

An Acarsaid (Care Home) Care Home Service

Liveras Park
Broadford
Isle of Skye
IV49 9AW

Telephone: 01471 822 670

Type of inspection:
Unannounced

Completed on:
29 May 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307181

About the service

An Acarsaid is a care home registered to provide a care service for up to 10 older people, this includes a bed for step up/step down care. The service is located in Broadford on the Isle of Skye, and is close to a range of local amenities.

Accommodation is provided over two floors, with a lift available for access to the upper floor, en suite facilities are available in all bedrooms. There is an open plan dining room and lounge, and some smaller seating areas located throughout the home. There is a spacious conservatory which has pleasant views out to the garden and local area.

The provider is NHS Highland.

About the inspection

This was an unannounced inspection which took place between 21 and 29 May 2025. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke or had interactions with 10 people using the service and four of their relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were treated kindly by staff who knew them well.
- Communication with the staff team had not improved since the last inspection.
- Healthcare assessments and guidance were not being used as recommended.
- Protocols for PRN ['as required'] medication had improved since the last inspection.
- The service continued to experience staffing pressures which were negatively impacting on people's outcomes.

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?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	4 - 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?

3 - Adequate

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

We saw kind, caring and compassionate interactions between staff and the people they support. Staff clearly knew people well, and were able to provide comfort and reassurance effectively because of this. One person told us:

"Staff are wonderful, absolutely fantastic."

We saw meaningful activities in the service provided by external visitors, such as musicians and music groups, which people enjoyed. There was an ongoing vacancy for an activities co-ordinator in the service, this meant that when external activities were not arranged, staff had limited capacity to facilitate meaningful activities for people. The home was well visited by friends and relatives, we asked the service to remove a sign which discouraged visiting during mealtimes, as there should be no limitations on visiting in normal circumstances.

People told us they enjoyed their meals, and food looked appetising. The menu included a variety of pre-prepared meals and some homemade options. Kitchen staff knew people's likes and dislikes well.

We sampled healthcare assessments and records, such as weight, food, and fluid charts, and found recording to be inconsistent; important information was not being recorded effectively. We found guidance from healthcare professionals was not being followed, and risk assessments were not in place where there were known risks to people such as choking, this posed a risk to people's health and wellbeing (**see requirement 1**).

Staff told us they felt they were providing high quality essential care but that current staffing pressures were impacting on their ability to support people beyond this and to complete important healthcare related notes (**see 'How good is our staff team?' - requirement 1**).

Requirements

1. By 1 August 2025 the provider must ensure they keep people safe and healthy. In order to do this, they must, at a minimum;

- a.) complete regular routine healthcare assessments and screening tools
- b.) ensure professional guidance and recommendations are followed, this may include measures such as fortifying meals and supplementing diets.
- c.) ensure that where there is an identified risk to sometimes health or wellbeing, a risk assessment is put in place advising staff how to respond appropriately, this includes but is not limited to, choking risk assessments.

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:

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There were some quality assurance processes in place, however, it was not clear how these were being planned or used to support ongoing improvements in the service. During the inspection we highlighted several gaps in records and documentation that should have been identified through quality assurance processes, this meant peoples outcomes were not being improved by the existing systems (see 'What the service has done to meet any requirements we made at or since the last inspection').

It was highlighted during the inspection in February 2025 that regular team meetings were not being held, but this had not changed and there was no clear reason why. There continued to be a lack of communication within the service, this meant there was a risk of important information not being shared with staff. Some staff supervisions had been completed, those sampled had not been completed in depth, and did not evidence that staff had been supported to reflect upon their practice. Reflective practice promotes a learning culture and supports staff to recognise and identify their learning needs (see 'What the service has done to meet any requirements we made at or since the last inspection').

The pace of change since the previous inspection had been slow. During this inspection we recognised the staffing pressures which had also impacted on the management team in the service, the manager was often supporting with direct care related tasks at the detriment of their own work.

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There was no evidence to show how the current staffing arrangements and skills mix had been calculated to ensure the level of staffing in the service was safe and appropriate. There were limited contingency plans in place to manage both short and long term staff absences in the service, this had resulted in shifts requiring to be covered most days of the week and meant care staff were often required to cover support roles such as working in the kitchen in addition to their caring role (see requirement 1).

It was evident during the inspection that the current staffing pressures were causing distress to the staff team, as they felt at times, they were unable to provide care beyond meeting people's basic needs. One staff member told us:

"There is not enough time to get people the care they need, we try to do the best we can for people but we are always rushing."

People living in the home told us staff were responsive to their needs, but they sometimes had to wait for support as staff were often helping other people. People and their relatives spoke highly of the staff working in the service, one relative told us:

"I can't fault the staff, they bend over backwards and go above and beyond, they have been excellent."

Despite the best efforts of staff, we could not be assured that people's needs could be appropriately and safely met at all times by the staffing arrangements in place (**see requirement 1**).

Requirements

1. By 20 September 2025 the provider must ensure that staffing levels within the service allow for the provision of safe and appropriate care and support, this includes but is not limited to:

a.) ensuring there is an appropriate assessment of the levels and skill mix of staff required to provide safe and appropriate support, this should be used, reviewed, and updated regularly

b.) ensure that staffing levels take into account support staff and roles critical to the safe operation of the service and the ability to meet people's outcomes, this should include kitchen staff.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15); and

'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our setting?

4 - Good

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

We found the home was warm and welcoming, and there was a homely atmosphere. The building had several communal areas for people to utilise as they wished, including a conservatory and quieter areas where people could spend time alone if they wished to.

The maintenance staff were very knowledgeable and kept thorough records of all essential checks and internal maintenance completed. Communal areas were homely, and people's bedrooms were personalised with their belongings, photographs, and artwork, this meant people could enjoy an environment which reflected their personal wishes. All rooms were very clean and tidy, and a thorough housekeeping programme was being followed to maintain this.

External maintenance and routine checks by the building owner were currently being progressed but had not yet been completed, these are important to ensure the building and garden areas remain safe and in good condition for people to enjoy (**see 'What the service has done to meet any areas for improvement we made at or since the last inspection'**).

How well is our care and support planned?

3 - Adequate

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

People had care and support plans in place which contained important information relating to their outcomes, likes and dislikes, and life stories. There was little change to care plans and paperwork since the last inspection in February 2025, and we could not see updates being made following changes to people's care and support.

Formal review meetings should be held every six-months or sooner if required, these ensure care and support continues to meet people's changing needs, and provide an opportunity to gather feedback from people and those important to them. Reviews were not being undertaken in the service at the last inspection in February 2025. During this inspection some reviews had been noted as completed, and some remained outstanding. The supporting paperwork was not completed or available in full for sampling for the reviews which had been undertaken, this meant we could not be assured reviews had been completed in full and shared with people and their legal proxies (**see 'What the service has done to meet any requirements we made at or since the last inspection'.**)

Where it was assessed that equipment such as bedrails, sensor alarms, and lap belts were necessary to keep people safe from harm, the appropriate assessments and consents were generally in place, we asked the service to follow up on one which we could not locate. This meant these decisions had been made in agreement with the relevant people and ensured that support was provided in a manner which promoted people's human rights.

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

Requirements

Requirement 1

By 10 May 2025 the provider must ensure that people experience a service which has a culture of continuous improvement, underpinned by transparent quality assurance processes. To do this, the provider must, as a minimum:

- a) ensure there are formal quality assurance systems in place which cover all key areas of service delivery, and effectively identify issues which may impact on the health and wellbeing of people
- b) demonstrate how actions are taken to address any identified improvements
- c) ensure the service improvement plan is updated to reflect ongoing improvements and their progress.

This is to comply with the 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 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 March 2025.

Action taken on previous requirement

Significant gaps remained in the quality assurance activities in the service, such as audits of care plans and healthcare assessments.

The service improvement plan had been updated since the last inspection but did not fully reflect ongoing improvement work required in the service, how this was progressing, or the associated actions and timescales.

This requirement had not been met and has been extended to 20 September 2025.

Not met

Requirement 2

By 10 May 2025 the provider must have effective communication and supervision arrangements in place to ensure people are supported by staff who engage in reflective practice and communicate effectively as a team. To do this, the provider must, as a minimum:

- a) ensure staff supervision is held in line with organisational guidelines to promote reflective practice and identify individual training needs
- b) ensure there is effective monitoring of staff competence through on-site observations to continuously improve staff practice
- c) ensure regular team meetings are held and attendance promoted to all staff. Meeting minutes should be made available to staff promptly following meetings.

This is to comply with the 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 Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This requirement was made on 14 March 2025.

Action taken on previous requirement

Some staff supervisions had been carried out since the last inspection, these were limited in detail and did not evidence appropriate depth or support for staff to reflect upon their practice. Many staff had not received formal supervision.

There had been some formal observations of staff practice, these had not yet been planned for the whole staff team or used to support supervision discussions.

Upon starting the inspection a formal team meeting had not been held for over 4 months. Team meetings were intended to be held monthly in the service and a new meeting schedule was being planned.

This requirement had not been met and has been extended to 20 September 2025.

Not met

Requirement 3

By 10 May 2025 the provider must ensure people's care and support is reviewed regularly. To do this, the provider must, at a minimum:

- a) ensure reviews take place at least every six months, or sooner where a person's needs change or a review is requested

b) ensure records of review meetings are kept. Records should include discussions, decisions made, and any actions taken at the review, these should also be shared with people's legal proxies where applicable.

This is to comply with the Regulation 5(2)(b) 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 Health and Social Care Standards (HSCS) which state that:

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

This requirement was made on 14 March 2025.

Action taken on previous requirement

The service was able to provide a list of dates that reviews were due to be completed. Some reviews had been carried out but not all the documentation for these was available to sample, and some reviews were still to be completed. We could not be assured that six monthly reviews in the service were up to date, or that review documentation had been shared with the appropriate people.

This requirement had not been met and has been extended to 20 September 2025.

Not met

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, impact, 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 state 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 14 March 2025.

Action taken since then

Appropriate protocols were in place for the administration of PRN 'as required' medication, and in general staff were actively recording the impact of this medication to monitor its effectiveness.

This area for improvement had been met.

Previous area for improvement 2

The provider should ensure that they use, review, and update appropriate assessments of the staffing levels and the skills mix of staff to ensure responsive care can be provided to all people throughout the day and night. This should take into account the changing needs of people and layout of the building, and be used to inform staffing rotas.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17)

This area for improvement was made on 14 March 2025.

Action taken since then

The dependency tool used in the service to calculate the level of staffing required to safely support people had not been updated recently, this meant there was no evidence to show how the level of staffing in place had been decided and whether this was safe and appropriate.

This area for improvement had not been met and is now included in a requirement made under key question 3 'How good is our staff team?'

Previous area for improvement 3

To ensure people experience high quality facilities all identified maintenance and repair tasks relating to the building and grounds should be recorded and carried out in a timely manner, ensuring there is no compromise to the safety of people.

This is to ensure that care and support is consistent with 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 5.22).

This area for improvement was made on 14 March 2025.

Action taken since then

Some ongoing maintenance of the building had been completed since the last inspection and this has been well managed by the service.

Arrangements had been made for the external walls of the building to be repaired, the related works had yet to be completed by the building owner and the external walls of the building continued to have areas of loose harling which could pose a safety risk.

Progress had been made in relation to this area for improvement. This area for improvement has not yet been met and will remain in place until ongoing maintenance and repair work has been completed.

Previous area for improvement 4

The provider should ensure that where risks to people's health and wellbeing are identified, risk assessments are completed and regularly reviewed to accurately reflect the steps to be taken to reduce or mitigate these risks. This should include, but is not limited to, choking risk assessments.

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

This area for improvement was made on 14 March 2025.

Action taken since then

Specific risk assessments which had been highlighted to the service at the previous inspection as necessary had not been completed.

This area for improvement had not been met, and will be included in a requirement under key question 1 'How well do we support people's wellbeing?'

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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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