Spynie - (Care Home)
Care Home Service

Duffas Road
ELGIN
IV30 5JG

Telephone: 01343 552 255

Type of inspection:
Unannounced

Completed on:
1 October 2025

Service provided by:
Intobeige Ltd

Service provider number:
SP2004005486

Service no:
CS2003055110

About the service

Spynie Care Home is a care home for older people and it is registered to provide a care service to a maximum of 56 people. Five of these places may be provided to named individuals under 65 years old.

Spynie is a single storey building located on the outskirts of Elgin, it is a short distance from the town centre. There is a bus stop nearby. All bedrooms are single occupancy and have ensuite facilities. There are three units, each with their own dining and lounge area, conservatory, and private enclosed level-access garden.

There were 54 people living in the service at the time of the inspectio

About the inspection

This was a follow up inspection to assess the progress the service had made to meet the requirement and areas for improvements made at the last inspection on 6 May 2025. An unannounced inspection took place on 1 October 2025 between 9:30 and 13:30. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service and of their family in the passing
- spoke with staff and management
- spoke with management
- reviewed documents.

Key messages

- The requirement made since the last inspection was met.
- Improvements had taken to improve outcomes for people.
- People's personal plans need to be more detailed and person centred.
- Consideration needs to be given to how adverse incidents or events are investigated and how improvements are shared with staff.

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 good is our leadership?	3 - Adequate

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

How good is our leadership? 3 - Adequate

The service had met the requirement relating to quality assurance systems supporting improvements in care and people's experiences. However, concerns remained, as adverse incidents or events had not been fully investigated, and learning had not been shared across the team. (See 'What the service has done to meet any requirements made at or since the last inspection' and Requirement 1.)

Requirements

1. By 6 January 2026 , the provider must ensure positive safe outcomes for people who use this service. To do this the provider should, at a minimum:

a) Ensure all adverse events, incidents and accidents are fully and appropriately investigated.

b) Ensure all adverse events, incidents and accidents are shared appropriately with other agencies, in line with local and national guidance.

c) Where adverse incidents or accidents identify areas for improvement these should be detailed in action plans which must be developed and acted upon.

d) Ensure all learning is shared effectively with staff.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

Requirements

Requirement 1

By 1 August 2025 the provider must ensure the quality assurance systems support improved care practices that link directly to improving the outcomes for people. In order to do this, the provider must ensure that:

a) Daily care records, audit tools, and concerns and complaints are timeously and accurately completed and capture people's views and experiences,

b) Senior management use the information gathered to identify areas for improvement,

c) Prompt action is taken to address indications of poor care provision,

d) There is a whole team approach to making improvements,

e) Share and ensure improvements are sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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 requirement was made on 11 June 2025.

Action taken on previous requirement

A comprehensive audit programme was in place and had effectively identified issues as they arose, enabling timely improvements. Staff completed audits more accurately and promptly, which enhanced the overall effectiveness of the systems in improving people's experiences and outcomes.

Staff managed compliments, concerns, and complaints more effectively by engaging in meaningful discussions with residents and their families. A formal process had been established to record and monitor all concerns raised, which supported improved outcomes and enhanced people's experiences of care.

Daily recordings of people's experiences and outcomes had improved significantly. These records clearly demonstrated that staff took appropriate action to safeguard individuals' health and wellbeing following adverse incidents. However, staff did not fully investigate the adverse event, and learning was not shared across the team. The service required a more proactive approach to incident reporting and communication to support continuous improvement and ensure people remained safe from harm.

This requirement had been met. However, a further requirement was issued regarding the investigation of adverse incidents or events (see 'How good is our leadership?').

Met - within 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 ensure that people are treated with respect and dignity, the provider should educate and support staff to talk to people and about people, in a person-centred, inclusive manner.

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

'I experience care and support where all people are respected and valued.' (HSCS 4.3)

This area for improvement was made on 6 May 2025.

Action taken since then
The management team had implemented a detailed action plan to support ongoing monitoring of their progress in addressing this area for improvement.

As a result, we planned to follow this up at the next inspection.

Previous area for improvement 2

To ensure people live in an environment that is well looked after and reduces the spread of infection, the provider should have a plan to repair and paint the walls and doors of the corridors and bathrooms.

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

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

This area for improvement was made on 6 May 2025.

Action taken since then
The management team had implemented a detailed action plan to support ongoing monitoring of their progress in addressing this area for improvement.

As a result, we planned to follow this up at the next inspection.

Previous area for improvement 3

To support activities the provider should ensure that staff and activities co-ordinators work together to provide meaningful activities which reflect individuals' interests and hobbies. Analyse the information recorded to inform the activities programme and seek feedback from people who use the service and families to offer people more enjoyable ways to spend their time.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

The management team had implemented a detailed action plan to support ongoing monitoring of their progress in addressing this area for improvement.

As a result, we planned to follow this up at the next inspection.

This area for improvement was made on 2 August 2024.

Action taken since then

The management team had implemented a detailed action plan to support ongoing monitoring of their progress in addressing this area for improvement.

As a result, we planned to follow this up at the next inspection.

Previous area for improvement 4

To support people's health and wellbeing and maximise the time staff have to spend with people, the provider should review and improve the availability of shift leaders to effectively deploy staff, support good team working and assess the quality of people's every day care.

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

'People have time to support and care for me and to speak to me' (HSCS 3.16); and
'My care and support is consistent and stable because people work well together' (HSCS 3.19).
The management team had implemented a detailed action plan to support ongoing monitoring of their progress in addressing this area for improvement.

As a result, we planned to follow this up at the next inspection.

This area for improvement was made on 2 August 2024.

Action taken since then

The management team had implemented a detailed action plan to support ongoing monitoring of their progress in addressing this area for improvement.

As a result, we planned to follow this up at the next inspection.

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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