

Taigh Shiphoint Care Home Service

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Unannounced

Completed on:
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Service provided by:
Comhairle nan Eilean Siar

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About the service

Taigh Shiphoint (Seaforth House) is a newly built 52 bedded care home in Stornoway comprising of four wings {Bosta, Garry, Coll, and Dalmore} each with 13 en-suite bedrooms. The care home offers 24 hour care and support to older people who may have a range of complex health issues, including dementia.

There is also a separate unit that provides a care service to a maximum of 15 older people over the age of 65 years and adults with physical disabilities for respite/short stays.

About the inspection

This was an unannounced inspection which took place between 1 and 4 June 2025. 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 registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke formally and informally with the majority of people living in the service;
- spoke with five of their family members;
- spoke with staff and management;
- spoke with one partnership agency;
- observed practice and daily life;
- reviewed documents; and
- considered returned questionnaires in relation to the quality of the service, from people living in the service, their relatives, staff and health professionals.

Key messages

There was a strong and cohesive leadership team in place who continued to drive service improvements forward.

Steady and sustained improvements were benefiting the health and well-being of people.

People were well cared for, and were treated with kindness, compassion and respect.

People were enjoying and benefiting from an improved range of relevant and interesting activities.

People's well being was promoted, as staff worked well together and knew how people wished to be supported.

The environment was warm, comfortable and welcoming with plenty of fresh air, natural light and sufficient space to meet people's needs and wishes.

Recording of "as required" medications needed to improve.

Care plans and reviews should be continued to be developed in a person centred manner.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Staff treated people with compassion, dignity and respect. There were consistently positive relationships between staff and people living in Taigh Shipoirt. Staff made visitors feel welcome and visitors spoke positively about staff. People told us:

"The staff here are kind and very helpful".

"I cannot fault the staff".

Attention to personal appearance helps people feel good about themselves, and reassures families that their loved ones are getting the care they deserve. People looked well and staff paid attention to people's personal appearance, for example clothing, skin, hair and nails.

Prompt identification of changes to people's health and successful partnership working ensured people were getting the right treatments at the right times. Staff knew people well and were quick to identify changes in their health. When changes were identified, staff sought health advice promptly and followed the advice given. There was also the opportunity to discuss people's health and well-being at weekly meetings with community health care professionals.

Partnership agencies told us communication between the home and themselves had improved. Senior staff were more visible and approachable when they visited. This meant health professionals got the right information about the person and could tend to their health needs promptly and appropriately.

Mealtimes were held in pleasant surroundings. Food looked and smelt appetising and people were given time to enjoy their meal. Staff were confident and patient when supporting people to eat and drink and chatted with warmth. People were offered drinks throughout the day and had independent access to snacks and juice. These approaches meant people's food and hydration needs were well met.

There had been significant improvements in the safe administration of medication. Overall people were getting the right medication at the right time. When there were medication errors these were identified quickly, health advice was sought and followed, and families informed. This promoted transparency and gave staff the time to reflect and learn from medication errors.

There had been a previous area for improvement about "as required" medication. The provider had started to make improvements, but there was still work to be done.
(See area for improvement 1).

Staff are due refresher medication training soon, the provider should include best practice for the administration of "as required" medication in this.

Areas for improvement

1. As people receive their medication in line with their assessed support, the provider should ensure protocols are in place for the administration of PRN ('as required') medication. These should clearly identify when medication should be given, the desired effect, impact evaluation and next steps if medication is not effective.

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

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24); and

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

There was a strong, consistent and cohesive leadership team in place. Leaders had a clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities. They had a clear vision and continued to develop robust systems to monitor standards of care and identify areas that needed to be improved on. These fed into a responsive improvement plan that detailed the future of the service.

Relatives and professionals we spoke with said senior staff were more visible on the floor and communication had improved. They felt confident if they raised a concern they would be listened to and improvements would be made.

It is really important the provider gives the leadership team, the time and resources to consolidate and build on the improvements they have made. This will ensure the service continues to make sustained improvements, and people living the best life they can remains a priority.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.

During the inspection we looked at the skill mix, numbers, and use of staff to ensure they could meet the needs of people. Whilst there was not a formal process to assess how many staff hours were needed, we saw that staff had time to provide holistic care and engage in meaningful conversations and interactions with people. It was clear from our observations, that people were benefiting from this and enjoying spending time with staff. It was positive that when an individual's care needs increased, for example at end of life or if an individual was at risk from falls, additional staff were made available. One family told us staff had gone above and beyond when they were supporting their relative at the end of their life.

To further promote good practice, the provider should consider how they formally record and evidence that they have the right staff in the right place at the right time to meet people's needs. We will consider this at the next inspection.

The leadership team had worked hard to build a positive and transparent staff culture. Staff were happier, more settled and clearer on what was expected from them. This led to a more professional approach by staff, improved team working and communication.

Staff told us:

"We feel really well supported now and seniors are much more visible and accessible if we need guidance".

"The manager is really supportive and we are clearer as to what is expected from us".

"We work well as a team and support one another".

How good is our setting?

5 - Very Good

We made an evaluation of very good for this key question. This demonstrates major strengths in supporting positive outcomes for people.

Taigh Shiphoint is a purpose built care home. People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and well looked-after, with no evidence of intrusive noise or smells.

The building was very well maintained and there were ongoing checks to ensure the environment was safe. Domestic staff worked hard to ensure the environment remained clean and tidy and there were routines in place to support this.

People's bedrooms were homely and personalised, with lots of natural light and space. En-suite bathrooms were well maintained and people told us they were comfortable in their rooms. The weather wasn't conducive to spending time outside during the inspection, but we could see how much work had been put into preparing the outdoor areas to ensure these were safe and accessible to people so they could enjoy time outside.

The facilities enabled people to have access to various activities, whilst also offering small group living and quieter spaces for those who preferred or benefited from these. Some comments from people we spoke with included:

"The environment is purpose built and very clean".

"My bedroom is how I like it and the staff keep it clean".

Some of the areas within Taigh Shipoirt were being better used since the last inspection. For example the middle activities room was being used for a breakfast club and bringing the community of Taigh Shipoirt together. This allowed people to re-kindle past relationships and enjoy time together. Moving forward, the provider should continue to involve people and their families in how best use of the environment can be achieved.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Overall people's care plans reflected their needs and the way they wanted to be supported. People's independence was promoted throughout the care plan, thus people's skills and confidence were maintained and built upon. One person told us their relative's health had improved since they came into Taigh Shipoirt.

We had made an area for improvement at the last inspection about care planning. There had been some progress with this but improvements were still needed. The service's improvement plan had identified a focus on developing more person centred care plans and reviews. From our observations, we could see that there were areas within personal plans and reviews that required more detail. This was especially important when supporting people with behaviours that put the person or others at risk, and making sure the right paperwork and consents were in place, if for example people were using lap belts, door gates, door monitors or fall mats.

(See area for improvement 1).

Staff had built up good knowledge and understanding of the needs of people, and we were confident they could take the necessary steps to improve the ways they support people's personal plans.

Areas for improvement

1. To promote person centred safe care, care plans and reviews should be person-centred and outcome focused, and of a consistent standard in line with the provider's expectations and good practice guidance; and

- a) Risk assessments should contain sufficient detail to ensure people can be safely supported. Risks and how to manage these should be identified throughout the care plan;
- b) There should be clear evidence that all "restrictive practices" have the correct legal paperwork in place to support these.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17);

'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' HSCS 2.6); and

'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.' (HSCS 2.7).

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 people receive their medication in line with their assessed support, the service should ensure protocols are in place for the administration of PRN ('as required') medication. These should clearly set out guidance on when medication should be given, the desired effect, and when further action should be taken. Clear records relating to the administration of PRN medication should be completed by staff.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

This area for improvement was made on 6 February 2025.

Action taken since then

Whilst there had been some progress there was still further work to be done. The area for improvement will be adjusted. For further information see key question 1.

Previous area for improvement 2

To ensure good outcomes for people the provider should continue supporting staff with person centred care planning, including:

- a) Care plans should be person-centred and outcome focused, and of a consistent standard in line with the provider's expectations and good practice guidance; and
- b) To ensure ongoing good outcomes for people, risk assessments should contain sufficient detail to ensure people can be safely supported. If changes are identified the care plan should be updated to reflect these.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 6 February 2025.

Action taken since then

Whilst there had been some progress there was still further work to be done. The area for improvement will be adjusted. For further information see key question 5.

Previous area for improvement 3

People who experience care should have the opportunity to participate in activities as per their choice. To achieve this, the provider should ensure staff make the most of opportunities to engage people in meaningful activities as part of their day to day lives.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

This area for improvement was made on 31 May 2024.

Action taken since then

The area for improvement had been met. There was a wide and varied activities programme that people were enjoying and benefiting from.

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?	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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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