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NHS Highland Primary Care Trust
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IV2 3BW

25 July 2025
ENF/2025/CS2024000133/01
CS2024000133

Dear NHS Highland

IMPROVEMENT NOTICE – 2ND EXTENSION OF TIMESCALE

On **16 April 2025** you were served with an Improvement Notice in relation to Sutherland Care at Home Service, Lawson Memorial Hospital, 5 Ben Bhraggie Terrace, Golspie, KW10 6SU, in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvement(s) to be made, and the period within which they were to be made.

The Care Inspectorate has decided to extend the timescale within which the improvements must be made in order to give you a further opportunity to make a significant improvement in the provision of the service. The revised timescales are as follows:

Improvements

1. **By 13 July 2025, extended from 25 May 2025** you must ensure that service users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with administration of medication, skin integrity and moving safely.

In particular, but not exclusively, you must ensure that:

a) Managers and care staff understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting and responding when there are changes in service users' health, wellbeing or safety needs, including when service users may be unhappy or at risk of harm.

b) Staff at all levels take appropriate actions as are necessary, to ensure that service users consistently experience safe and compassionate care, ensuring service users receive assistance that meets their care needs and preferences at all times.
c) Where relevant, staff fully inform multi-disciplinary team professionals about service users' current health and wellbeing needs in order to ensure people receive the right care, support and treatment.

This is in order to comply with Regulations 3, 4(1)(a), 4(2) and 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Action Taken:

We found evidence of a more visible management presence and systems in place to support improvement. There was enhanced management oversight of staff, and the majority of staff had completed mandatory training, competency assessments and practice observations.

Baseline assessments had been undertaken for service users, to provide a foundation for care planning and review. We found evidence of information sharing about people's health and wellbeing needs, and multi-disciplinary working to ensure people were kept safe and free from harm.

More effective systems, such as the 'daily Huddle', duty system, missed visits protocol and scheduling system feedback reviews, had been put in place to ensure concerns were being promptly identified and responded to. Notifications had been made to the Care Inspectorate. However, during our observations we noted a missed visit and a significant number of medication errors, an area which requires ongoing work to support and implement change. Prompt action was undertaken by the service to begin to address any concerns highlighted.

This required improvement has been met.

2. **By 28 September 2025, extended from 25 May 2025**, you must ensure you keep people safe and healthy by ensuring medication is handled and administered correctly. You must, at a minimum:

a) Carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
b) Ensure that people administering medication are suitably trained and that they have had their competency assessed;
c) Notify the Care Inspectorate of all medication errors in accordance with the Care Inspectorate's 'Guidance on records you must keep and notifications you must make.

This is in order 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), section 53(6) of the Act and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

Action taken:

We found evidence that the majority of staff had undertaken medication training and had their competency assessed.

The service had made notifications to the Care Inspectorate of all identified medication errors, and appropriate actions had been undertaken.

An audit of some medication had been undertaken. However, we found discrepancies in the standards of audits and there had been a failure to identify some medication errors. Medication Administration Records were not always reflective of the physical administration of medication. This is an area that requires further improvement to ensure that people supported by the service experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs.

This required improvement has not been met.

3. **By 28 September 2025, extended from 25 May 2025** you must ensure that there is effective governance at service level to monitor and manage quality of care. This should include but need not be limited to, the wellbeing and safety of service users and staff practice. In particular you must ensure that:

a) There is sufficient management and leadership capacity to lead effective continuous improvement, including systematic and effective quality management, quality assurance and implementing early warning systems to identify risks.
b) There is effective and meaningful monitoring in areas of staff practice, including, but not limited to, administration of medication, moving safely, skin integrity and meeting the care and support needs of service users.
c) Where there is poor practice, this is recognised, and prompt action is taken to address this.
d) Staff are appropriately managed and are well led.
e) You put in place and implement a robust process to listen to and take seriously people's concerns, and to recognise and respond when people may be unhappy.

This is in order 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).

Action Taken:

The benefits of a more visible leadership team based in Golspie office were evident in terms of; oversight, the guidance being provided to staff, and improvements in communication and practice.

There had been additional quality assurance processes undertaken in the service, and improvements in the level of governance and monitoring of care and support. These processes highlighted areas which required to be addressed to improve people's experiences. The service improvement plan required more detail about how improvements will be actioned and needed to be more Specific, Measurable, Achievable, Relevant and Time-Bound (SMART).

There remained significant staff shortages at the time of this inspection, as the service awaited statutory employment checks being completed for newly recruited staff. Additional demands continued to be placed upon the office-based team, due to staff shortages. Once these positions are filled, in particular the post of registered manager and scheduler, there will need to be a period of time to allow them to embed into the service, and it is vital that there continues to be a high level of senior support and oversight in place during this time. With this in mind, we have concerns about the level of management support and whether this will be sufficient to sustain improvements going forward during such a vital period of transition.

We found evidence of the service being more responsive to concerns raised and identifying emerging risks. The scheduling feedback system was being routinely monitored and actioned and there were clearer pathways for addressing concerns.

Where concerns have been raised by relatives or supported people, we received feedback that these had been actioned, and improvements had been noted.

Feedback from the majority of staff demonstrated that staff moral in some areas was very low. However, it should be noted that some staff commented on the positive changes with regards to training, rotas, medication and paperwork. Continued staff engagement and support will be essential to ensure a responsive and skilled workforce.

This required improvement has not been met.

4. **By 13 July 2025, extended from 25 May 2025** you must ensure that people are supported at all times by sufficient numbers of suitably skilled staff to meet their health, safety and wellbeing needs. In particular you must ensure that: -

a) Staffing levels and skill mix are informed by an effective process for assessing each service users' care and support needs and how many staff hours are needed to meet service users' needs, including when there is a significant change in those needs.
b) Staff are conversant with service users' needs and are deployed effectively throughout the care service according to their skill set.

c) You notify the Care Inspectorate of missed or late visits in accordance with the Care Inspectorate's 'Guidance on records you must keep and notifications you must make'.

This is in order to comply with Regulations 4(1)(a) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), section 53(6) of the Act and section 7 of the Health and Care (Staffing)(Scotland) Act 2019.

Action Taken:

Further to baseline assessments being undertaken, the scheduling system had been updated and was now more reflective of service users care and support needs. Ongoing work was taking place to update staff rotas.

The majority of service users and their families told us that they have not had missed visits. However, they reported a lack of consistency of care being provided. Taking into consideration the current pressures and service gaps, which have required a significant number of additional hours over and above contracted hours to facilitate care and support, this would be expected.

Apart from one missed visit, the service had notified the Care Inspectorate of missed or late visits in accordance with the Care Inspectorate's 'Guidance on records you must keep and notifications you must make'.

This required improvement has been met.

If there is no significant improvement within the revised timescale, we intend to make a proposal to cancel your registration in terms of section 64 of the Act.

A copy of this notice has been sent to the local authority within whose area the service is provided.

Please contact me if you would like to discuss this letter or if there is anything in the notice you do not understand.

Yours sincerely

[redacted]

Debbie MacKinnon
Team Manager
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cc: Local Authority – [redacted], Highland Council
[redacted]