

Leverburgh Care Home Care Home Service

Ferry Road
Leverburgh
Isle of Harris
HS5 3UA

Telephone: 01859 520 296

Type of inspection:
Unannounced

Completed on:
9 April 2026

Service provided by:
Free Presbyterian Church of Scotland

Service provider number:
SP2003002102

Service no:
CS2003009709

About the service

Leverburgh Care Home is a care home for older people situated in a small residential area on the Isle of Harris. Transport links are limited for the care home but there is a community wheelchair accessible vehicle available locally for the service to book and use. The service provides residential care for 15 people.

Accommodation is arranged over two floors in single bedrooms where 15 have an en suite toilet and wash hand basin, with the other two having en suite shower rooms. There is one main lounge/dining area and a small sitting room on the ground floor. There is an additional sitting room upstairs on the first floor. The garden is accessible for people.

About the inspection

This was an unannounced inspection which took place on 7, 8, and 9 March 2026. 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 three of their family
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- People were receiving kind and compassionate care.
- People's spiritual needs were met and respected as part of daily life.
- Improvements had been made in how the service was managed, which supported better outcomes.
- Staff knew the people they supported very well, which meant people felt safe.
- The environment was homely and clean, with space for private visits.
- The support plans were of a good standard and all reviews were up to date.

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?	4 - Good
How good is our staff team?	4 - 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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care which was delivered in a kind, compassionate, and considerate way. Staff knew people very well. This meant that people felt safe and secure. Leverburgh had a very homely atmosphere with staff and people engaging with each other in both Gaelic and English. This reflected the local community connections which was important to people. One person told us, "They are so good to me, this is the best place to be." This was consistent with the feedback we received from people, families, and professionals.

People were supported to take part in activities offered within the service. There was a planner in place. People told us getting out and about was particularly important to them, so it was positive to observe people going out safely. Worship was offered daily, which meant spiritual needs were being met. Some people chose not to attend and their wishes were respected.

The dining experience was relaxed. People who needed help to eat and drink were supported in a relaxed and respectful way. Food and snacks were prepared well, with people telling us they enjoyed the homecooked meals. The cook knew people's preferences and had this documented so that all staff could see the information. This meant that people enjoyed food and drink which was based on their personal preferences. Menus were on the noticeboard and plated choices were mostly shown for people to choose during meal service. When observing practice, it was reassuring to see that risks identified were being mitigated in daily practice so that people could continue to enjoy hot drinks safely.

Cold drinks were readily available as well as hot drinks served regularly. This supported people to remain hydrated. Risk assessments were in place for people at risk of choking and we observed people being supported with softer food options. In order to support continued improvement, we will make an area for improvement in relation to how people are supported should they require a texture modified diet (see area for improvement 1).

It was positive to note that staff managed people's medication following good practice. The management had protocols in place for 'as required' medication, meaning that staff knew when this should be administered. The administration of creams was well managed and staff were completing these for people who were at risk of skin breakdown.

We reviewed comprehensive assessments of health-based needs which meant that people at risk of malnutrition, skin breakdown, or choking had interventions in place to keep them safe. This meant people's health outcomes were improved. People were benefiting from the systems and processes which have been put in place to support overall improvement.

Areas for improvement

1. To support continued improvements and to keep people safe following best practice, the provider should ensure that people at risk of choking have all interventions documented appropriately in line with the International Dysphagia Diet Standardisation Initiative (IDDSI).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

4 - Good

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

Significant improvements have been made in how the service is managed. In part, this was due to the manager having the time to implement new ways of working. This meant that quality assurance processes were followed which gave an increased oversight of people and any risks to their health and wellbeing. The management team had worked extremely hard to make the required improvements in an open and transparent way. This meant that people had confidence in their ability to manage the service. People told us, "The management and team are so hard working, always available for us, and nothing is too much trouble."

We observed a management team who were motivated and dedicated to the continued improvement of Leverburgh. The auditing of support plans and risk assessments meant that people benefited from care that was effective and regularly reviewed.

There was an effective service improvement plan in place which informed actions. This meant that the team could consistently see when improvements had been made or further action was required. To support continued improvement the team should consider self evaluation as a process of continued improvement.

Competency assessments were completed and staff were supported with their training needs by a theme of the month. This supported staff to complete training in the focus area. This meant that the management team were supporting staff to keep up to date with training requirements.

How good is our staff team?

4 - Good

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

We reviewed the provider's recruitment procedures and were satisfied that they were following safer recruitment guidance. This meant that people were being recruited in line with good practice, and procedures were in place to keep people safe.

Training had been a focus area and we could see that staff had engaged in keeping up to date with training and development. It was positive that staff are engaging on a monthly basis to sustain the improvements made. Supervisions had been carried out but from records we could see that appraisals still needed to be updated. To support continued improvement we will make an area for improvement in relation to the completion of supervision and appraisal in line with individuals' professional development needs (see area for improvement 1).

Staffing arrangements had improved in the service. This meant that people were supported at a pace which suited them. Staff were able to support people in a person-centred way. This allowed staff to engage in

activities that benefited people. Outcomes for people have been improved by having the right number of staff available to meet their needs.

Areas for improvement

1. To ensure that staff and people using the service benefit from a culture of reflective practice, supervisions and appraisals should be carried out regularly to support continued improvement.

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).

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Care plans reflected people's needs and how they wish to be supported. People and their families were actively involved in the planning and review of care plans. Risk assessments were completed to a good standard which helped keep people safe. We observed staff following these for individuals, which meant the team were using the process to inform their daily practice.

It was positive to see that the staff knew the residents well and consistently delivered care in line with their support plans. This enabled people to be supported by a team of people who understood their wishes.

As a way of continuing improvement, people's goals should be further explored to capture their hopes and wishes as part of the process.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 21 April 2025, the provider must ensure that people's health and wellbeing needs are being met and that health-based assessments are used to support getting it right for people.

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

- a) ensure that staff are knowledgeable and skilled to complete the health-based assessments;
- b) ensure that everyone living in the care home has a comprehensive set of health-based assessments in place, which are updated and reviewed regularly; and
- c) that risk reducing measures are put in place to address any risks to people's health and wellbeing as a result of these assessments.

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: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This requirement was made on 14 April 2025.

Action taken on previous requirement

Health assessments had been updated and reviewed by management for accuracy. Training had been provided to ensure staff were competent in their completion. Risk assessments were in place and we observed these being followed by staff when supporting people. Due to the significant improvements made to practice, this requirement has been met.

This requirement was made on 14 April 2025, then extended 22 July 2025.

This requirement was extended until 23 March 2026.

Met - outwith timescales

Requirement 2

By 5 May 2025, the provider must ensure that people's personal plans sets out how their needs will be met.

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

- a) complete an audit of people's personal plans to identify what is required to make these right for the person;
- b) enable some time for staff to complete people's personal plans, which allows for meaningful involvement of the person and/or their legally appointed guardian;
- c) establish a schedule for reviews on a regular basis to ensure people's plans remain appropriate; and
- d) establish a schedule for formal six-monthly reviews to take place, again including the views of the person and/or their legally appointed guardians. Reviews may need to take place sooner than this if people's needs change substantially.

This is to comply with Regulation 2 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 personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 10 February 2025.

Action taken on previous requirement

Management and staff had completed an audit of all personal plans and actioned any areas that needed addressed. All six-monthly reviews had been completed and there was a tracker in place for additional oversight. Therefore, this requirement has been met.

This requirement was initially made in February 2025, then extended 22 July 2025.

This requirement was continued until 23 March 2026.

Met - outwith timescales

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

To support necessary improvements being introduced properly, the manager should assess and evaluate actions taken to gain reassurance that this has been done correctly. They should use a process of quality assurance audits to establish this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 20 May 2025.

Action taken since then

The management team have used a quality assurance framework to support improvements within the service. Actions from audits are being tracked and met.

This area for improvement has been met.

Previous area for improvement 2

To improve how the service evidence people's needs are met by the right number of people, the manager should add more detail that describes their decisions around the levels of staff.

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).

This area for improvement was made on 20 May 2025.

Action taken since then

The introduction of the Depensys tool had enabled a comprehensive review being carried out to assess the dependency of people using the service. This has meant that the right number of staff are deployed appropriately to meet people's needs.

This area for improvement has been met.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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

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 iarrrtas.

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.