

Home Farm Care Home Care Home Service

Home Farm Road
Portree
Isle of Skye
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Type of inspection:
Unannounced

Completed on:
22 May 2026

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2021000126

About the service

Home Farm Care Home is a care home situated in a residential area of Portree on the Isle of Skye. It is close to the amenities of the town. The service provides nursing and residential care for up to 35 older people, and all bedrooms have en suite toilet facilities. There were 23 people living in the home at the time of this inspection.

Accommodation is arranged over two floors, with both stairs and lift access to the top floor. There are lounges on both floors, and a large dining room on the ground floor. There is a garden area to the back of the home, and a car park to the front.

The provider is NHS Highland.

About the inspection

This was an unannounced inspection which took place between 17-19 May 2026. The inspection was carried out by two inspectors 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 14 people using the service and four of their relatives or representatives
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 27 May 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.scot

Key messages

- Improvements highlighted at the last inspection had not been progressed.
- We could not be assured that there were sufficient staff on duty to safely support people.
- Staff were not well led, and there was a lack of management oversight within the service.
- Quality assurance processes were not being undertaken or used effectively to identify and action issues.
- We had serious concerns about the safety of the care home environment.

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?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We observed some staff showing kindness and a commitment to people they supported, however, staff were under constant pressure which was impacting their ability to support people effectively. Opportunities to provide meaningful activities for people were variable, and staffing pressures meant people could not always be supported to join in with activities. Some people spent long parts of the day sitting in communal areas and were not encouraged to move regularly. We saw frequent missed opportunities for meaningful interactions, and observed a person being supported with personal care in a communal area, which did not provide them with dignity or privacy.

People were not always supported in accordance with their assessed need. We saw moving and assisting equipment being used inappropriately and were not confident that best practice guidance was being followed (please see requirement 1). This increased the risk of injury to both people and the staff supporting them.

We identified occasions where accidents, incidents and safeguarding concerns had not been reported, recorded or escalated, this meant we could not be assured people were being kept safe. Communication between management, senior management and statutory organisations were not effective, and was impacting negatively on the service's ability to keep people safe.

Improvements relating to medication administration had not been progressed, and documentation relating to protocols for PRN ('as required') medication had not been put in place (please see requirement 2), this increased the risk of people not receiving their medication as prescribed and its effectiveness not being appropriately monitored. We found occasions when medication was not administered due to staffing pressures, and we could not be assured that people were receiving their medication consistently.

Requirements

1. By 1 August 2026 the provider must ensure that people are supported safely and in accordance with their assessed need.

Moving and assisting assessments must be up-to-date, accurately reflect people's current abilities, and provide clear guidance to staff. Staff must consistently follow moving and assisting procedures and use the correct equipment in line with best practice guidance.

The provider must implement effective oversight arrangements to monitor moving and assisting practices, and take prompt action where practice does not meet expected standards.

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).

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2.

By 1 August 2026 the provider must ensure people's medication is administered as prescribed. Where medication is prescribed on a PRN ('as required') basis, there should be clear protocols in place to guide staff on the circumstances in which the medication should be administered. Medication administration should be recorded clearly, and the effectiveness of PRN ('as required') medication should be monitored and recorded.

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).

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?

1 - Unsatisfactory

We were very concerned about aspects of the leadership and we evaluated the service as delivering an unsatisfactory level of care for this key question. We found major weaknesses in critical aspects of leadership and management which require immediate remedial action to improve experiences and outcomes for people.

There was no consistent management presence within the home, and staff were often working with no manager present or available, this meant that there was ineffective leadership within the service, and there was insufficient oversight to manage risks safely. We found accidents, incidents and safeguarding concerns which had not been reported, actioned or addressed appropriately, and staff had not been supported when raising concerns (please see requirement 1).

Some staff referred to the culture within the service as 'toxic' and 'unsupportive' and did not feel confident giving feedback or raising concerns because they did not feel these would be addressed.

Staff supervisions were not being undertaken in line with the provider's organisational guidelines and the majority of staff, including the management team, were overdue both their supervision and annual appraisal (please see 'What the service has done to meet any requirements we made at or since the last inspection').

Quality assurance and audits were not being undertaken within the home, this meant we could not be assured that people's care and support was being monitored effectively. A service improvement plan was in place, but had not been recently updated, this meant improvements were not being progressed or sustained within the service.

We directed the provider to ensure a safe and compassionate service is provided within the Improvement notice issued 27 May 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.scot

Requirements

1. By 1 August 2026 the provider must ensure that all accidents, incidents and concerns relating to people's safety and wellbeing are recorded, reported, and acted upon in line with organisational guidelines and statutory duties.

Records must be accurate, and demonstrate the actions taken to reduce the risk to people. Where required, notifications must be submitted to the Care Inspectorate, and referrals made to other regulatory bodies or agencies, including Adult Support and Protection referrals.

The provider must establish effective oversight and arrangements to monitor accidents and incidents to identify lessons learned and improve outcomes for people.

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).

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

'I am protected from harm, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We found that some staff were committed to providing good care and were working hard to meet people's needs despite challenging circumstances. The service was heavily reliant on agency and bank staff to cover shifts, this meant staffing could be inconsistent and unpredictable. The high use of agency staff also impacted communication and consistency of practice across the service.

Staff did not always feel confident or able to raise concerns within the workplace, and several told us of concerns regarding the culture within the service. Staff were often working excessive hours to cover vacancies and absences, and many told us they felt they had to skip breaks when short-staffed to be able to support people, leaving them feeling exhausted.

Staffing levels were not always sufficient to meet people's assessed needs safely. During the inspection we identified occasions where staffing numbers were severely inadequate, and people could not be supported safely. We were not assured that the deployment of staff was effectively planned or monitored to ensure safe staffing at all times.

Staff were not clearly identifiable as they were not wearing name badges, and uniforms were not consistent amongst agency staff, this made it difficult for people to identify who was providing their support (please see area for improvement 1).

We directed the provider to ensure safe and compassionate care is provided within the Improvement notice issued 27 May 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.scot

Areas for improvement

1. In order to support residents, relatives, and visitors, particularly those who have visual or cognitive impairment, to recognise and easily identify staff working in the service, the provider should ensure staff consistently wear name badges as part of their uniform and verbalise their names so residents are aware of who is supporting them and providing direct personal care. Staff uniforms worn should be consistent with their employer or agency.

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

'I feel at ease because I am greeted warmly by people and they introduce themselves' (HSCS 3.6).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Personal protective equipment (PPE) stations were adequately stocked, and hand gel dispensers were available throughout the building. Housekeeping staff were working diligently, however, did not appear to have been provided with training or guidance on infection prevention and control (IPC) measures essential to their roles, this meant that some essential aspects of IPC were not being carried out appropriately. Deep cleans of people's bedrooms were not being undertaken due to staffing pressures.

Bedrooms which were not currently being occupied by people were being used as staff accommodation for both permanent and agency staff. The service's registration does not include the provision of on-site staff accommodation, and rooms intended for people should not be used as staff accommodation. We asked the provider to make immediate arrangements to stop staff living in the home, and were provided with assurances alternative arrangements would be in place by 2 June 2026.

We had concerns regarding the management and oversight of environmental maintenance and safety within the service. Fire drill practices had not been recorded as carried out for over a year, and recommendations from previous fire service inspections had not been progressed or implemented. This did not provide assurances staff are regularly practicing emergency procedures or knew how to respond in the event of an emergency such as a fire.

We found recent routine maintenance checks and repairs had not been undertaken or actioned, these included flushing of water systems in line with Legionella risk assessments, and repairs such as fixing broken call buzzers or leaks.

Urgent repairs to some internal doors in people's rooms had not been progressed, this meant people were at risk of being trapped behind or hit by their bedroom door. Issues with Wi-Fi connectivity in the building had not been addressed, and Wi-Fi access only remained available through an interim measure put in place by the manager.

We directed the provider to ensure a safe environment is provided within the Improvement notice issued 27 May 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.scot

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Care plans were detailed and of a good quality, they contained important information that enabled staff to get to know people well, this is particularly important where there is a high level of agency staff working in a service. Legal documentation, such as DNACPR and Power of Attorney documents, were in place and stored appropriately, this meant people could receive the right care at the right time.

We found some care plans to be out of date and lacking important information or events, such as the death of a loved one, which could lead to distress or difficult conversations if staff were not aware of this.

Statutory reviews of people's care and support were not being carried out. Reviews should be undertaken by the service at least every six months, or sooner if requested and/or if people's circumstances change (please see requirement 1).

Requirements

1. By 1 August 2026 the provider must ensure people's care and support is reviewed regularly.

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

- a) ensure reviews take place at least every six months, or sooner where a person's needs change or a review is requested
- b) ensure records of review meetings are kept. Records should include discussions, decisions made, and any actions taken at the review, these should also be shared with people's legal proxies where applicable.

This is to comply with the Regulation 5(2)(b) 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 am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

Requirements

Requirement 1

By 16 April 2026, the provider must ensure that people are supported by staff, including bank and agency, who have completed mandatory training relevant to their role, and received supervision which promotes reflection and best practice. This must include, but is not limited to:

- a) documented supervision and appraisal for staff, at intervals outlined in the organisation's policy
- b) ensuring that all mandatory staff training is up-to-date, and recorded appropriately
- c) ensuring that quality assurance checks in relation to staff practice are planned and undertaken, including observations of practice.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019 and 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 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 requirement was made on 27 February 2026.

Action taken on previous requirement

Staff supervisions and appraisals had not been undertaken. We were unable to sample staff training documents or records during the inspection, this meant we could not be assured that staff had received mandatory training. We were unable to sample quality assurance documents within the service and were not assured that there was effective quality assurance or management oversight within the service.

This requirement has not been met and will be extended to 1 August 2026.

Not met

Requirement 2

By 16 April 2026, the provider must ensure that ongoing repairs and maintenance to the building and facilities are completed, and that future maintenance or improvements are identified and planned. The must include, but is not limited to:

- a) repairs to the internet connectivity within the building to ensure it is fit for purpose

- b) repairs and changes to internal doors within the building to ensure these are in good condition and can be used safely
- c) ensuring the environment is assessed regularly to identify improvements, this may be through use of a tool such as the 'King's Fund Tool'
- d) ensure that identified improvements are actioned promptly.

This is in order to comply with Regulation 10(1)(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:

'If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 27 February 2026.

Action taken on previous requirement

Repairs to unsafe doors within the building had not been undertaken. No progress had been made to reinstate the Wi-Fi connectivity within the building. We were unable to sample any documentation relating to environmental assessments and associated improvements.

This requirement has not been met and will be extended to 1 August 2026.

We directed the provider to ensure a safe environment is provided within the Improvement notice issued 27 May 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.scot

Not met

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

The service should ensure that people experience safe and effective support with the administration of their medication through suitably detailed protocols for the administration, recording, and reviewing of PRN 'as required' medication.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 27 February 2026.

Action taken since then

We sampled medication records in the service and found there had been very little change in the documentation in place.

Protocols for the administrations of people's PRN 'as required' medication had not been reviewed or updated, and only a small number of new protocols had been put in place. PRN protocols are important to ensure people receive their medication as prescribed, and ensure that staff understand how and when to administer the medication.

This area for improvement has not been met and a requirement has been made under 'How well do we support people's wellbeing?'

Previous area for improvement 2

The management team should submit relevant notifications to the Care Inspectorate as outlined in the notification guidance.

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

'I use a service which is well led and managed' (HSCS 4.23).

This area for improvement was made on 27 February 2026.

Action taken since then

No notifications had been submitted to the Care Inspectorate since the last inspection in January 2026. We sampled accident and incident records in the service and could not be assured that these had been recorded, reported or investigated appropriately.

This area for improvement had not been met, and a requirement was made under 'How good is our leadership?' in relation to accidents and incidents within the service.

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?	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory
2.4 Staff are led well	1 - Unsatisfactory
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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