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Agenda Item: 7

Performance and Audit Committee

Date of Meeting: 23 September 2026.

Subject: Registered Services within Orkney Health and Care – Inspection Assurance.

1. Purpose

1.1. To present the regular assurance report on inspection activities for registered services within the Orkney Health and Social Care Partnership.

2. Recommendations

The Performance and Audit Committee is invited to scrutinise:

2.1. The inspection activity for registered services within Orkney Health and Social Care Partnership, for the period March 2026 to 31 August 2026, as detailed in sections 4 to 10 of this report.

3. Background

3.1. The Care Inspectorate is the national regulator for care services in Scotland and inspects services across Scotland to ensure services are meeting the right standards. There are a range of services the Care Inspectorate requires registration for, including the following:

- Childminding.
- Daycare of children.
- Care homes for adults.
- Care at home.
- Support Services.
- Housing Services.
- Adoption.
- Care homes for children.
- Fostering.
- Nursing agency.
- Offender accommodation.

- School care accommodation.
- Secure care.
- Adult Placement Services.

3.2. Further detail on the definitions of the above services can be found here. Any care service must be registered, or they cannot operate. The Care Inspectorate's website can be found here.

3.3. The Care Inspectorate also works with partner agencies including Healthcare Improvement Scotland; His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland to scrutinise how well different organisations in local areas work to support adults and children.

3.4. The Care Inspectorate routinely visits all care sector settings, and these can be either announced, announced (short notice) or unannounced visits.

3.5. The Care Inspectorate uses a six-point scale when evaluating the quality of performance across quality Indicators:

6.	Excellent.	Outstanding or sector leading.
5.	Very Good.	Major strengths.
4.	Good.	Important strengths, with some areas for improvement.
3.	Adequate.	Strengths just outweigh weaknesses.
2.	Weak.	Important weakness, priority actions required.
1.	Unsatisfactory.	Major weaknesses – urgent remedial action required.

4. Summary of Inspections

4.1. The table below details the services for which the Care Inspectorate has undertaken inspection activity since March 2026 to 31 August 2026. The previous inspection results are shown within brackets.

Service	**Inspection Publication Date**	**Grade**				
		Wellbeing	**Leadership**	**Staffing**	**Setting**	**Care and Support**
Rendall Road	17.10.25 (12.08.24).	3 (N/A).	N/A (N/A).	N/A (N/A).	N/A (N/A).	N/A (4).
Hamnavoe House	03.02.26 (24.10.25).	N/A (N/A).	N/A (N/A).	4 (N/A).	N/A (N/A).	N/A (N/A).
Braeburn Court	04.02.26 (18.07.24).	4 (4).	5 (4).	4 (4).	N/A (N/A).	N/A (4).
Kalisgarth Care Centre	06.02.26 (22.10.24).	5 (5).	3 (4).	4 (4).	N/A (N/A).	3 (4).

Service	Inspection Publication Date	Grade				
		Wellbeing	Leadership	Staffing	Setting	Care and Support
Supported Living Network	20.03.26 (23.05.24).	5 (4).	N/A (4).	4 (4).	N/A (N/A).	N/A (4).
Short Breaks	20.03.26 (25.04.24).	4 (4).	N/A (4).	4 (4).	N/A (4).	N/A (4).

5. Rendall Road

5.1. An unannounced inspection was undertaken in respect of Rendall Road between 22 and 23 September 2025.

5.2. There was one Requirement following the inspection in relation to submitting notifications to the Care Inspectorate as required by their notification guidance, which required to be completed by 15 December 2025. This Area for Improvement has been completed, which was specifically around requiring a triple lock rather than a double lock for medication storage.

5.3. There was also one Area for Improvement in relation to reviewing the existing medication procedures and practices.

5.4. The Care Inspectorate confirmed that the previous Areas for Improvement made in September 2025 in respect of mandatory training was met.

5.5. There has been a delay in reporting and providing assurance on this inspection due to Children's Services submitting a complaint to the Care Inspectorate regarding the methodologies adopted in the inspection and the subsequent reduction in grade awarded.

5.6. The Care Inspectorate concluded that the grade of Adequate would be maintained, though agreed to allocate a new Inspector to Children's Residential Services and has recently published updated national guidance on regulated service inspections.

6. Hamnavoe House

6.1. An announced at short notice follow up inspection was undertaken in respect of Hamnavoe House on 29 January 2026.

6.2 There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

6.3 The Care Inspectorate confirmed that the previous Requirement made in June 2025 in relation to ensuring that assessments for individuals reflect their abilities and wishes and are reviewed regularly as well as reviewing staffing arrangements to enable staff to work in a person-centred way is complete. This was met but outwith the timescales.

6.4. The previous Areas for Improvement made in June 2025 in relation to ensuring quality assurances and checks are undertaken regularly were met.

6.5. The inspection on 24 October 2025 was a progress inspection where no grades are provided.

7. Braeburn Court

7.1. An unannounced inspection was undertaken in respect of Braeburn Court's housing support and care at home support services between 26 and 28 January 2026.

7.2. There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

8. Kalisgarth and Very Sheltered Housing (Kalisgarth Care Centre)

8.1. An unannounced inspection was undertaken in respect of Kalisgarth and Very Sheltered Housing (Kalisgarth Care Centre)'s housing support and care at home support services between 2 and 6 February 2026.

8.2. There were two Requirements following the inspection that, by 22 May 2026, the service must:

- Establish, and maintain, a culture of continuous improvement with robust quality assurance and auditing processes by:
  - Ensure effective quality assurance and auditing systems are in place.
  - Ensure appropriate capacity to undertake quality assurance activities.
  - Ensure quality assurance activities are used to identify improvements and inform the service improvement plan.
- Ensuring that each individual supported has a review of their personal plan at least six monthly or sooner should there be changes required by having:
  - A discussion with the individual and/or their guardian regarding their outcomes and needs.
  - A record of discussions, decisions made and any actions taken.
  - Clear updates to relevant documents such as care plans, risk assessments.

8.3. There were no new Areas for Improvement required.

8.4. The previous Area for Improvement made on 14 November 2024 has yet to be met in relation to staff supervision. The service has progressed this work and it is hoped that the Care Inspectorate will close this action on their next visit.

9. Learning Disabilities Service – Supported Living Network

9.1. An unannounced inspection was undertaken in respect Learning Disabilities Service – Supported Living Network between 16 and 19 March 2026.

9.2. There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

10. Short Breaks

10.1. An unannounced inspection was undertaken in respect Short Breaks between 17 and 19 March 2026.

10.2. There were no Requirements or Areas for Improvement identified from this inspection. However, the service will continue to look at different ways to support individuals in meaningful ways and support staff to continue to provide the best quality care and support possible.

11. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

12. Resource and financial implications

12.1. There are no immediate financial implications arising from the recommendations contained within this report.

13. Risk, equality and climate change implications

13.1. Addressing the recommendations, or requirements, contained within any Care Inspectorate Inspection Reports enables services to improve service delivery and can mitigate the risks service may face.

13.2. There are no other immediate risk, equality or climate change implications arising from the recommendations contained within this report.

14. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

15. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

16. Author and contact information

16.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: stephen.brown3@nhs.scot, telephone: 01856873535 extension 2601.

17. Supporting documents

17.1. Appendix 1: Care Inspectorate Inspection Report – Rendall Road.

17.2. Appendix 2: Care Inspectorate Inspection Report – Hamnavoe House.

17.3. Appendix 3: Care Inspectorate Inspection Report – Braeburn Court.

17.4. Appendix 4: Care Inspectorate Inspection Report – Kalisgarth Care Centre.

17.5. Appendix 5: Care Inspectorate Inspection Report – Supported Living Network.

17.6. Appendix 6: Care Inspectorate Inspection Report – Short Breaks.