

Telford Centre (Care Home) Care Home Service

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Unannounced

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NHS Highland

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About the service

The Telford Centre (Care Home) is registered to provide a care service to a maximum of 10 older people, including respite care for adults with sensory and physical impairments. The service is provided by NHS Highland.

The Telford Centre is located in Fort Augustus, within a two storey, purpose-built building in a quiet, residential area, close to local amenities and transport links. The care home has 10 en-suite rooms with communal seating and an open-plan dining area. There is a smaller kitchen area and lounge for people to use and a spacious bathroom, equipped to support people with their needs. The first floor can be accessed using the stairs or passenger lift. There is a large, well-maintained garden to the rear of the building.

At the time of inspection, the service was caring for nine people and one person with respite care.

About the inspection

This was an unannounced inspection which took place on 27 May 2025 to 2 June 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 nine people using the service and three of their family
- spoke with thirteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were treated with dignity, kindness and respect from staff who had developed warm, trusted relationships with them.
- Families spoke highly of the care their relatives received and felt reassured by regular communications and updates about their relative's health.
- Managers required more capacity to ensure that quality assurance processes were evaluated, and actions followed up in promoting the best outcomes for people.
- Staff were competent, skilled and knowledgeable but staffing pressures were having an impact on their ability to respond to people's needs during busy periods.
- Staff were not supported with regular formal supervision to reflect on their practice and ensure their continued professional development.
- People benefitted from a staff team who worked well together and were committed to a strong person-centred approach to their care.
- Regular six-monthly reviews of care and support were not taking place.
- The care home provided a welcoming, homely and spacious environment.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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 evaluated this key question as good. Important strengths in how people benefitted from their care and support clearly outweighed areas for improvement.

Staff treated people with kindness, respect and compassion with genuine concern for their wellbeing. One person told us, "It's lovely and the staff are lovely and very helpful" and another confirmed, "I relaxed when I came here because the staff were looking after me". 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, "All the staff are really with it, they seem to do their best to meet each individual resident's needs. Staff seem able to get to know people well" and another commented, "I think it's very good as a service". This meant people felt comforted, safe and connected to important people in their lives.

People benefitted from holistic health assessments which were person-centred and reflected the individual's interests and needs. Staff clearly knew people well and developed strong trusted relationships. This meant changing health needs were identified and staff were attentive to people's wishes. One family member told us, "You say something to the staff and it is done" and a staff member confirmed, "I think the quality of care is the best we can provide given the staffing issues, everyone is taken care of and all the staff have a nice rapport with residents and nice balance of professionalism and warmth". We discussed with the provider how they have identified changing needs in relation to supporting people living with dementia and how this should continue. **(See Area for improvement 1)**

We observed a strong person-centred approach to care and external professionals corroborated this and told us, "The staff are flexible and adaptable at providing care in a person-centred way and do a good job at delivering care tailored to each individual and not just a generic 'one size fits all' approach" and "Individual staff members are motivated and caring". This meant people were receiving the right care for them at the right time. We heard from staff about the impact of staffing pressures and how they would like to be more responsive to people's needs. We saw how people's wellbeing should be improved with activities. **(See Area for improvement 2)**

People benefitted from food that looked appetising and was enjoyed in an unhurried and relaxed atmosphere. Kitchen staff were aware of people's dietary needs and there was a choice of options for meals with snacks and refreshments offered throughout the day. This meant people's food and hydration needs were met. One person told us, "The food here is excellent and there's a good choice" and a staff member commented, "I think the food is really balanced with a choice of meals and courses". We heard how staff would like time to spend on menu planning and the service was seeking people's views on their food preferences.

Medication was stored securely and administered safely with the effectiveness of 'as needed' medication monitored. People's skin integrity was maintained but we identified where recordings of topical medication administration should improve. **(See Area for improvement 3)**

Areas for improvement

1. To ensure people living in the care home experience high quality care and support that is right for them, the service should continue to promote best practice in dementia care.

This should include but is not limited to:

- a) continuing to monitor changes to people's health and wellbeing and updating their care plan
- b) accessing professional guidance, support and training tailored to people's unique individual needs
- c) reviewing staffing levels to ensure people living with dementia receive the right care at the right time to meet their needs and wishes.

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

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13); and

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

2. To ensure people living in the care home experience high quality care and support that is right for them, people should have more opportunities to engage in meaningful activities that promote their wellbeing.

This should include but is not limited to, accessing community groups and resources, taking into consideration both individual and group interests.

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

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10); and

'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).

3. To ensure people living in the care home experience high quality care and support that is right for them, people's topical medicine administration recordings should accurately reflect their needs.

This should include but is not limited to:

- a) Consistent and accurate recording, including body maps, frequency of application and clear directions on how the topical medication is to be applied.
- b) Accurate recording in relation to how often a person's skin should be checked and what areas staff are checking.
- c) Actions identified by management audits are to be followed up, so people receive responsive care and staff are supported in their 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our leadership?

3 - Adequate

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

The manager had worked hard to sustain care leadership and management duties and it was clear that staff felt well supported during what had been a challenging time for the service. People's wellbeing and direct support had been prioritised and a lack of time and capacity had impacted on the manager's ability to fulfil their governance role effectively. One staff member told us, "The manager has been supportive but their filling in on other roles and their own work has been difficult" and when we spoke with others they shared this view.

The manager had completed monthly audits to monitor the standards of care and the service had a detailed improvement plan. We found these documents were not completed consistently or the improvement plan regularly updated. The manager had identified improvements such as, gaps in recordings of care but a lack of time and capacity meant actions were not followed up. One external professional told us, "There are occasions where input has not been adequately implemented due to staff being under pressure" and when we spoke with others they agreed with this experience. The current quality assurance processes were not being used effectively to provide the manager with oversight of the quality of care and support provided in the home or used to drive improvement.

We discussed with the provider that we observed how the pressures of a manager fulfilling several roles was not sustainable. People's direct care and support was a priority but support for the service by addressing management capacity must be addressed to ensure sustainable positive outcomes for people. **(See Requirement 1)**

Requirements

1. By 30 September 2025, the provider must ensure that people experience a service which is supported by effective governance in maintaining a culture of continuous improvement, underpinned by established quality assurance processes.

To do this, the provider must, as a minimum:

- a) Ensure service managers have the time and capacity to identify risks, plan appropriate actions to address these and drive improvement.
- b) Demonstrate how actions are taken to address any identified improvements.
- c) Ensure the improvement plan is updated to reflect ongoing improvements and their progress, including results of self-evaluation, audits and feedback from people.
- d) Evidence how the service uses quality assurance to evaluate people's care experiences and how this informs service improvement.

e) Evidence how the service uses quality assurance to evaluate the effectiveness of supervision, training and professional development of staff.

This is to comply with Regulations 3 and 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'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?

3 - Adequate

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

People benefitted from a staff team that worked well together and were committed to achieving the best possible outcomes for people. Staff valued management support and told us, "Management are supportive and very much part of the team" and "I can go and ask for help". People benefitted from a warm atmosphere because of good staff relationships and teamwork. Staff told us, "I am happy to work here. Everybody is welcoming and we work together as a team" and another confirmed, "It is a lovely place, and we all get on".

However, we heard concerns from people about the pressures on staffing. Staff told us, "I think the team has pulled together really well and we help out where we can" and "I think the past few months have been really difficult because of staffing". External professionals confirmed this experience and told us, "The care that is delivered is generally of a high standard, however, the Centre has struggled with recruitment and sickness for a prolonged period of time" and "Staff aim to deliver a quality service, but low levels of staffing can lead to staff struggling to be as effective as they might ordinarily be able to be". This meant people's care and support needs were not always met by the right number of staff. We discussed rotas and staff flexibility with the provider and the manager was working with the provider on recruitment initiatives. We identified where this must improve. **(See Requirement 1)**

Staff were not receiving regular, formal supervision or observations of staff practice to assess their competency and support professional development. We sampled training records which showed detailed training modules but it was not clear whether refresher training was completed or how often it was required. We were not able to view a training needs analysis or confirm how staff training is monitored. We identified where this must improve. **(See Requirement 1)**

However, staff spoke positively about their training and were clear on their roles and responsibilities. One external professional told us, "They seem keen on developing their staff as they frequently engage with training opportunities". Team meetings had not taken place for some time and these form an essential part of ensuring consistency in people's support and staff communication. We identified where this must improve. **(See Requirement 1)**

Requirements

1. By 30 September 2025, to ensure that people's care and support needs are met and staff benefit from a culture of reflective practice and continuous learning, the provider must review staffing arrangements and support staff development.

To do this, the provider must, as a minimum:

- a) Ensure they use, review and update appropriate assessments of the staffing levels so people benefit from care and support responsive to their changing needs throughout the day and night.
- b) Ensure managers have time and capacity to perform their leadership and management responsibilities. This includes reviewing management support for the service.
- c) Regularly assess and review people's care and support needs, demonstrating how this is used to inform staffing arrangements.
- d) Ensure staff supervision is held in line with organisational guidelines and best practice to promote individual learning and identify and review staff training needs. This includes, practice observations to support staff with feedback as part of their continuous professional development.
- e) Re-instate regular team meetings which are used for effective communication and consistency of approach in supporting people. This includes, involving staff in service developments and sharing ideas to further improve people's experiences of care.

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

'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 and organisational codes' (HSCS 3.14).

How good is our setting?

5 - Very Good

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

The Telford Centre had a warm, comfortable, welcoming environment with plenty of fresh air and natural light. The setting provided access to outdoor space within a paved and accessible garden. People could choose to use the communal seating area or smaller lounge and dining areas in addition to their rooms. This meant people's rights to privacy were respected.

The environment was relaxed, smelled fresh and was well maintained. There were arrangements for regular monitoring and maintenance of the premises and equipment to ensure people were safe. External professionals told us, "The care home is a warm and well-maintained environment. The communal spaces, bedrooms and garden areas are well looked after, very clean and welcoming" and another confirmed, "The Telford Centre is always warm and welcoming from residents to staff at all levels".

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 personal shopping. This meant people could make choices that promoted their wishes and that staff kept their money and valuables safe.

The service could improve by considering signage that meets the needs of people living with dementia as their health conditions change.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. Important strengths in how people's outcomes and wishes were assessed clearly outweighed areas for improvement.

People benefitted from detailed support plans which were updated and reflected their rights, choices and wishes. Information on how to respond to emergencies and unexpected events was clear. We discussed with the provider reviewing future planning for people. This would ensure people's wishes are respected to the end of their lives. Families felt supported by the home, welcomed and involved in their relative's care and support. One family member told us, "There are regular reviews, and I am definitely involved and if anything happens, staff are quick to phone and let me know" and another confirmed, "They're all very good, I am asked about reviews". This meant people and their families were encouraged to be involved and ensured people's outcomes and wishes were met.

We heard concerns from external professionals about the impact of staffing on timely communication and the capacity of the service to sometimes follow up on advice. People were not having their care and support reviewed every six months. One external professional told us, "Management are forthcoming in looking for and accepting support and advice; however, guidance and advice is not always able to be followed through" and another confirmed, "Communication could be improved on both sides". This meant achieving the best outcomes for people could be affected. We identified where this should improve. **(See Area for improvement 1)**

However, external professionals were also positive about the quality of care and support that staff provide. One external professional told us, "I am very positive about the home, staff are exceptionally good" and another confirmed, "Staff are very good here and on the ball, and if there are any issues they always phone us to come and check". This meant staff were caring and attentive to people's needs but their ability to respond could be affected by staffing. (This has been addressed under section 'How good is our staff team?')

Areas for improvement

1. To ensure people experience high quality care and support that is right for them, and they are as fully involved as possible in decisions about their care and support, the provider should ensure that review meetings are held a minimum of every six months.

This should include but is not limited to:

- a) A summary of the discussion with details of any decisions and actions taken to support positive outcomes for people.
- b) Involvement of people and their family or legal representatives where appropriate.
- c) Reviewing health changes and people's goals for getting the most out of life. This includes discussion for future planning that reflects people's wishes.
- d) Reviewing communications and involvement of other professionals to ensure clarity of information and timeous responses to assist in health assessments.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12); and

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

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

So that people living in the service experience the right care and support, people's care plans and associated recording should accurately reflect their current care needs.

This should include:

- a) Accurate recording on people's topical medicine administration recording sheets, including accurate body maps of where medicines are to be applied, the frequency of application, and staff signing and dating to say when this has been carried out.
- b) Accurate recording in relation to promoting healthy skin for people. This should include, how often a person's skin should be checked, what areas staff are checking and staff signing and dating to say when this has been carried out.
- c) Care plans being updated timeously to reflect current needs.

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

This area for improvement was made on 28 June 2024.

Action taken since then

We reviewed the recording of people's topical medicine administration. Staff had completed documentation, including body maps of where medicines were to be applied, the frequency of application and signing and dating to confirm when this had been carried out. However, there were inconsistencies in recordings and we identified gaps in staff carrying out the necessary frequency of topical medication administration. There will be an amended area for improvement to take account of progress to date.

People's care plans were being updated timeously to reflect current needs and **this area for improvement was met.**

Previous area for improvement 2

So that people living in the service experience the right care and support they should have at a minimum a six monthly review. Where appropriate legal guardians or close family members should be part of this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This area for improvement was made on 28 June 2024.

Action taken since then

Regular six-monthly reviews of people's care and support was not taking place due to pressures on staffing.

This area for improvement was not met and will be carried forward and evaluated at the next inspection.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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