

Walter & Joan Gray (Care Home) Care Home Service

Main Street
Scalloway
Shetland
ZE1 0XJ

Telephone: 01595 880 691

Type of inspection:
Unannounced

Completed on:
8 August 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003009601

About the service

Walter & Joan Gray is a care home for older people situated in the small fishing village of Scalloway, on the Shetland mainland. The provider is Church of Scotland, trading as Crossreach.

The service provides residential care for up to 16 people, with three of these places being available for respite breaks. 15 people were being supported by the service at the time of inspection.

The service provides accommodation over two floors with single bedrooms, each with an ensuite toilet, hand-basin and wet-floor shower. There is a shared lounge and dining area on the ground floor and two sitting rooms on the upper floor. The service has lift access between floors.

There is a shared garden to the rear of the building and an outdoor seating area to the front.

About the inspection

This was an unannounced inspection which took place on 4 and 5 August 2025 between the hours of 09:00 and 20:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with five people using the service and four of their family members
- Spoke with 11 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with one visiting professional.

We also reviewed Care Inspectorate feedback surveys from four relatives, three staff members and three visiting professionals.

Key messages

People were supported to be involved in their care in support in ways that were meaningful to them.

People had appropriate support to manage their health and wellbeing needs.

Staff knowledge of nutrition, swallowing, and choking risks was not sufficient to ensure people had meals that were right for them.

Quality assurance processes were well managed to drive improvement in the service.

Staff were deployed effectively day to day but oversight of staffing levels needed improvement.

The setting was clean, comfortable and well maintained.

Personal planning was effective and used to ensure people's care was right for them.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

We evaluated this key question as adequate. While we found strengths in how the service supported wellbeing, these were outweighed by weaknesses.

The service had effective arrangements in place to support people to be involved in their care and support. Personal plans contained meaningful information about people's interests and preferences. Records relating to people's involvement in activities were, in most cases, detailed and reflected people's experiences, what they enjoyed and what worked well for them. The service held regular resident meetings and families had been involved in discussions about life in the care home. This was led by the activity co-ordinator who was working with the care staff to develop their understanding and involvement in meaningful activity. This meant that people had opportunities to engage in events and activities that were meaningful and fulfilling. Staff interactions with people were genuine, kind, and compassionate and the environment was calm and well organised. Staff were clear about their roles and knew people well, which meant people's care was based on their needs and preferences.

People should expect that their care and support is based on an assessment of their needs, relevant guidance and best practice standards. The service was using a range of assessments to understand people's health and wellbeing needs. These were used well, in most cases, to inform people's personal plans. Practice around skin integrity, mobility and palliative care was effective and we saw that the service sought input from external professionals when required. This supported assessment and monitoring of people's treatment to address their changing needs. People's future care needs were carefully recorded and reflected their views and those of their loved ones, where appropriate. This had been shared with health colleagues to ensure that people's wishes were known in the event of deterioration in their health. People were supported to keep active and staff were confident to support people's mobility in line with their assessed needs. The service held regular multi-disciplinary team meetings with external health colleagues. This helped to ensure people's health needs were understood and properly recorded, alongside professional advice and treatment plans.

The service had effective systems in place for medication management but some improvements were required to ensure 'as and when required' medication was managed well. Medication records showed that people's medication was given as prescribed. The service tracked medication balances and recorded medication changes carefully. This ensured that people's medication was provided in line with medical advice. Medication reviews had taken place to ensure medication continued to meet people's needs. Protocols were in place to offer guidance to staff where people had medication to be given 'as and when required'. Protocols we sampled did not contain sufficient guidance to inform staff decisions on when this medication should be given. Protocols should support staff to understand when the medication is required and if the medication is having the desired effect. In some instances, there was inadequate monitoring of a person's health needs to provide clarity about when or if the medication should be used. This can pose a risk to people's health and wellbeing (See area for improvement 1).

People should expect to have access to meals and fluids that are nutritious, tasty and appropriate for their assessed needs. Mealtimes were well organised, calm and adequately staffed, to ensure people had the right level of support to enjoy their meals. The dining room was nicely presented and people were encouraged to sit together, where possible, to enjoy meals in a relaxed shared environment. Where people had particular nutritional requirements, such as modified food textures, staff did not always understand these needs.

Kitchen staff and staff responsible for serving and supporting people with their meals had limited understanding of dysphagia (difficulty swallowing), modified food textures, and what types of foods were appropriate for people with different requirements. Information shared with the kitchen relating to people's assessed needs was not sufficient to ensure people had meals that were right for them. We observed people who required a softer textured diet being offered snacks which were not appropriate and posed a choking risk. This meant that people were at risk due to being given foods that did not meet their assessed needs. The manager of the service took immediate action to address this during the inspection. This assured us that the leadership team understood the risk to people and had taken appropriate action. It is essential that improved practices around people's nutritional needs are maintained to keep people safe (See area for improvement 2).

Areas for improvement

1.

To keep people safe, the provider should ensure protocols for use of 'as and when' (PRN) medication are accurate and sufficiently detailed. Protocols should include, at a minimum, details of what the medication is used for, when it should be used, and any measures that should be taken prior to using the medication. The effect of the medication should be recorded each time it is used. This information should be available for health professionals to review, if necessary.

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' (HSCS4.11).

2. To keep people safe, the provider should ensure people have access to nutritious food that is safely prepared and meets their nutritional needs. Information about people's nutritional needs and preferences should be kept up to date and shared with the kitchen and all staff, who support people with eating and drinking. Staff should undertake sufficient and appropriate training for their role, including awareness and understanding of modified meals in accordance with the International Dysphagia Diet Standardisation Initiative framework (IDDSI).

This is to ensure that care and support is in line with Health and Social Care Standards (HSCS) which state "My meals and snacks meet my cultural and dietary needs, beliefs and preferences" (HSCS 1.37).

How good is our leadership?

4 - Good

We evaluated this key question as good. A number of important strengths contributed to positive outcomes for people.

Effective processes were in place to evaluate the quality of the service and drive improvement. A quality assurance policy and planner was available to support the leadership team, to undertake audits in line with organisational expectations. A range of audits were completed by the manager, deputy manager and senior care staff to ensure safe practice. Leaders had completed a self-evaluation of the service using the Care Inspectorate's quality framework. This had been used, along with feedback from staff, people, and families and audit findings to feed into an overall service improvement plan (SIP). Regular team meetings enabled leaders to share best practice and service improvement priorities with the staff team. We asked leaders to continue to develop and reflect on the SIP to ensure progress is acknowledged and staff, people using the service and their representatives are aware of ongoing improvement work.

This is to ensure the improvement plan is dynamic and based on reflection about what is working well and where improvements are required.

Leaders were using quality audits effectively to drive improvements. Where audits identified issues, such as medication recording errors or practice issues, these had been followed up with staff in supervision. Staff were asked to complete reflective accounts and additional training, where necessary in order to reflect on how they could improve their practice. Observations of staff practice were taking place regularly and staff members we spoke to, told us they felt this was a supportive process which supported them to care for people well. Some new systems had been implemented to support improvements in areas such as recording of daily food and fluid intake and medication practices. These were monitored daily by the leadership team in order to identify and resolve concerns quickly. We found that action plans from audits were not always clearly recorded. This meant it was difficult, in some instances, to identify the actions taken to ensure improvements were made. We asked the leadership team to ensure action plans are clear and detailed. This is to ensure people continue to benefit from ongoing quality audits and improvement work.

Where people had shared concerns about the service, we saw that these had been followed up by the manager and appropriate actions had been taken. A complaints policy was in place to manage formal complaints. Family members told us they felt welcome in the service, were invited to provide feedback, and participated in meetings and care reviews. This assured us that the service used feedback from people to drive improvement.

How good is our staff team?

4 – Good

We evaluated this key question as good. A number of important strengths contributed to positive outcomes and experiences for people.

Staff were effectively deployed to meet people's care and support needs. Rotas reflected people's scheduled care and we saw a good mix of staff roles on shifts, to ensure people were adequately supported. Senior care staff led shifts and staff had clear information and guidance about their tasks and responsibilities. The service continued to have a high reliance on agency staff due to local recruitment difficulties. Longer term agency staff were used, where possible, to support continuity of care. This helped to ensure people were supported by staff who knew them well and understood their needs. The service was having some difficulty maintaining required levels of domestic cover, but was managing this with additional bank staff and agency use. Domestic staff in the service cover a wide range of duties including cleaning, laundry and kitchen tasks. Domestic staff were maintaining high standards, despite staffing issues. We asked leaders to continue to monitor this closely, to ensure domestic staff have adequate support to maintain their duties effectively.

The service did not have an effective process for assessing how many staff hours were needed. The provider was in the process of introducing a new tool to be used by managers, to assess people's dependency level and how this relates to staffing numbers and deployment. While we saw that staff numbers were sufficient during the inspection, there was no way to identify how people's changing needs were being assessed in relation to staff cover. It is important that managers have a clear process in place, to determine the level of staff cover required to ensure people's care needs are addressed. This should also include assessing the time required for additional tasks such as meaningful activity, attending appointments, staff training, rest breaks for staff and administrative duties (See area for improvement 1).

Staff worked well together and were proactive in ensuring people's needs were met.

Handover and daily 'flash' meetings took place which ensured staff shared information about people's changing needs, plans for each shift and tasks to be completed. Senior staff were responsible for staff deployment and monitoring staff practice.

Regular observations of staff practice were taking place covering a range of areas such as, use of personal protective equipment (PPE), interactions with people, moving and handling practice, and the quality of written work and recording in wellbeing charts or trackers. This ensured that staff were supported to develop their skills and practice in line with best practice guidance. A shift plan document was used to ensure all essential tasks were completed. All staff had time assigned on each shift to complete important administrative duties. Staff spoke positively about their colleagues and team working in the service. This meant that there was sufficient oversight and the team worked well together to meet people's needs. Recent changes to handover documents meant that it was not always possible, to track what information had been shared at shift changes. We asked the manager to ensure a standardised approach to recording shift handovers, to support effective sharing of information.

Staff training was up to date and tracked by the leadership team. All staff were required to complete important mandatory training to keep people safe. There was a system in place to ensure staff were meeting their learning needs and this was followed up with staff in supervision. This meant that staff had the right knowledge and skills to support people well.

Areas for improvement

1. To ensure people are supported by sufficient numbers of staff with the right skills and knowledge, the provider should implement a clear system for assessing staffing needs. This should take into account, at a minimum, people's care and support needs, the layout of the building, staff breaks, training time and other duties, and should recognise when higher levels of support are required at peak times of the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My needs are met by the right number of people' (HSCS 3.15)

How good is our setting?

4 - Good

We evaluated this key question as good. Strengths in the environment supported positive outcomes and experiences for people.

People should expect to live in a setting that is appropriate for their needs. The environment was clean, comfortable and homely. Environmental improvements had been made since our previous inspection, including new flooring and décor in the ground floor. Improvements to the upper floor were planned and people and their families had been involved in planning these improvements and choosing new furnishings and décor. We had very positive feedback from some families about how inclusive this planning had been. This is important as it supports people to feel involved in life and decisions about their home. Domestic staff were following cleaning schedules which aligned with good practice guidance, in the National Infection Prevention Control Manual for care homes (NIPCM). An audit of domestic tasks had been undertaken which had identified some areas for improvement. Senior care staff were in the process of implementing these improvements alongside domestic staff. As noted previously, there had been some shortages in domestic cover. We asked the provider to continue to monitor this, to ensure the current high standards of cleanliness are maintained.

The service had a range of spaces to support small-group living and privacy for people. The layout of the building meant that independently accessing the upstairs lounges was difficult for some people with mobility issues. These lounges tended to be used for planned events, family or musical activities. Improvements to planned use of these spaces had improved access for people and meant that they had opportunities to use different spaces in their home, if they wished to do so.

The main lounge and dining area were adaptable for different purposes including larger events. In the evenings, the lounge was closed off from the dining area and made cosy for people to enjoy watching television or listening to the radio together.

Effective maintenance arrangements were in place, to ensure the service was safe and well maintained. The provider had a planned maintenance contract with a local company which ensured ongoing maintenance tasks were planned and completed timeously. Equipment such as lifts and mobility equipment had been maintained in line with guidance. A maintenance officer worked part-time in the service and attended to regular safety and maintenance checks, including fire safety. Key maintenance checks were completed by senior carers in the absence of the maintenance officer. The service was in the process of recruiting an additional maintenance person to ensure there is full-time cover for this essential role.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. Significant strengths in personal planning contributed to positive outcomes and experiences for people.

The service used personal plans to deliver care and support effectively. Personal plans were person-centred and contained a range of important information about people's needs, outcomes and preferences. This information had been drawn from clinical assessments, discussions with people, their family members and key professionals. Personal plans contained a large amount of information, some of which may not have been relevant to staff providing day to day care. Leaders had identified this and had produced detailed 'care plan summaries', to ensure staff had access to the key information required to support people well.

Personal plans should be reviewed regularly to ensure they contain relevant and current information. All people had six monthly care reviews which were attended by professionals, if appropriate, and family members. Discussions about changing needs at reviews were reflected in updated personal plans. When people's needs were changing between reviews, clear processes were in place, to ensure information was updated and shared with the staff team. Ongoing communication with external professionals, including social work, community nursing and local GPs helped to ensure any health needs were identified, and the right treatment plans put in place. Pre-admission assessments had been reintroduced by the manager to ensure leaders understood people's needs before they moved in to the service. Where people had legal arrangements in place such as power of attorney or guardianship, this had been clearly recorded and copies of legal documents were obtained by the service. This ensured that people's legal rights were upheld.

The service used risk assessments appropriately to keep people safe and support positive risk taking. Personal plans contained clear information about people's choices, particularly where these may have posed a risk to their safety or wellbeing. Input from families and professionals had been sought, where appropriate, and risk management strategies were clearly recorded. This meant that staff had clear guidance to support people's choices and safety. As discussed previously, improvements were required in relation to risks around people's nutritional needs (see area for improvement under key question 1).

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?	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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