

Fernlea, The Wishart Anderson (Care Home) Care Home Service

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Whalsay
Shetland
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Telephone: 01595 745 181

Type of inspection:
Unannounced

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10 July 2025

Service provided by:
Shetland Islands Council

Service provider number:
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Service no:
CS2005097964

About the service

Fernlea, The Wishart Anderson is a care home for older people registered to provide a care and respite service for up to 10 people. It is situated in Marrister on the island of Whalsay, one of the Shetland Islands. It is situated in a small village and is accessible from the Shetland mainland by ferry.

The service provides accommodation over one floor, with 10 single bedrooms, seven with an en-suite bathroom. There is a homely, communal sitting and dining room which overlooks Linga Sound and people can access a well-maintained central enclosed garden and courtyard area.

A downstairs area is used as a staff office base and for a day service. The day service spaces are occasionally used by people living in the care home for family events such as birthday parties.

At the time of the inspection, 10 people were living in the service.

About the inspection

This was an unannounced inspection which took place on 1, 4, 5 and 7 July 2025 between 14:00 and 17:00. Feedback was provided on 10 July 2025. The inspection was carried out by an inspector and a team manager 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:

- engaged with 10 people using the service and five of their family, seven people also responded to our survey
- spoke with seven staff and management, 10 staff also responded to our survey
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals, five also responded to our survey.

Key messages

- Staff were skilled in developing meaningful relationships with people. People experienced compassionate, respectful and kind care and support.
- The provider needed to make further improvements to develop quality assurance systems and processes.
- The leadership team was valued by the staff team, visible and supportive leadership contributed to staff confidence.
- People benefited from a well-maintained and clean environment which contributed to their safety, dignity and comfort across the home.
- Staff were recruited using good practice which enhanced people's safety.
- People's care plans needed to improve to better record people's outcomes, needs and wishes.

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 staff team?	4 - Good
How good is our setting?	5 - Very 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people.

People in the home spoke highly of the staff team: "Lasses here are brilliant, care is good, I couldn't stay at home so am happy to be here", "Grand staff" and "Happy to be here as being at home was just no longer possible as my family have enough of their own to do." Due to cognitive impairment, a few people used non verbal communication. We observed how staff interacted with them and how they responded. We saw tenderness in approaches and staff worked hard to help people communicate their needs and wishes.

The isle of Whalsay has a small population. It was important for people's sense of self to remain living in their home area, "good to be with your own folk." It was clear that the care home was valued in the community. The significant amount of locally donated raffle prizes for a summer fair was testament to that.

People were receiving medication routinely as part of their day and as prescribed. That contributed to their overall wellbeing. Overwhelmingly, people looked healthy despite underlying health issues. We were confident that the care and support offered to them contributed to that.

People had access to the local GP and nurse service. That was essential given the care home is not staffed by clinically trained workers. Where health professionals were involved, that was noted in care plans with follow-up actions and advice. The Royal National Institute of Blind People (RNIB) and a specialist occupational therapist had met with people to offer them different supports with hearing and vision. Staff were proactive in accessing those services. The local occupational health team spoke highly of their links with the care home staff. Staff were noted to know people well and make referrals as required to those teams. Staff recognised the need to use a range of health professionals to support people.

Health monitoring records were in place. They recorded information such as what level of food and fluid people had taken during the day or how regular people's bowel movements were. That information was important in being able to determine whether health staff needed to be involved. Staff were not consistently recording information which risked the potential to miss changes in people's condition (see area for improvement 1). Leaders can seek support from clinically trained staff to ensure escalation procedures are relevant to the people supported. That ensures that health staff are able to review aspects of care planning which they are well placed to assess. People benefit from staff support from various health and social care backgrounds due to all having different expertise and knowledge.

People's overall health relied on good nutritional support. Meals looked appetising and people told us they liked the food available. Staff understood people's preferences, such as grazing during the day or having a larger meal at specific points in the day.

Generational preferences regarding foods were acknowledged and catered for. Positive feedback was received from families regarding food which was home cooked. Home baked 'fancies' were available. They were shared with families in the same way that they would have been offered tea and something to eat when visiting their relatives in their previous home. That added to the sense of homeliness.

The island has a strong fishing heritage and some people enjoyed the locally landed fish. We were assured that the team leader had taken advice from Environmental Health regarding receiving foods into the home. Several of the residents enjoyed fresh fish which is beneficial to their diet and overall health. It was positive to hear that offers of fish had been accepted for people to enjoy.

A lack of activities and meaningful engagement had been recognised and the team had started to plan activities across the month. It was positive to see and hear about some recent events such as taking part in Boccia (a bowls type game). People enjoyed the session and it provided a source of good chat days later.

Some people found things to do to occupy their time. Leaders agreed that improvements were needed in that area of work. A few families had commented that they would like to see their loved ones doing more. We saw a few people having a nap which was possibly needed and chosen. However, care planning needed to reflect that better and acknowledge where people had reached a stage in life where their desire to be active had dwindled. People's choices needed to be better recorded.

Areas for improvement

1. To improve people's health outcomes, the provider should ensure staff maintain accurate daily monitoring records and escalate concerns as required. This will help identify changes in people's condition and ensure timely action is taken to support their health and wellbeing.

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) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas needed to improve.

The provider (Shetland Islands Council) was developing a quality assurance framework for all care settings to use. That will support leaders and staff to better understand what they need to do to evidence areas of good practice and importantly to recognise where the service could be improved for people. A draft policy had been developed but external management acknowledged that it needed to be fully completed to ensure all staff understood their role in supporting improvements. We have extended the requirement related to that feature of work. Please see What the service has done to meet any requirements made at or since the last inspection?

The leadership team and staff were committed, worked hard and worked well together to deliver a good standard of care to people. The leadership team had a vacancy which impacted on their ability to fully concentrate on improvements given the day-to-day running of the service was a priority. As with other island services, the leaders covered the care at home service, day services and also contributed to work at a provider level. All of that impacted on their time.

A recent internal staff survey highlighted a strong sense of confidence in the leadership team. Staff reported feeling that their line managers cared about their wellbeing and were approachable. Staff felt they worked well as a team and overwhelmingly felt that their work offered them a sense of achievement. One of the benefits of a happy, supported staff team is that people reap the rewards of being supported by such teams.

Incident reports were sampled, we found a few examples where we should have been notified. We shared our guidance - Adult care services: Guidance on records you must keep and notifications you must make, March 2025 - with leaders.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people.

Recruitment checks were carried out by central human resources staff. Local leaders carried out interviews and checked references. We were satisfied that safer recruitment guidance was being followed. Staff did not start until all pre-employment checks had concluded. People were kept safe by such good practice.

Staff were given inductions when they started. Leaders had created a local induction handbook which offered new staff easy to access information about their role and the care home. It was a good piece of work and evidenced leaders' keenness to support the staff team.

An induction process was in place that helped staff to understand what they needed to know to start working with people. There was room for improvement in terms of recording what had been completed and what was still to be completed. Some staff had clearly undertaken some aspects of the induction but it had not been signed off.

Staff took part in shadow shifts with experienced staff. They spoke highly of the value of that experience. One person commented on how experienced staff offered good support during the shadow shifts and said "you could ask them anything without feeling silly." That indicated a positive team culture. New staff are essential for the service and good inductions can give staff the confidence they need to start their new role.

Some new staff had not experienced supervision. It is important that supervision takes place early within staff careers to ensure they are competent in their new role and are following good practice and able to recognise what training they still need to take part in. We felt that seasonal workers were at particular risk of not completing all required training. Leaders agreed that was an area that needed development.

Overall, recruitment practices had strong foundations which needed to be built upon. That would help ensure staff were competent and confident and able to fully support people.

How good is our setting?

5 - Very Good

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

As with our last inspection in February, we continued to find the care home to be a homely, welcoming place to be. It was clean and fresh at all times.

Since our last visit, two bedrooms had been renovated to contain wet floor shower areas. That was a very positive piece of work. It had made a significant difference to people's privacy and dignity who could now simply use the ensuite facilities to shower. The accessible bath was being used more frequently by a few people who got immense comfort from it.

The courtyard area was being re-laid with new decking during the inspection. A fund of money had been made available to the care home. People were asked what they wanted to spend it on and chose to get the courtyard updated. We were reassured that people were involved in influencing changes in the care home.

Routine maintenance checks were in place as were domestic audits to confirm that all areas were cleaned as required. As a result, people could be confident about their safety and the environmental cleanliness within the home.

The alarm call system was due to be upgraded. We were assured that the home was a priority to get an upgrade. It had been held back due to issues outwith the control of the leadership team. However, external management continued to support and push for a timely improvement.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Please see What the service has done to meet any requirements made at or since the last inspection?

Care planning was generally carried out by staff in a variety of roles. We shared the Scottish Social Services Council (SSSC) Job role information for workers in a care home service for adults. It is important that staff who are involved in care planning activities are properly registered in the SSSC register and working towards the correct qualification for that level of work. People can then be confident that staff are trained to carry out the role of care planning.

The provider had recognised that training around care planning and also an understanding of the actual role associated with care planning was not robust enough. A key working draft document had been developed and we look forward to seeing that progress.

Care planning had been a focus of work by leaders and staff. However, there remained room for improvement. Some aspects of planning remained task orientated and missed the opportunity to capture meaningful information about a person, what makes them tick and who they are.

We sampled care plans and found out-of-date information. Risk assessments did not always highlight what actions to take in the event of harm occurring. That raised a risk that people would not be responded to appropriately.

Overall though, risks were mitigated as people were well-known by the staff team. More often than not, staff had worked with people in the community within the aligned care at home service. Staff generally held a wealth of knowledge about people but it was not recorded as well as it needed to be.

Some people appeared to be experiencing stress and distress but clarity around how to support them was lacking. Local health professionals had been involved in the past but we queried whether there was a further role for them to be involved. Working together may offer opportunities to look at different strategies which might offer better support to a person.

Formal six month reviews were being undertaken and they were up-to-date. Good quality recording was in place and demonstrated discussion on people's current care and support needs. However, they were not consistently being used to update care plans.

Daily records often reflected what had happened to people in relation to washing, dressing toileting and eating. However, they did not reflect whether the person had a good day and what made it good. Equally, notes did not reflect when things hadn't gone so well and why that had happened. Staff generally knew what had been important to people but weren't recording it. Improving the quality of daily records could strengthen care and ensure staff have accurate, current information to guide their work. Good records support better analysis of how a person is doing as you can build up a clearer picture of how well they are doing or pinpoint concerns in their wellbeing.

Whilst some work had started on future care planning, leadership agreed that further work was needed. Sometimes when a person is unwell, they are not able to explain what is important to them and families may find it hard to make decisions on their behalf. Planning ahead can help people to have more control and choice over their care and support.

A previous requirement in this area had not been met and has been extended.

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

Requirements

Requirement 1

By 20 June 2025, the provider must develop a quality assurance framework which will support improvement and ensure good management oversight.

To do this, the provider must, at a minimum:

- a) identify the relevant quality audits that must take place within the service which promote the safety and wellbeing of people and staff
- b) identify and detail the associated timescales within which each quality audit must take place
- c) identify and detail the required standards that should be met with regards to best practice expectations
- d) ensure that actions identified in quality assurance audits are followed up with clear action plans which are reviewed and signed off by the responsible manager
- e) ensure governance and adequate oversight arrangements are in place for service quality and to provide guidance and support to leaders in the service.

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: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 27 February 2025.

Action taken on previous requirement

Since our last inspection, the provider (Shetland Islands Council) had developed a draft quality assurance framework. As it is at draft stage, we appreciated that there was work still to be completed on this. Team leaders from care services across Shetland had been involved in this significant piece of work. That ensures that they are able to contribute to working practices that impact on their local, individualised services.

The quality framework being implemented includes tasks and expected frequencies. However, emphasis should be placed on developing and implementing a suite of standard audit tools that are fit for purpose. Alongside this, the provider should develop a plan for upskilling staff to undertake quality processes such as auditing which will impact on improving the safety and quality of care for people.

The provider has further work to do to meet this requirement.

At the previous inspection, the service had a number of spreadsheets in place to track information including essential information about people supported, staff training records, care review meetings and information relating to safety checks.

It was evident that the team leader and senior staff continued to work hard and invested valuable time implementing those spreadsheets in addition to some locally devised audit tools. The senior staff were undertaking audits of care plans and medication audits and were identifying where some improvements could be made. However, there was a lack of regularity to audits. The quality of audits varied and there had been limited opportunity to use these audits to influence change and/or improvement. A vacancy within the leadership team had impacted on their ability to drive improvements forward.

This requirement has not been met and we have agreed an extension until 19 December 2025.

Not met

Requirement 2

By 20 June 2025, the provider must ensure that people's personal plans and risk assessments contain up-to-date and essential information to give staff clear instruction on how to meet their needs safely.

In order to do this, the provider must, at a minimum:

- a) ensure all care plans are accurate, detailed and reflect the current assessed needs of people
- b) ensure all risk assessments are accurate, detailed and reflect the current assessed needs of people
- c) ensure people's choices and wishes are fully recorded
- d) use care plan audits to ensure information about people and their needs are accurate and issues identified are addressed effectively.

This is to comply with Regulation 3 and 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 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 requirement was made on 27 February 2025.

Action taken on previous requirement

Care plans and associated risk assessments were not up-to-date. That remained a risk in terms of supporting people. Staff knew people well which mitigated risks. However, new staff did not necessarily share such rich knowledge of people. That raised a risk that they could deliver care and support which was not what the person wanted or needed.

Some risk assessments were not being used to assess the impact and likelihood of risks or the means to manage risk. That meant that staff relied on other staff to know what to do. That in itself raised a concern as sometimes verbal information can be passed on incorrectly or interpreted differently putting people at risk.

We saw an example of a poorly completed risk assessment. It is important that staff follow the directions within risk assessments and update as needed. People's health and wellbeing could be at risk without relevant, up-to-date information being in place.

Audits of care plans were not effective in capturing some of the gaps that we found. Leaders agreed that further work was needed to improve care planning. External managers acknowledged that more training should be made available to staff.

This requirement has not been met and we have agreed an extension until 19 December 2025.

Not met

Requirement 3

By 20 June 2025, the provider must ensure that people are protected by safe and effective health and medication systems and procedures.

In order to do this, the provider must, at a minimum

- a) ensure PRN protocols are in place for as required medication which includes bowel management, pain relief and stress and distress
- b) ensure PRN protocols give clear instruction on when medication should be given and when further action should be taken
- c) ensure clear links are made between care plans and PRN protocols, to ensure staff have knowledge of the signs to be aware of as well as strategies and techniques to provide responsive care
- d) ensure health monitoring records are used only when needed and that clear guidance is available as to targets to be met and actions to take if not met. Rationale for using such records should be in place
- e) ensure monitoring records and PRN protocols are regularly reviewed to make sure they are used effectively.

This is to comply with Regulation 3 and 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 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 requirement was made on 27 February 2025.

Action taken on previous requirement

We sampled care plans and saw that detailed information was in place in relation to people's need for as required medication. That level of detail was not required routinely as most people could advise staff if they felt pain or suchlike.

The GP had been involved in an extensive review of as required medications. That ensured all such medications were checked by an appropriate health professional.

Senior staff created a diary to try and capture all contact with the health centre to prevent any repetitive calls and also to be clear when they would expect visits. It can be very difficult for non clinical staff to always make a judgement call as to when to seek health support. There were regular meetings with the nurse team and it may be worth them exploring how they can work together to develop good working practices to support people's health. Staff knew people very well and often sought support but it is only the health staff who can make formal assessments. As such, some form of a referral protocol may help streamline contact with the health centre further.

Whilst work had started on reviewing the use and appropriateness of monitoring records, there was still room for improvement. We found some records which had gaps. That meant that full monitoring was not in place, without that staff could not make an informed judgement on whether they needed to escalate people to health services. That had the potential to put people at risk.

Again, working with local health teams should be considered with regard to supporting people. Staff could use the nurse team to check that monitoring charts were needed and that protocols were current and appropriate.

Elements of this requirement have been met but we will include an area for improvement under How well do we support people's wellbeing? with regard to monitoring records.

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 people's wellbeing, the provider should ensure that a robust on-call system is in place. Staff should have access to a leader who is in a position to offer clear guidance and make decisions as required.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

This area for improvement was made on 27 February 2025.

Action taken since then

On-call responsibilities were tasked to a different care home team lead each week. However, there was a lack of clarity as to exactly what role the on-call support provided. There was a lack of clarity as to why and when staff in the care home would call on-call. Providers must not only ensure the wellbeing of people using the service, staff wellbeing should also be prioritised.

Locally, the three current leaders were taking on the responsibility informally each week to be on-call. Staff knew who would be available out of hours should they need advice or support.

We recognised the commitment of the current leadership team to support staff and in turn people. It was an example of where staff went above and beyond. However, situations such as those work because of the goodwill of individuals. It is important that the provider looks at how best to use on-call systems whilst appreciating the unique setting of their island communities.

This area for improvement has not 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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