

Smiddybrae House Care Home Service

Vetquoy Road
Dounby
Orkney
KW17 2HH

Telephone: 01856 771 100

Type of inspection:
Unannounced

Completed on:
22 April 2025

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2005090445

About the service

Smiddybrae House is registered to provide a care service for a maximum of 33 older people. A maximum of two of these places can be provided for respite care. The provider is Orkney Islands Council. The service is in the village of Dounby and benefits from useful links with the general practitioners' surgery and surrounding local community.

Smiddybrae House is single-storey, purpose-built care home. It comprises four individual wings which are connected through two large communal areas. The communal hubs provide a welcoming space for activities and hosting local events. Each wing has an independent kitchen, dining area and lounge. There are 29 single en-suite bedrooms and two double en-suite bedrooms.

The home is situated within pleasant, landscaped gardens and patio areas with outdoor seating and access to a greenhouse.

About the inspection

This was an unannounced inspection which took place on 14 to 16 April 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 with 13 people using the service and five of their families
- spoke with 21 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People received care and support from staff who were kind, respectful and understood their specific health needs.
- Families spoke highly of the care their relatives received and felt reassured by being welcomed within a homely atmosphere.
- Some people, families and staff felt that there could be more time for staff and residents to enjoy one-to-one conversations or activities together.
- People's health and wellbeing benefitted from excellent communication with external professionals that was responsive to their individual needs.
- Staff were competent, skilled, and knowledgeable within their role due to regular training and supervised practice.
- People benefitted from a staff team who worked well together with a clear commitment to continuous improvement.
- The setting provided a warm, comfortable, and spacious environment with options for enjoying companionship or choosing privacy.

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?	5 - Very 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?	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?

5 - Very Good

We evaluated this key question as very good, where major strengths supported positive outcomes for people's health and wellbeing.

Staff treated people with dignity, respect and compassion, with concern for their wellbeing. One person told us, "it's fine, completely lovely staff, everybody likes everybody here" and another confirmed, "I love it here, the staff are kind and I can be with people if I want, I have my room the way I like it". Families spoke of feeling reassured by being able to spend as much time as they wished with their relative and enjoyed the welcoming and homely atmosphere. One relative told us, "The care here is just lovely and all the staff, they are genuinely caring, and we are never made to feel unwelcome" and another commented, "Staff are second to none. I have never had a complaint about any staff member". This meant people felt happy, safe and valued.

We observed staff supporting people with sensitivity and confidence during mealtimes. Staff served food in pleasant, spacious dining rooms in a relaxed and friendly setting. Staff provided support to individuals at their own pace and chatted warmly about well presented, appetising food choices that residents confirmed was tasty. People were offered drinks throughout the day and had independent access to snacks and juice. This meant people's food and hydration needs were well met. In addition to this, one staff member told us, "On a Sunday we all have dinner together in the hub which is lovely" and when we spoke with others, they confirmed that this was a meaningful experience in sharing social time together.

People's health and wellbeing benefitted from person-centred and holistic care plans. Individual's unique preferences were clearly detailed with guidance on routines, communication and specific health needs. One external professional told us about a monthly dementia skills programme which, "supports knowledge and skills but also gives an insight into the care and support provided through discussion and activities embedded within the training". One staff member told us, "The care here is outstanding; it's a friendly nice atmosphere" and another commented, "everything is followed up really quickly here".

We observed staff supporting people to be independent, mobile and active according to their choice and ability. Medication was managed safely by trained staff due to thorough recording and follow up with district nurses or general practitioners. This meant people were receiving the right healthcare from the right people at the right time. External professionals told us, "They provide a high quality of care" and another confirmed, "I would rate the standard of care as excellent".

People's physical, emotional and mental health needs were promoted through a range of planned, themed activities. For example, enjoying weekly singing or the Kirk service on Sunday and seasonal celebrations such as, making Easter baskets. One example, where staff enabled participation in a community event was with an 'assisted stall' at a local show, so people could contribute with home-made jams that staff had helped them to make. We received feedback that more activities and outings would be beneficial for people's wellbeing.

The service could improve by consistently recording the outcomes for when staff administer 'as needed' medication. We would also encourage the use of a separate recording sheet for topical medications. Managers should regularly review these to ensure medication is effective in achieving the desired health outcome.

How good is our staff team?

4 - Good

We evaluated this key question as good. Important strengths in how well staff worked together had a positive impact on people's experiences and outweighed areas for improvement.

People living in the care home and staff benefitted from a warm atmosphere because of good working relationships. Staff helped each other in a flexible and responsive way, ensuring people's care and support was consistent and stable. This meant staff had strong, positive relationships with each other and worked together to achieve the best outcomes for people. One person told us, "Most of the staff know what they're doing and work well together" and a relative confirmed, "Every member of the staff team is very responsive. There is no separation between management and staff, they all work together as a team".

Staff spoke of the management team as being supportive, approachable and providing good insight into people's care and support. This meant people's care was person-centred and based on open communication between all members of the staff team. One staff member told us, "We work brilliantly as a team, from the management, the care staff, domestics and kitchen staff and handyman". Another staff member confirmed, "The managers are very approachable as well as skilled. If one of the staff were to go to them with questions or concerns, it really feels like they will listen and give appropriate answers or advice".

Staff discussed their work and how best to improve outcomes for people during the daily handovers, staff meetings, supervision and training. We observed a focus on the promotion of people's choices as much as possible and discussions between staff of value-based practice. An example was how managers asked nurses to provide focused training for staff on supporting a person with diabetes care. This meant staff were competent in providing the right care for people with specific health conditions. We advised managers to collate training information into an overall training needs analysis for the service. This would be helpful in monitoring and reviewing staff development as part of continuous improvement.

Staff were recruited carefully and well to ensure the right people with the right values were supporting people. Managers used quality assurance systems, such as practice observations, to assess that staff were knowledgeable and confident when they were supporting people. Staff spoke positively about their induction, which included opportunities to build relationships with people and mentoring from experienced colleagues. This meant staff were enabled and confident to meet people's needs, wishes and outcomes. One new staff member told us, "Since starting this role everyone in the management and all my colleagues have been very welcoming and support me with everything I'm learning" while another agreed, "I think the management are very supportive and have been impressed with the training given, we have some excellent experienced staff and good mentors".

During inspection we looked at the skill mix, numbers and use of staff to ensure they could meet the needs of people. Managers assessed people's care and support needs and responded flexibly, such as for end-of-life care, to ensure people were safe. One external professional told us, "There is a good skill mix and experienced staff there too. They support health and wellbeing well and there is good communication" and when we spoke with others, they confirmed they shared this experience.

Although managers did not use a formal staffing tool, they reviewed the number of staff required to meet people's care and support needs. Staff supervisions were mostly up to date and senior staff were completing qualifications to enable them to add capacity to the management team in providing regular staff supervision. We heard from staff and managers that the health needs of residents were changing which meant the level of people's support needs would be higher. One relative told us, "The staff team are lovely but I feel they are a bit stretched at times" and a staff member confirmed, "We try our best every day but unfortunately staffing levels can let us down" and "increasing carers would allow more time to interact with the residents with meaningful activities as well as allowing more time for necessary paperwork". We identified where these areas should improve. **(See Area for improvement 1)**

Areas for improvement

1. To ensure people can be confident that the right number of staff with the right skills are working at the right times to meet people's needs, the service should ensure as a minimum:

a) The needs of people are continuously evaluated in assessing how many staff hours are necessary to achieve their outcomes. This includes taking account of the complexity of people's care and support.

b) Include feedback from residents, staff, families and other stakeholders.

c) Ensure senior staff are enabled to lead on the provision of staff supervision and appraisals.

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

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

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

How good is our setting?

5 - Very Good

We evaluated this key question as very good, where major strengths in the setting and facilities at the home supported positive outcomes for people.

Smiddybrae House had a warm, comfortable, welcoming environment with plenty of fresh air and natural light. The setting provided access to outdoor space, which included a greenhouse, within landscaped gardens. A safe outdoor area was available for people living with dementia, although it was recognised that they may need support to benefit from this. Communal hubs provided sufficient space for activities and enabled the home to welcome community groups. This meant people were connected to their local communities. People could choose to use the smaller lounges in each wing for a more homely atmosphere or their own rooms. This meant people's rights to privacy were respected. One relative told us, "It's very good, an excellent environment" and this was confirmed by an external professional who said, "It is an excellent care home".

The environment was relaxed, smelled fresh and was well maintained. There were planned arrangements for regular monitoring and maintenance of the premises and equipment to ensure people were safe. One relative told us, "The home is lovely, warm, clean and safe for my relative" and an external professional confirmed, "It is 20 years old, but well maintained, bright, and lots of activities for residents".

Furnishings were of a good standard; the passageways and communal areas were attractively decorated with artwork. There were understandable signs throughout the home, including pictorial or written cues, to support people's safety and independence as much as possible.

People's rooms were personalised with items that reflected what was meaningful for them and their interests. People had access to an office safe and staff audited money that was in their keeping for when people needed it for shopping trips or services such as, a hairdresser. This meant people could make choices that promoted their wishes and that staff kept their money and valuables safe.

However, some people and relatives told us that they felt noise levels could be intrusive because of the television in the lounges. The service could improve by discussing with people how well their environment works for them in terms of noise levels. This would mean people feel listened to and that they could influence changes.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good, where major strengths in people's assessments and care plans supported positive outcomes for people.

The health and wellbeing of people were promoted through holistic care planning which included daily updates as people's outcomes changed. The short-term care plans ensured key information was communicated clearly for each staff handover. Plans were person-centred and included information on ways people could remain active, engaged and connected to important people in their lives. This meant people benefitted from support planning which consistently informed all aspects of their care. Feedback from families and guardians were that the majority of them felt reassured by regular updates on changes to their relative's health and involved in decisions about their care and support. One relative told us, "I am always kept up to date" and another said, "Staff do what they can to adapt and provide the best care, they communicate really well with me and I'm always kept up to date".

Staff worked positively alongside nurses, social work and doctors when anticipating health needs. Professionals told us that they had confidence in staff identifying concerns quickly and following the appropriate advice. This meant everyone involved in people's care worked well together and knew their wishes and choices. Emergencies and unexpected events were safely managed which ensured continuity and stability for people's care. Families told us that they could speak to managers and staff about any concerns, and we saw how the service used the feedback questionnaires to follow up on how to improve people's experiences. This meant people felt listened to and involved in directing their care and support. External professionals said, "The staff work closely with us and let us know of any changes to provide safe and effective care" and "Health concerns are well recognised and addressed. The communication and process for accessing health care is embedded and effective".

We heard how the service was person-centred and proactive in working to improve how people's care and support is planned. One example was the participation of Smiddybrae House in the national initiative for learning how to support people who experience stress and distress. One staff member told us, "We care for people who can no longer live at home, in a person-centred way, helping individuals to reach their potential whilst assessing risks" and an external professional confirmed, "We have just started to offer proactive liaison where we plan to meet with staff, listen and provide proactive support to more complex situations. We will also provide bite sized training on topics identified by care staff".

Personal plans were reviewed and updated regularly. This included any restrictions to people's rights or capacity to make their own choices. People and their families engaged in ensuring plans reflected individual wishes, including living well to the end of their lives. One staff member spoke of the 'guard of honour' where staff line up as a final mark of respect when a person departs the home. When we spoke with others, they confirmed how compassionately staff supported people and comforted families.

The service could improve by adding outcomes from the previous review to each meeting. This would ensure they have been met or if any further action is needed to support achieving the best outcomes for people.

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 get the right care at the right time, the provider should review their staffing arrangements at key times. Included in this should be observations of these times, focusing on safe staffing and supervision of individuals.

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).

This area for improvement was made on 2 September 2022.

Action taken since then

We observed staffing arrangements at key periods such as, mealtimes. Staff were available to support with people's needs in a calm and unhurried environment. People were assisted by staff in a small and homely dining area before they supported individuals in their rooms.

This area of improvement was met. We have made a revised area for improvement to ensure that management oversight of staffing levels is evaluated, given people's changing health needs.

Previous area for improvement 2

To ensure there is minimal risk of people falling, the provider should follow good practice guidance when analysing and evaluating falls.

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

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

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

This area for improvement was made on 2 September 2022.

Action taken since then

Managers used equipment to monitor and respond to people's falls, ensuring their safety and wellbeing. Staff completed thorough falls-based risk assessments as part of the person's care plan. Factors which may contribute to a fall were analysed and evaluated with follow-up from external professionals. The service improvement plan included ongoing actions for increased knowledge of falls prevention and management.

This area of improvement was met.

Previous area for improvement 3

The provider should ensure there is a clear and consistent approach by staff when managing people's skin integrity. For people at risk, the care plan should include risk assessments, any equipment required and repositioning charts, in line with best practice.

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

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

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

This area for improvement was made on 2 September 2022.

Action taken since then

Staff completed comprehensive documentation which detailed the best practice in managing people's skin integrity. The care plan included risk assessments and completion of skin care charts. Staff worked closely with visiting district nurses in ensuring they were responsive to concerns and following professional advice.

This area for improvement was met.

Previous area for improvement 4

To minimise the risk of people choking, the provider should follow good practice guidance when developing care plans for people who may be at risk of choking.

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

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

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

This area for improvement was made on 2 September 2022.

Action taken since then

Care plans and risk assessments included dietary information, detailing any swallowing difficulties. Managers used good practice guidance from the Care Inspectorate on eating and drinking well in care and used online training links for staff on understanding choking risks. We spoke with kitchen staff who understood their role in preparing food for people at risk of choking. Managers sought support from external professionals and ensured staff were booked onto relevant training from Orkney Islands Council.

This area for improvement was met.

Previous area for improvement 5

The provider should regularly review and evaluate their service improvement plan. It would be good practice to include the areas of improvement from this inspection in the improvement plan.

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' (HSCS 4.11).

This area for improvement was made on 2 September 2022.

Action taken since then

We reviewed the service improvement plan, which included most of the areas of improvement from the previous inspection. The improvement plan detailed specific outcomes with named managers and set timescales for reviewing progress. Monthly audits referred to actions within the improvement plan and it was discussed at team meetings. This ensured the plan was a 'live' document and we encouraged managers to sustain regular evaluation of progress and updates to the outcomes.

This area for improvement was 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.