

Hamnavoe House Care Home Service

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Unannounced

Completed on:
25 June 2025

Service provided by:
Orkney Islands Council

Service provider number:
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Service no:
CS2003009101

About the service

Hamnavoe House was opened in 2020. The home has four wings, three of which are currently in use, while the fourth is yet to be completed. Care and support is currently provided for up to 30 older people, with the service being registered to provide a care service to a maximum of 40 older people in total.

Each wing within Hamnavoe House provided smaller group living for up to 10 older people, with a communal lounge, dining area and kitchen. There was good access to outdoor spaces and the service had access to a minibus for some trips away from the care home.

About the inspection

This was unannounced inspection which took place between 23 and 25 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 five people using the service and seven family members and friends
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals
- Reviewed feedback from questionnaires sent out before inspection

Key messages

- People's care and support was of a good standard
- People's homes were very comfortable and well looked after
- At different times people had some activities they liked to do
- People's families and friends were able to keep in touch and easily visit
- Whenever possible staff were attentive and keen to provide a good standard of care
- Sometimes there were not enough staff around to support people
- The home's management team were striving to achieve a consistent quality of care and support for people

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 staff team?	3 - Adequate
How good is our setting?	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?

4 - Good

We evaluated this key question as good. There were a number of strengths in the care and support provided. However, further improvement is needed to make sure people's wellbeing and health are consistently supported to a high level.

People experienced respect. Their wishes and needs were thought about carefully. There were good examples of where staff members provided care and support in a personalised way that suited the person. For instance, if someone liked to get up a bit later than another person, staff knew this and tried to provide support accordingly.

Whilst people required care and support, it was noted when someone was able to do certain tasks and self care for themselves and this was promoted. People's independence and abilities were recognised.

People's families and friends could pop into the home at any suitable time. Keeping in touch in other ways, for example, by phone, was also supported. People were able to keep in touch with important others in their lives. This supported and boosted their wellbeing.

People had some opportunities during the week to be involved in activities and events that they enjoyed and interested them. This included activities like music, gardening and crafts. There were also some opportunities to go on a trip in the home's minibus. These types of things were something to look forward to, brightened up some people's week and an opportunity to socialise in a different way.

The service was attentive to people and their wellbeing needs. This could be making sure people drank enough during their day, were comfortable in their beds or chairs and generally content. Suitable monitoring was undertaken and staff would notice changes and report concerns. Communication, for the most part, within the service, was good, with the senior social care workers (seniors) or manager keeping up with staff at appropriate times. These arrangements helped people to keep safe, well and healthy.

Partnership working with key NHS, Social Work or other agencies took place. Nurses would visit on a regular basis and GPs would be consulted with as necessary. People's health and care needs were referred to specialists when needed. Good working relationships and communication again assisted people to keep well and safe.

There were a number of positives in this services for people, however, there were times when less staff were available to maintain a high level of support. During the day, there were periods of time when groups of people sat in the lounges with little to occupy them. Staff were busy elsewhere. Mealtimes could also be a time when insufficient staff presence meant that people were not getting the supportive attention they needed when eating their meal. We refer to this later under key question 'How good is our staff team?' when considering staffing levels.

Some recording of people's support, including with their medication, was not always being completed to an acceptable level. The management were aware of this and the risk of confusion and potential poor care happening. They were actively working on improvement.

How good is our staff team?**3 - Adequate**

We evaluated this as adequate. We considered whether staffing arrangements were right and if staff work well together. There were strengths in this area but these just outweighed weaknesses. Improvements are needed as continued performance at an adequate level is not acceptable.

There were a number of staff with a positive enthusiasm and approach to caring for and supporting people, and people experienced attentive and caring support. Regular staff had good knowledge about people. Often this included their backgrounds, their interests and what was important to them. People's wishes and preferences were followed whenever possible. People were respected.

Staff were recruited in line with guidance, including safety background checks and suitability for a care and support role. They received induction training and guidance when first starting in the care home. People can trust the staff recruitment and induction is suitable.

There was ongoing training for staff that helped make sure they had the necessary knowledge and skills to provide care and support to people with complex health and support needs. Staff had opportunities for meeting together, and with management, to ensure any important information was communicated and known. This included any changes to people's health and wellbeing. People can have confidence that staff were usually informed of key information about their needs.

Some comments from people and family/friends were:

- 'Staff know her sense of humour.'
- 'Staff can manage if she's troubled or upset.'
- 'I like it here.'
- 'Easy to get on with staff.'
- 'Staff welcoming, but very busy. Not much time to spend with people.'

Mostly, the management team were seen by staff as in-touch with what was happening in the home and available to provide advice and support as needed. This provides reassurance to people that their staff members were well supported. People's care and support benefitted from good communication.

Family members and important others also felt they could speak to seniors or the manager any time if needed. Management were open to suggestion, happy to discuss concerns and approachable.

It was not clear that staff were receiving regular, helpful, formal supervision opportunities. Some staff had no formal supervision this year. There was not a full number of seniors in post and this could explain why some staff support was not happening. People can not have full confidence that staff were always receiving the full support expected as social care workers.

Training for staff was not always up to date. This could result in gaps in staff's knowledge, skills and impact on their confidence and motivation. We advised management that we would make an Area for Improvement for this.

The staff levels and mix between staff on regular contracts, relief and agency was not always seen as ideal. It was more difficult to achieve a steady, knowledgeable staff team in each area and this meant people's consistency of support and care varied. There was also some impact on staff morale due to staff shortages and the challenges this presented. At times, people experienced some disruption to their care and support.

As noted, there were times during the day where there was a lack of staff presence in key areas. People were not always getting the attentive care and support they needed. There could be different ways to improve this, management should give this full attention and we have made a requirement for the service provider to undertake actions in regard to this. See Requirement 1 below.

Requirements

1. By 24 September 2025, the provider must ensure that people's staffing arrangements are right to support their health and wellbeing.

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

- a) ensure assessments for people reflect people's abilities and wishes and reviewed regularly so as to give a full and accurate picture of what staff levels should be, including at different times during the day, and
- b) review staffing arrangements to enable staff to work in a person centred and person led way with people

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 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).

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure staff access training appropriate to their role, apply their training in practice and that their training is up to date.

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' (HSCS 3.14).

How good is our setting?

5 - Very Good

We evaluated the setting as very good. People's home has major strengths. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

People's care home had spacious corridors, lounges and dining areas. Their bedrooms were attractive and opportunities were taken to personalise rooms when people wished to do that. Furnishings were of a very good standard. People could look out to good views and there was plenty of natural light from the large windows. Outdoor space was attractive and also provided areas for exercise and socialising. Developments such as a polytunnel also provided other ways to enjoy the environment, keep busy and be purposeful.

People benefited from high quality equipment, which was used to support their health and wellbeing. This included pressure relieving mattresses, track hoists in each bedroom and portable hoists, all of which were maintained. We saw the equipment was maintained and the correct equipment was provided for people who lived there. People were aided to keep safe and well.

Housekeeping kept on top of the key domestic tasks. People's home was clean. Laundry and kitchen facilities were of a very good standard. A couple of pieces of equipment, including a bath that people with people with limited mobility could use, had broken and were awaiting repair. This had been the case for some months and the service should take further steps to address these concerns. This will further reassure people that their home is being treated with attention and respect.

We found some key tasks to ensure the safety of the care home were not consistently recorded in the appropriate way. This included checks in relation to fire safety. Whilst we had confidence that management would immediately address this, we have made this an area for improvement as further oversight measures to help make sure this did not occur again would be of benefit. This will help people have trust that all necessary checks for their home were being undertaken. See Area for Improvement 1 below.

Areas for improvement

1. To support people's safety, health and wellbeing, the provider should ensure quality assurance and checks are undertaken following best practice and on a set, appropriate and regular basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' My environment is secure and safe' (HSCS 5.17).

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 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

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