported enjoying the sense of achievement this brought.

There were plans in place to redecorate and refurbish parts of the home. Some of this work had already been completed during the inspection visit, demonstrating progress and commitment to maintaining a high-quality living environment.

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 people's wellbeing, the service should ensure staff refresh their knowledge around the International Dysphagia Diet Standardisation Initiative (IDDSI) framework that describes food and drink recommendations for people with swallowing problems.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34) and

'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 2 August 2023.

Action taken since then

We saw evidence that training had taken place on the IDSSI framework. Kitchen staff and support workers have been trained by speech and language therapists and the manual for mealtimes was made available. The training delivered was thorough and should ensure that staff understand the need to support people to receive food of the right texture and consistency to meet their needs.

This has been met.

Previous area for improvement 2

To ensure people receive responsive care and support, the service should undertake self-evaluation aligned to the quality framework for care homes for adults and older people to understand where efforts to support improvement should be targeted.

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 August 2023.

Action taken since then

The service had recently appointed a new manager who was, at the time of the inspection, managing another service as well. This meant there had been a period of adjustment and some gaps in management.

There was a self-evaluation based on the Care Inspectorate's core assurances in place. This had been completed by the new manager. The self-evaluation on the quality framework was not available and the new manager plans to work on this.

This area for improvement has not been met and will remain in place.

Previous area for improvement 3

To ensure people continue to be included, the service should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 2 August 2023.

Action taken since then

Observations and competency assessments had been completed on medication administration, moving and handling, and mealtime support. However these could have been scheduled prior to and integrated with, supervision sessions to allow for reflective discussion as recommended in the area for improvement.

There had been a period when supervisions were less frequent, although the service had started to address this. People supported by the service had not consistently been given opportunities to share feedback.

This has not been met and will continue.

Previous area for improvement 4

To help maintain a safe and secure environment, the manager should ensure that daily checks of fire doors are completed and recorded.

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

'My environment is safe and secure' (HSCS 5.17).

This area for improvement was made on 2 August 2023.

Action taken since then

Paperwork kept by the maintenance manager was of good standard and these checks were completed daily.

This has been met.

Previous area for improvement 5

To improve people's wellbeing, the provider should ensure that they have opportunities to engage in meaningful and stimulating activities in the home. This should include but is not limited to:

- a) ensuring that people have a meaningful choice about their activities, and these are recorded and evaluated in a person-centred way in their care plan;
- b) ensuring that staff actively engage with people when carrying out care tasks;
- c) reviewing staff deployment and the use of space to maximise people's opportunities for meaningful activities and stimulation; and
- d) evaluating activities to ensure that people enjoy them, and they benefit their wellbeing.

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); 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 June 2022.

Action taken since then

We saw evidence that people had been able to go out on trips .People were encouraged to go outside in the warm weather during the inspection.

We observed that staff engaged with people during meals, and there were positive interactions. We saw that staff supported people to do their exercises as prescribed by physiotherapists.

Personal plans we sampled showed that people's likes, dislikes, and interests had been discussed, and in some cases, there was evidence of them engaging in activities (this depended on how long the person had been in Montfield).

We felt that more energy could have been put into encouraging meaningful engagement, perhaps through activities such as crosswords or games, where appropriate.

This has been met.

Previous area for improvement 6

To ensure that personal plans are updated and have sufficient detail to reflect people's individual needs, rights, choices and wishes, the provider should ensure that people's personal plans are strengths based, regularly reviewed and changed, where necessary, to direct care based on people's current situations.

This should include, but is not limited to:

- a) ensure that people's care plans reflect their wishes and, where appropriate, those of their representatives; and
- b) ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this

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 14 June 2022.

Action taken since then

The care plans we sampled were of a good standard. We liked the one-page profiles that were in use, and these reflected people's likes and dislikes.

There was information about the support people were to receive, and the plans had been developed alongside health professionals.

It was important to ensure these were followed. During our inspection, there was a hospital admission for a woman who had an anticipatory care plan in place, which stated she did not wish to go to hospital.

This 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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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