Nordalea (Care Home)
Care Home Service

Nordalea Care Centre
Baltasound
Unst
Shetland
ZE2 9DX

Telephone: 01595745720

Type of inspection:
Unannounced

Completed on:
9 September 2026

Service provided by:
Shetland Islands Council

Service provider number:
SP2003002063

Service no:
CS2005097993

About the service

Nordalea Care Home is situated in Unst Shetland and enjoys views over the Baltasound area. Operated by Shetland Islands Council, the service is registered to provide residential and respite care for up to seven older adults. The care home is located within the wider care centre, with the day support service operating from a separate area of the building.

The service provides a warm, welcoming, and homely environment. Residents and day service users can access a range of communal spaces, including a shared dining area, lounge, and craft area. In addition, the care home has its own separate entrance, allowing residents access to a dedicated lounge and dining area should they prefer a quieter or more private space.

The accommodation is purpose-built and consists of single occupancy bedrooms with en-suite facilities, all situated on one level to promote accessibility and independence. At the time of the inspection, seven people were living in the service.

About the inspection

This was an unannounced inspection which took place from 8 September to 9 September 2026 between 08:30 and 21:40. Two inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with two people using the service
- spoke with six relatives
- spoke with six staff
- spoke with two visiting professionals
- reviewed feedback from 13 pre-inspection questionnaires from people experiencing care, family members, staff and professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People were happy with the care and support they or their loved ones received.
- Staff were kind caring and compassionate.
- People were supported to achieve good outcomes that were meaningful to them.
- Management and staff demonstrated a collaborative approach to driving and sustaining improvements within the service.
- Planned observations of practice would strengthen oversight and promote good practice.

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?	5 - Very Good
How good is our leadership?	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? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.
The service encouraged a positive culture of warmth, respect, and commitment to delivering care. People were treated with dignity, compassion, and kindness. Observations showed staff using their knowledge and skills effectively to provide person-centred support in a caring and considerate manner. Throughout the inspection, staff interacted with people consistently in a respectful and courteous way, demonstrating understanding of individual needs and preferences.

People and their families provided positive feedback about the service and the support they received. One family member told us, "It gives me peace of mind knowing he is looked after," while another commented, "It's always the same way you get the home, nothing is put on." A person receiving support shared, "I enjoy when the bairns come in and getting to spend time with friends who come in to visit." These comments reflected the reassuring, consistent, and welcoming nature of the service, as well as the positive relationships people experienced and the opportunities available to maintain social connections.

There was strong evidence of meaningful, person-centred activity and community engagement throughout the inspection. Staff demonstrated a good understanding of what was important to people living in the service and took positive steps to support individual interests and maintain connections with aspects of their lives that were meaningful to them. For example, a resident was supported to watch a live sheep sale in Lerwick. Staff spent time alongside the resident explaining what was happening and encouraging others to join in, creating a shared and engaging experience helping them maintain a valued interest and sense of identity whilst promoting wellbeing.

There was clear evidence that significant work had been undertaken to strengthen medication management systems within the service. Seniors demonstrated strong oversight of medication management, with weekly audits and robust monitoring supporting the identification and review of errors. This proactive approach has contributed to a clear reduction in medication errors over time. The service demonstrated a commitment to continuous improvement and safe medication practice through effective quality assurance and oversight processes.

Care plans sampled were person-centred, detailed, and provided clear guidance to support staff in meeting individual needs while promoting safety and wellbeing. Relevant risk assessments were in place where required and contained sufficient information to guide safe practice. Sampled plans were current, up to date and demonstrated a person-centred approach to assessing outcomes and progress.

Reviews were detailed and demonstrated meaningful involvement of families and, where possible, the individual. Technology was used effectively to support participation and keep relatives involved. Reviews were outcome focused, reflecting what mattered most to people, including wellbeing, safety, independence and having their voice heard. This provided assurance that reviews were outcome focused and reflected the individual's wishes, needs and aspirations.

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.

Staff feedback was positive, with staff describing feeling well supported in their roles. One staff member shared, "I love my job here, we all want the best for the residents". Staff reported that management had become more stable and valued the open-door approach, feeling comfortable seeking guidance, raising concerns and sharing feedback. They also highlighted the support provided during personal challenges, reflecting a caring, responsive and supportive workplace culture.

It was evident that fluid monitoring was being used effectively to inform care and support decision making. Information was consistently discussed during handovers, supporting continuity of care and enabling staff to identify changes in wellbeing. Records demonstrated that one individuals fluid intake had improved following a period of decline, providing assurance that health needs were being closely monitored. Further strengthening the consistency of fluid recording throughout the day would enhance oversight for those requiring targeted clinical monitoring.

Observations of practice provided evidence of reflective oversight, identifying both strengths and areas for improvement. Records reviewed were detailed and evaluative; however, the majority related to 2025, with limited observations completed in 2026. This reduced assurance around the consistency of ongoing observations of practice. A more structured programme of observations would support regular oversight and ensure good practice continues to be identified, evidenced and shared.

Staff recruitment processes were robust and aligned with safer recruitment practices. A review of the most recent recruitment and induction records demonstrated a structured induction programme, supported by planned supervision and ongoing support to promote staff development and competence in their role.

Staffing arrangements were reviewed through rota sampling and demonstrated sufficient staffing levels across all departments to meet people's needs. The use of agency staff was limited to a small number of long-term staff, supporting continuity of care and the development of positive relationships with people experiencing care. The service's size also enabled staff to work flexibly across the home and day centre promoting continuity, teamwork and shared learning.

Management had implemented effective governance and quality assurance systems, with regular auditing. This demonstrated a proactive approach to monitoring service performance, with particular strengths evident in training, staffing and medication governance. While oversight arrangements were established, some areas of supervision tracking and future planning records were not consistently completed. Improving the consistency and quality of these records would further strengthen managerial oversight and provide greater assurance that governance systems were fully embedded and effective.

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 people's involvement and participation in how the service is developed, the provider should ensure processes are in place to regularly ask people their views and use this to inform the service development plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 10 April 2025.

Action taken since then
The service carried out a survey to gather feedback from people using the service; however, it was recognised that some individuals found the format difficult to engage with. Plans are in place to use photographs and other accessible methods to encourage greater participation.

The service is exploring ways to increase involvement in shopping and meal planning, including the development of a form that allows individuals to express their preferences for meals and items purchased from local shops. We could see evidence throughout the inspection of how peoples voices were heard.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that medication audits and spot checks are carried out by all relevant staff timeously to ensure any errors highlighted are addressed without delay.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 3.14 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.

This area for improvement was made on 10 April 2025.

Action taken since then
Service manager has strengthened the service's medication auditing processes, developing the audits in collaboration with the Shetland pharmacy team. Regular medication audits are now undertaken, and the service has demonstrated a significant reduction in medication errors as a result.

This area for improvement has been met.

Previous area for improvement 3

To maintain transparent reporting procedures, the provider should ensure all notifiable events are submitted to the Care Inspectorate timeously.

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); and is in line with guidance - 'Records that all registered care services (except childminding) must keep guidance on notification reporting.'

This area for improvement was made on 10 April 2025.

Action taken since then

Notifications are reviewed promptly by service manager and senior staff, with issues now being identified and addressed in real time and no backlog evident. The service manager has taken a proactive approach to notifying the Care Inspectorate, keeping the lead inspector informed of any issues and seeking support from the contact centre when required. As a small service, notification levels have been low, and notification processes were found to be well managed.

This area for improvement has been met.

Previous area for improvement 4

The service should continue to develop their service development plan ensuring that robust internal audits and quality assurance systems are carried out and any actions identified are linked to the wider service development plan. The service development plan is a live document which should continuously be updated to evidence improvements.

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 10 April 2025.

Action taken since then

The service had a clear and well written improvement plan, which was displayed within the home so it was accessible to all. Improvement priorities were realistic and informed by feedback, audits, and input from external partners, such as the fire service. The plan demonstrated progress towards completion and clearly identified the evidence available to support improvements made.

This area for improvement has been met.

Previous area for improvement 5

The management team should ensure training is maintained and staff have deadlines to work towards to ensure there is no lapses. In person moving and assisting training should be made a priority.

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)

This area for improvement was made on 10 April 2025.

Action taken since then

Weekly compliance checks are supported through calendar reminders, with follow-up emails issued to staff and completion recorded. Training compliance is currently at 90%, and staff have been actively involved in identifying future learning needs, including mental health and dementia training.

This area for improvement has been met.

Previous area for improvement 6

The service should ensure that the laundry room meets the guidance in the care homes for adults design guide.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

This area for improvement was made on 10 April 2025.

Action taken since then

The laundry area had clearly defined clean and dirty zones, supported by floor markings to distinguish between them and promote effective infection prevention and control practices.

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.scot.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

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