North Haven (Care Home)
Care Home Service

North Haven Care Centre
Brae
Shetland
ZE2 9TY

Telephone: 01595 743 850

Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Shetland Islands Council

Service provider number:
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Service no:
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About the service

North Haven Care Home is situated in the village of Brae on mainland Shetland and overlooks Busta Voe and Brae area. The service provides long term and respite care to a maximum of 15 adults or older people.

The building is split into two sections, with the residential service on the top floor and a day care service on the ground floor. The service is well presented with two homely communal lounges and a spacious dining area. All of the individual bedrooms have access to en-suite facilities including showers. A shared accessible bathroom is also available to use with an overhead hoist tracking system.

The outside garden area is landscaped with seating areas and there is a central patio area for further outdoor pleasure. Parking is available on site and the service benefits from being within close proximity to the local GP practice.

At the time of inspection 8 people were supported by the service.

About the inspection

This was a short announced inspection which took place on 5 and 6 August 2025 between the hours of 09:00 and 19:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. We also observed practice and daily life. In making our evaluations of the service we spoke with

- seven people using the service and two of their relatives
- seven staff and management.

We also took into account feedback received from care inspectorate surveys from people, their relatives, staff and other professionals.

Key messages

- People experienced a sense of inclusion and connection through personalised and community-based activities.
- People received medication safely and in line with their needs.
- Incomplete health monitoring records limited the ability to demonstrate timely and preventative care.
- A structured approach to improvement planning ensured that changes were purposeful, measurable, and responsive.
- People received safe, consistent care with time for attention and meaningful engagement.
- Improvements to risk assessments and future care planning is needed to strengthen safety and responsiveness.

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?	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? 3 - Adequate

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

We observed staff engaging with people in a familiar and friendly manner, with kindness and compassion. People we spoke with told us "I am well looked after" and "staff are wonderful". This demonstrated that people were treated with dignity and respect.

Appropriate assessments had been carried out to support people to move around/transfer safely. These included people who may be at risk of falls due to poor mobility. We saw for one person where health professionals had been regularly involved due to ongoing falls. Technology to detect movement was also introduced with the appropriate consents in place. This was used to support safety without restricting their independence. This meant the service recognised the importance of positive risk taking to help people to maintain people's abilities.

Where people required support to maintain good skin health, this was documented within their individual care plans. For example, where people may be at greater risk of developing pressure sores due to limited mobility and remaining in the same position for long periods. Sampling of daily records demonstrated that people received treatment for skin issues, but incomplete records limited the ability to demonstrate timely and preventative care. We have discussed this further in the report under the section "What the service has done to meet any areas for improvement we made at or since the last inspection".

While we could see that external health teams had been involved in some people's care, the lack of clear records relating to advice from visiting health professionals was difficult to track to ensure people's care was responsive to their needs. (See area for improvement 1).

Improvements in medication management systems, staff practice and recording meant that people received medication safely and in line with their needs. Some guidance around the use of 'as and when required' medication (PRN) needed to be more personalised to ensure these offered consistency and clarity to staff. In particular, to be aware of signs and symptoms people may display that is individual to their communication needs. We discussed this with leaders who took on board our suggested improvements.

People were involved in a range of meaningful activities that reflected their individual interests and preferences. These included visits from local schools and musicians, cultural events, and in-house church services to support spiritual wellbeing. People and their families participated in regular meetings where they were invited to contribute suggestions for future activities. This meant that people experienced a sense of inclusion and connection through personalised and community-based activities. Their views were actively sought and used to shape the support they received, promoting wellbeing and choice.

People were supported to eat in their preferred locations, with most choosing to dine in their rooms and a few people choosing to eat their meals in the dining room. Staff were attentive and offered choices at mealtimes, with meals appearing appetising and well received. Care plans included information about people's preferences and dietary needs. We advised leaders where these could be improved to ensure the language used to describe the level of support people required was in line with the International Dysphagia Diet Standardisation Initiative (IDDSI). This will ensure that the training staff had recently received from speech and language teams is embedded in practice and understood. Where people required support with weight gain, fortification practices (increasing the calorie content/nutritional value of food) were in place

and adapted based on individual needs. We were satisfied that people views were considered in menu planning, supporting choice and satisfaction as well as meeting their nutritional needs.

Areas for improvement

1. To ensure people's health and support needs are known and promoted, clear documentation should be in place from any support and advice from visiting health professionals. This should be clearly recorded and made available to all staff responsible for providing direct care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

How good is our leadership? 4 - Good

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

Since the last inspection the manager of the service had resumed his full time role as registered manager with a clear focus on improving the service as well as people's outcomes and experiences. An improvement plan was in place with a number of development areas identified. These were informed by input from people and their families, staff and external professional visits to the service. This assured us that a collaborative approach had been taken to identify where the service could make improvements. We saw where actions had been progressed that had led to improved practice around medication systems, resulting in a reduction of medication errors. These improvements assured us that people received their medication as prescribed to benefit their health and wellbeing.

Staff told us that leaders were approachable and supportive. Improved record keeping, guidance and support in relation to medication administration had resulted in staff being more vigilant and accountable for their own practice. This reduced the risk of harm to people and improved confidence in the service.

Leaders carried out quality assurance audits to ensure staff practice was aligned with organisational and national standards and guidance in a range of areas, this included; medication audits, care plan audits and training compliance. The service used a monthly spreadsheet to collect data on people's health needs, this included the number of falls that had occurred each month, infections, and pressure sores. However, there was no analysis of this information to identify where trends or risks where emerging for some people. Without meaningful analysis, the service may miss opportunities to improve care and prevent harm. (See area for improvement 1).

Ongoing work was taking place by the provider to develop a quality assurance framework. It was clear from our discussions with leaders that while progress had been made, further time is needed to develop this fully and to implement and embed new systems and procedures.

Areas for improvement

1. To ensure that people's care and support is responsive to their changing needs, the service should implement a process for regularly reviewing people's health and wellbeing. This should include, but is not

limited to; skin care, wounds, falls, infections and nutritional support. Information gathered should be used to inform proactive care planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

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

We reviewed staffing arrangements in the service and found that these were appropriate for the current needs and number of people living in the service. A shift lead was present on every shift to coordinate care and oversee medication administration. Individual dependency assessments were in place and reviewed regularly. Staff told us they had time to carry out their responsibilities while still engaging meaningfully with residents. This meant that people received safe, consistent care with time for attention and meaningful engagement.

Rota planning had been reviewed to promote continuity of care and staff wellbeing. Staff were consulted on changes, including occasional double shifts, with sufficient rest periods maintained. An out-of-hours on-call system ensured access was available to senior staff where support was required during any potential emergencies. Leaders were focused on ensuring staff felt supported and well-rested, contributing to a stable and resilient workforce.

Staff meetings and daily shift handovers supported effective communication. Weekly email updates were shared with staff to ensure they remained informed of any changes in the service. Staff described feeling involved in service developments and supported by leaders. Plans were in place to strengthen teamwork further, particularly during night shifts. We were assured that communication and team cohesion promoted safe, person-centred care.

Training compliance was high across mandatory areas, with observations of practice taking place, such as medication administration. This ensured that staff were confident and competent to perform their duties and support people well. Staff were progressing with SVQ qualifications to meet professional registration requirements. Additional training from health professionals, including Speech and Language, supported specialist care. Plans were in place to deliver palliative care training to enhance staff understanding of end-of-life support. This meant that staff had the skills and confidence to deliver safe, compassionate care, with ongoing development supporting continuous improvement.

We found that there was some upskilling of staff needed to ensure daily recordings are clear and consistent. This includes the use of health monitoring tools and documenting when people received input from health professionals. This is essential to ensure that people's changing needs can be clearly identified and responded to in a timely and coordinated way. We have discussed this further in the report under the section "What the service has done to meet any areas for improvement we made at or since the last inspection".

How good is our setting? 4 - Good

We evaluated this key question as good where several strengths of the environment impacted positively on outcomes for people, which outweighed any areas for improvement.

People benefited from a comfortable and accessible environment that supported choice, dignity, and wellbeing. The service was well laid out, spacious, and offered ease of access to communal areas. We observed people spending time in the lounge, using the outdoor space, and attending an organised church service. Others chose to spend time in their bedrooms, which were clean, well maintained, and personalised to reflect individual preferences.

Daily walkarounds and routine checks of the building were carried out by the maintenance officer, including water temperature monitoring, fire safety checks, and minor repairs. A comprehensive maintenance checklist had been developed by the manager but was not yet in use. Oversight was provided by the manager, with plans for monthly walkarounds with the building maintenance officer to support planned upgrades. A maintenance schedule was in place, with the next cycle under development.

Fire safety systems were in place and responsive, we highlighted where improvements to fire drills would strengthen this further. Fire safety procedures were carried out well, including weekly alarm tests, monthly equipment checks, and scheduled emergency lighting inspections. Fire drills had been carried out routinely to ensure staff were aware of evacuation procedures to keep people safe. It is important that future drills include participation from both day and night staff and include clear documentation of the timing of these with any actions, and follow-up.

Cleaning schedules followed the National Infection Prevention and Control Manual (NIPCM) for care homes. Domestic staff demonstrated good understanding of Infection and Prevention Control practice. This ensured people were protected as far as possible from any spread of infection. The laundry room layout did not fully support best practice, with clean laundry stored above washing machines on the 'dirty' side which should be separate to minimise risk of contamination. While clothes storage boxes had lids to reduce risk, leaders recognised where upgrades to the space could be made to support better separate clean and dirty areas in line with best practice guidance. Deep cleaning was carried out, but there was no formal schedule, this should be monitored to ensure consistency.

How well is our care and support planned? 4 - Good

We have evaluated this key question as good, where positive aspects of the service had good outcomes for people, outweighing areas for improvement.

Personal plans were detailed, person-centred, and reflected people's preferences, routines, and life histories. Some of the plans sampled were particularly strong, with clear documentation of people's health needs, daily routines, future care and end-of-life wishes. However, future care planning was not contained within other care plans sampled. This meant that there was a lack of support and planning for some people to ensure their rights, decisions and choices for the future care was known and upheld. (See area for improvement 1).

Personal plans included meaningful personal details and preferences, such as religious beliefs, family connections, and how people liked to spend their time. This meant that people's individuality was respected and supported through personalised planning, promoting dignity, autonomy, and wellbeing.

People's health conditions and support needs were well documented across all plans. These included clear guidance on managing conditions such as COPD, supporting people with their mobility needs, infection risk, and medication, with appropriate escalation procedures in place to recognise where input from health professionals should be sought.

Although some risk assessments were personalised, the format used and detail contained was lengthy and lacked specific details around the hazards, assessment of risks and mitigation to be taken to reduce the likelihood of harm. This made the assessment of harm open to interpretation. The lack of thorough risk assessment had contributed to a recent near-miss incident in the service, as well as a lack of guidance and training for staff. This meant that people were potentially at risk of harm. (See area for improvement 2).

We saw good evidence of regular reviews of people's care arrangements taking place involving people, families, and professionals. Care plans had a personal profile update and monthly care plan reviews. Support plan audits were completed with clear actions and positive feedback given to staff to recognise where improvements had been made. However, tracking of professional advice particularly from dieticians, and district nurse input was inconsistent. Some people had separate logs for visiting professionals, while other care plans, we sampled didn't. It is important that where people receive input from other professionals' details of who provided advice, when, and what was recommended are clearly recorded. We have made an area for improvement under key question "How well do we support people's wellbeing".

Areas for improvement

1. To support people's wellbeing and ensure their wishes are respected, the service should improve how they involve people, their families, and relevant professionals in planning for future and end-of-life care. These plans should be clearly recorded and regularly reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively" (HSCS 1.7) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

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

Requirements

Requirement 1

By 21 March 2025, the provider must create a service development plan which is Specific, Measurable, Achievable, Realistic and Time-bound (SMART) to evidence and centralise where improvements to the service have been identified, actions agreed and outcomes achieved. This should include but not be limited to;

a) evidencing where feedback from stakeholders including external professionals, people using the service, their families and staff have linked to service development areas

b) ensuring that robust internal audits and quality assurance systems are carried out and any actions identified are linked to the wider service development plan

c) learning from concerns, complaints or any adverse incidents to evidence the link to improvements

d) ensuring the plan is a live document, continually reviewed and updated to demonstrate the progress made toward improvements.

This is to comply with SSI 2011/210 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 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 28 November 2024.

Action taken on previous requirement

A service improvement plan was in place and followed SMART principles. We saw clear evidence of progress across the identified development areas. Improvements were informed by stakeholder feedback, actions from external assurance visits; including those from the fire service and the Care Inspectorate. Areas of improvement were also identified by the leadership team, such as increased auditing/checks of care plans and medication.

The structured approach to improvement planning ensured that changes were purposeful, measurable, and responsive to both internal and external feedback. This supported better outcomes for people using the service and strengthened the service's capacity for continuous improvement.

Met - outwith timescales

Requirement 2

By 30 May 2025, the provider must ensure that people are protected by safe and effective medication management systems and procedures. Practice should be in accordance with the organisational medication policy and The Royal Pharmaceutical Society's guidance 'Professional guidance on the safe and secure handling of medicines' 2018. To do this the provider must ensure:

a) there are clear systems in place to ensure medication stock levels are accurate at the start of a new medication cycle. This includes a total balance of medication currently held in the service and medication received

b) a robust and standardised medication audit tool is developed to ensure people have been supported safely and well with their prescribed medication

c) medication audits and spot checks are carried out timeously to ensure any errors highlighted are addressed without delay

d) where medication errors occur, thorough and timely investigation should be carried out to establish the root cause of the error and appropriate action taken to reduce risk to people. This includes identifying where learning can be taken and addressing any practice issues with staff to ensure competency.

This is to comply with SSI 2011/210 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 my care and support is in line with Health and Social Care Standards (HSCS) "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) 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 14 May 2025.

Action taken on previous requirement

Senior staff carried out weekly medication audits consistently across May, June, and July. These audits were detailed and included the date, room numbers checked, errors identified and actions taken. Errors such as missed doses, out-of-date ear drops, and inconsistencies in balance sheets were followed up with appropriate actions, including staff reminders and learning via one-to-one supervision.

We saw evidence of a significant reduction in medication errors since the last inspection. This was supported by leaders reviewing errors to identify where learning could be taken. For example, in one case, a missed dose of paracetamol was investigated thoroughly, with clear actions taken to improve practice. Staff were reminded of the importance of checking medication administration records consistently.
This meant that people experienced safer medication practices.

Senior staff completed weekly stock balance audits, physically counting each medication in locked cabinets in people's rooms. Staff recorded new supplies of medication and carried forward amounts on medication administration record sheets. Daily balance sheets tracked only opened medication, which helped reduce counting errors. Staff told us the new system was more time-consuming but effective. They understood the importance of accurate recording and were more careful when administering medication. This had a improved stock control, reduced errors and ensured people received the correct medication. Staff felt more confident and responsible in their roles.

Met - within timescales

Requirement 3

By 30 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 14 May 2025.

Action taken on previous requirement

Monthly care plan audits were completed by senior staff. Audits carried out covered medication support, legal documentation, personal care, routines, hobbies, health care, finances, communication, and more. Each section identified whether action was required and included comments and deadlines for action to be taken. Most actions were completed within the timescales set out. We reminded senior staff of the importance to follow up where actions are outstanding. We found that, overall, people's care plans were more comprehensive and better aligned with their needs due to improved auditing procedures.

The manager had developed a managers audit tool, as the previous tool was ineffective, to highlight where improvement was needed and where action was taken. We reviewed the new tool and we agreed that this to was more effective than the previous format. The improved audit tool enhanced oversight and accountability.

The manager carried out weekly checks of staff training compliance to ensure, where required, staff were either assigned training or reminded to complete online learning. At the time of our visit, these checks were not well documented. We suggested adding comments to the quality assurance spreadsheet to show where any actions were needed or not. We were confident that the manager took onboard these suggested improvements.

The service used a monthly spreadsheet to collect data on falls, infections, and pressure sores. However, there was no analysis at service level to identify trends or risks to people. The spreadsheet had not been updated since May, this was being reviewed by the provider to identify where this could be improved. Weekly provider-level meetings discussed clinical matters, but minutes lacked detail and did not include any supporting information from leaders in the service.

We were satisfied that sufficient progress had been made to meet the requirement. A new area for improvement has been made under key question "How good is our leadership" to capture the improvements required to support regular monitoring and review of people's health and wellbeing.

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

To ensure that people are protected as far as possible when they have experienced a fall, the provider must ensure there are clear falls management systems in place. This should include ensuring post-fall checks have taken place to identify any potential injuries and seeking medical input where required. An analysis of falls that have occurred should be undertaken to identify where measures to reduce risk to people can be made. Staff should be given clear guidance on falls management systems, how to record when someone has had a fall and follow up actions.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

This area for improvement was made on 28 March 2025.

Action taken since then

Post-falls monitoring documentation was now in place and completed when people had experienced a fall. These included 24-hour checks and body maps to identify injuries. For one person, health professionals were regularly involved due to ongoing falls, and a night-time falls sensor was introduced with consent, supporting safety without restricting independence. Another person's manual handling risk assessment was reviewed following a fall, with no further mitigation required due to their independence. This supported a positive risk-taking approach to enabling independence, whilst keeping people as safe as possible.

This area for improvement has been met.

Previous area for improvement 2

To ensure people are supported safely and well with their assessed needs, the provider should ensure monitoring records in relation to people's health and wellbeing are recorded clearly. This should enable decisions to be made and immediate action taken without delay. To achieve this the provider should at a minimum:

a) give staff clear instruction on how to complete monitoring records in relation to people's support with their skin integrity. Guidance should be made clear to all staff when nursing input is required

b) ensure monitoring records are regularly reviewed to make sure they are completed effectively.

This is to ensure that my care and support is in line with Health and Social Care Standards which state "benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "My care and support is consistent and stable because people work together well" (HSCS 4.14).

This area for improvement was made on 28 November 2024.

Action taken since then

We reviewed monitoring records for a person at high risk of skin breakdown. These showed where pressure sores were identified in May but these did not describe the extent of skin damage or progression tracking. District nurse notes were held separately and revealed deterioration by June, with three gradable pressure ulcers requiring ongoing treatment. While we could see that escalation had occurred, the lack of clear records relating to wound care made it difficult to determine whether earlier intervention could have prevented deterioration. There is further development needed to ensure monitoring records are completed clearly and accurately to demonstrate responsive care.

This area for improvement has not been met.

Previous area for improvement 3

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); and is in line with guidance - 'Records that all registered care services (except childminding) must keep guidance on notification reporting.

This area for improvement was made on 6 October 2022.

Action taken since then

We sampled internal accident/incident reports, which included medication errors and people who had experienced falls. There was clear evidence of learning from adverse events within the records sampled and the relevant notifications had been made in line with guidance.

This area for improvement has been met.

Previous area for improvement 4

To ensure people can continue to experience an environment which is safe and well maintained, the provider should ensure arrangements and safety checks are in place to resolve any maintenance issues timeously.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.24).

This area for improvement was made on 28 November 2024.

Action taken since then

The manager had worked with the maintenance officer to plan and agree clear duties and responsibilities. This included delegation of environmental checks and audits. While this process had started, further time is needed to ensure this is fully implemented to measure whether these are effective in resolving issues as they arise timeously.

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?	3 - Adequate
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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