



ORKNEY
ISLANDS COUNCIL

Item: 4

Education, Communities and Housing Committee: 4 February 2026.

Care Inspectorate – Sheltered Housing Service.

Report by Director of Education, Communities and Housing.

1. Overview

- 1.1. The housing support element of the Sheltered Housing Warden Service is regulated by the Care Inspectorate.
- 1.2. Staff within the Sheltered Housing Warden Service are primarily concerned with providing housing support and assistance to older people within the Council's two sheltered housing schemes, being Lambaness, Kirkwall, and Rae's Close, Stromness.
- 1.3. This service provides reassurance and social opportunities to older people who feel that this service is important to their security and well-being and who have a community care need.
- 1.4. The Care Inspectorate is tasked with identifying weaknesses in service provision, non-compliance with legislation or suggestions for improvement.
- 1.5. Each inspection focuses on different areas and associated Health and Social Care Standards and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 ("the 2011 Regulations").
- 1.6. An unannounced Care Inspectorate inspection took place within the Sheltered Housing Service between 6 and 8 October 2025, where four areas were inspected: How well do we support people's wellbeing, how good is our leadership, how good is our staff team, how well is care and support planned. All received a Good grading.
- 1.7. The inspection report, attached as Appendix 1 to this report, was published on 18 November 2025, and contains the following key messages:
 - Many people had formed good relationships with the wardens.
 - People felt reassured by the wardens' presence.
 - People enjoyed social activities when available.

- Warden availability was at various times during the week.
- The service experienced recruitment difficulties.
- People said they missed the full-time presence of wardens.
- Some people felt unsettled in their sheltered housing.

1.8. During the inspection, four areas were considered and graded as follows:

- How well do we support people's wellbeing - Adequate.
- How good is our leadership - Good.
- How good is our staff team - Adequate.
- How well is our care and support planned - Good.

1.9. Following the inspection a Service Action Plan was developed to address the points raised in the inspection, and is attached as Appendix 2 to this report.

2. Recommendations

2.1. It is recommended that members of the Committee:

- Note the inspection of the Housing Support Service within the Sheltered Housing Service, undertaken by the Care Inspectorate, and the subsequent report and Service Action Plan, attached as Appendices 1 and 2 to this report.

For Further Information please contact:

Lesley Mulrairie, Service Manager (Housing, Homelessness and Schoolcare Accommodation), extension 2174, email lesley.mulrairie@orkney.gov.uk.

Implications of Report

- 1. Financial** - There are no direct financial implications.
- 2. Legal** - The 2011 Regulations set out the requirements which must be complied with by providers of care services under Part 5 of the Public Services Reform (Scotland) Act 2010. A care service must be provided in accordance with the general principles set out in regulation 3. Regulation 4 imposes requirements on providers which relate to the welfare of service users. In accordance with regulation 5, the provider is required to prepare a personal plan for each service user setting out how the service user's health, welfare and safety needs will be met. Implementing the Service Action Plan will assist the Council in discharging its duties under the 2011 Regulations.
- 3. Corporate Governance** - Not applicable.
- 4. Human Resources** - None directly related to the recommendations in this report.
- 5. Equalities** - An Equality Impact Assessment is not required for performance reporting.

6. **Island Communities Impact** – An Island Communities Impact Assessment is not required for performance reporting.
7. **Links to Council Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Council Plan strategic priorities:
 - ☐ Growing our economy.
 - ☐ Strengthening our Communities.
 - ☐ Developing our Infrastructure.
 - ☐ Transforming our Council.
8. **Links to Local Outcomes Improvement Plan:** The proposals in this report support and contribute to improved outcomes for communities as outlined in the following Local Outcomes Improvement Plan priorities:
 - ☐ Cost of Living.
 - ☐ Sustainable Development.
 - ☐ Local Equality.
 - ☐ Improving Population Health.
9. **Environmental and Climate Risk** - None directly related to the recommendations in this report.
10. **Risk** - None directly related to the recommendations in this report.
11. **Procurement** - None directly related to the recommendations in this report.
12. **Health and Safety** - None directly related to the recommendations in this report.
13. **Property and Assets** - None directly related to the recommendations in this report.
14. **Information Technology** - None directly related to the recommendations in this report.
15. **Cost of Living** - None directly related to the recommendations in this report.

List of Background Papers

None.

Appendices

Appendix 1 – Care Inspectorate Report.

Appendix 2 – Action Plan.

Sheltered Housing - Orkney Housing Support Service

Council Offices
School Place
Kirkwall
KW15 1NY

Telephone: 01856 873 535

Type of inspection:
Unannounced

Completed on:
14 October 2025

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004077253

About the service

This service is provided at two locations one in Kirkwall and one in Stromness. Site wardens provide support to vulnerable tenants. A range of housing management and welfare services are offered to tenants including daily welfare checks. There were community rooms at both sheltered housing complexes which could be used for social get-togethers.

The aim of the service was to deliver comprehensive, responsive, person-centred supports which were efficient and effective.

About the inspection

This was an unannounced inspection which took place 6, 7 and 8 October, 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 seven people using the service and two family members
- Spoke with four staff and management
- Reviewed returned questionnaires sent out prior to inspection
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- Many people had formed good relationships with the wardens
- People felt reassured by the wardens presence
- People enjoyed the social activities when available
- Warden availability was at various times during the week
- The service experienced recruitment difficulties
- People said they missed the full time presence of wardens
- Some people felt unsettled in their sheltered housing

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?	4 - Good
How good is our staff team?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. This applies when there are some strengths, but these just outweigh weaknesses. For a service, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

People, for the most part, spoke positively about their wardens. They trusted the wardens, had good relations and were relaxed with them.

The practical support wardens could provide was appreciated and people were reassured by having a warden available. People living at the sheltered housing could feel vulnerable for different reasons and the presence and advice of wardens was helpful.

Social provision was seen in a good light. For those who like getting together with other sheltered housing tenants, the social activities, like a coffee morning, were welcomed. Wardens facilitated this and saw the benefits for people. Activities like this were usually provided once or twice a week.

People felt treated as individuals by the wardens and other sheltered housing staff. The challenges they were experiencing were listened to and any risks to them recognised and whenever possible were addressed.

Some comments on the sheltered housing were:

- 'Best move I've made.'
- 'Concerned about some of the gaps in the rota. Can't get things done.'
- Some properties 'not fit for purpose.' (not meeting people's mobility needs)

Whilst people got benefit from the sheltered housing provision, they reported that the warden service was inconsistent. It would change from week to week and if a warden was unexpectedly off, their absence was not always covered by a relief warden. Whilst, the service had sent out monthly rotas for the warden presence in each complex, people still found the gaps in the rota unsatisfactory. Tenants were also asking about the replacement of a full time warden who had left. The service provider was actively trying to recruit more relief wardens. The service provider should continue to progress recruitment efforts and there should be further communication with staff and tenants in relation to the future plans for warden provision at the sheltered housing. See Area for Improvement 1 below.

People should expect to have peace of mind and be able to feel safe and secure in their homes and in the sheltered housing complex. Some people reported to us that at times there were local issues that could upset and unsettle them. Some people experienced a high level of distress at times. The service provider had been trying to address this matter and should continue with this, recognising the significant levels of concern experienced by tenants. Concerns had been expressed by some tenants for a lengthy period of time. Working closely with partners in health and social care will assist a suitable resolution to be achieved. See Area for Improvement 2.

Areas for improvement

1. The service provider should make sure people have consistent warden service support, that warden absence is fully covered whenever possible and people are kept fully informed of the service provision and future plans.

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

'My needs are met by the right number of people' (HSCS 3.15) and 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15)

2. The service provider should take further steps to help ensure people are comfortable and happy within their own homes and the local sheltered housing complex.

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20) and 'I am helped to feel safe and secure in my local community' (HSCS 3.25).

How good is our leadership?

4 - Good

We evaluated this as good. This applies when there are a number of important strengths which, taken together, clearly outweigh areas for improvement. However, improvements are still required.

The team manager had kept sufficient oversight of the service provided to people and was regularly in touch with the wardens. What was going on for people and if they had any concerns was known by management. Tenants reported they could get in contact with the management team and many housing matters were addressed. It was good that tenants found management approachable and able to listen.

The team manager assisted wardens by undertaking supervisions and having regular communication with them.

Some issues arising in the sheltered housing for people required the input and help of partner bodies within health and social care. Management collaborated with partner agencies to try to improve people's experience in living at the sheltered housing. When needed, the team manager would also liaise with people's family members or representative, such as a person's Power of Attorney.

We gave advice on the registered manager position and it was positive to hear the service provider was aware of the need to review and improve current arrangements. Suitable changes will help ensure the registered manager is able to keep a close overview on the practical provision of warden support at both locations.

How good is our staff team?

3 - Adequate

We evaluated this as adequate.

Wardens strove to be people focused and provide quality support to people. Overall, they were reported upon positively by people and their presence gave people peace of mind and security.

Wardens got to know people well, what was important to them and what could cause concern. Having good relationships with people, meant people could speak to the wardens and share concerns and challenges when necessary.

Some comments on staff and staffing were:

- 'I can't fault them.'
- 'They are all lovely.'
- 'Lack of communication on replacement of previous full time warden.'

Wardens received training appropriate to their role. Management had identified training that would help wardens have the right knowledge and skills to support people well. Staff reported seeing their team manager often and had opportunities to get supervisions and talk through work matters regularly. Annual appraisals also had taken place. The full time sheltered housing staff were able to reflect on the support provided and consider their development and learning needs.

Some aspects of staffing were not as clear or as consistent as they could be. The last team meeting was more than six months ago and a more recent planned one was cancelled but not re-arranged.

Training completion by staff was also inconsistent and there was no clear, decisive action to follow up on missed or not completed training. Whilst wardens may strive to do their best, there were not comprehensive measures in place to support their knowledge or abilities. This was also the case for relief warden staff. People should expect their staff to be provided with all appropriate knowledge, support and development opportunities suitable for their role.

Management understood the matter highlighted above need more attention and action.

How well is our care and support planned?**4 - Good**

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

Personal plans contained enough information for each tenant and gave sufficient direction to staff about people's support needs and planned interventions. Staff told us they knew people well and could respond to a change in their wellbeing. People's personal plans were developed in partnership with them. If a tenant's circumstances or wishes changed then their plans were updated. Individual review meetings for each tenant took place. Tenants attended these. A family member or a tenant's representative could also attend. The team manager usually conducted these on a six monthly basis and this helped make sure people's care needs, views and wishes were known. This helped to make sure people were listened to and support was tailored to their needs and wishes.

Services should keep clear and accurate support records and understand the importance this can have for people's present and future needs. Daily recordings of people's contact were documented. Generally, notes were completed to an acceptable and detailed standard. However, notes on people's circumstances and wellbeing could still be improved and more clearly state how a person was, if any challenges were upsetting them and any important, key health information which would be beneficial for wardens to record. This would provide a more accurate and complete record of a tenant's wellbeing and needs.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - 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.

Sheltered Housing Orkney – Action Plan – Updated January 2026

Outcome What do we want to achieve?	Actions How are we going to do it?	Timeframe When do we want this to be completed or reviewed next?	Person responsible Who is doing each action or responsible for ensuring it gets completed?	Where are we now? What have we achieved, and what has prevented us from doing what we wanted?
Regular Team Meetings	Plan online Team meetings at least 3 monthly.	4 weeks by 19/12/25	Team Manager (Housing Support)	Meeting on 16 January 2026. Ongoing meetings will be set up.
Training completion	Team Manager to develop recording of required training for each staff member.	4 weeks by 19/12/25	Team Manager (Housing Support)	Spreadsheet developed to record all staff training.
	Team Manager to ensure that mandatory training is undertaken by each staff member.	4 weeks by 19/12/25	Team Manager (Housing Support)	To be updated during Supervision arranged for January 2026.
Audit of Wardens' daily notes in respect of tenants	Team Manager to audit notes on at least monthly basis to ensure that they accurately reflect a tenant's wellbeing and needs.	4 weeks by 19/12/25	Team Manager (Housing Support)	Ongoing

	Any learning/good practice to be discussed at Team Meetings and individually with staff.			
Communication with tenants to keep them fully informed of the service provision and future plans at Rae's Close, Stromness.	Service Manager to provide a letter to tenants outlining the current situation and future plans. Continue to provide monthly staffing rotas to tenants.	8 weeks – 15/01/26	Service Manager (Housing, Homelessness & Schoolcare Accommodation) Team Manager (Housing Support)	Draft letter being worked on. Ongoing
Seek to recruit further relief staff to cover absences/vacancies within the Service.	Recruitment.	2 weeks – 05/12/25	Team Manager (Housing Support)	New relief staff started in December 2025. Review gaps in Service in 6 weeks to assess whether further recruitment is required.
Take further steps to help ensure people feel safe and secure in their homes.	Continue to work with staff in Orkney Health and Care to ensure appropriate support/residential placements are made available to those who require them.	8 weeks – 15/01/26	Service Manager (Housing, Homelessness & Schoolcare Accommodation) Team Manager (Housing Support)	Ongoing discussions with Orkney Health and Care.