Spynie - (Care Home)
Care Home Service

Duffus Road
ELGIN
IV30 5JG

Telephone: 01343 552 255

Type of inspection:
Unannounced

Completed on:
1 May 2026

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 people 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 49 people living in the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 April 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 five of their family;
- spoke with seven staff and management four professionals;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals;
- reviewed 41 completed questionnaires from people supported by the service, relatives, staff as part of the inspection.

Key messages

People experienced kind and compassionate care.

Meaningful engagement and activities had improved to support people's wellbeing.

Personal plan reviews had not been undertaken as regularly as they should be, meaning we could not be assured people received planned care that met their current needs.

Staff were happy, working well as a team and felt supported.

Quality assurance systems required further strengthening to support continuous improvement and oversight.

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.

We observed compassionate and caring interactions between staff and people using the service. People living in the care home spoke positively about their experiences and told us, "I like living here, it's a laugh" and "We are treated well".

People had access to fresh fruit, snacks, and access to drinks throughout the day. During mealtimes, staff provided support in a dignified manner and respected people's individual preferences. However, one relative highlighted limited meal choice for people with specific preferences. We spoke with management about actively involving people in menu planning to improve choice and satisfaction.

Staff recognised when people were unwell and took prompt action when follow up healthcare was required. Healthcare assessments were in place, and people benefitted from appropriate referrals to external professionals, such as older age psychiatry and district nurses. People had the right care and support to stay well.

The environment was clean and well-maintained. Cleaning records and staff rotas were available, and staff had good knowledge of infection prevention and control measures. We identified areas within the home that required repainting. Confirmation was provided by management that improvement works were ongoing. This will enhance people's enjoyment of their home.

People were supported to take the right medication at the right time. An electronic medication administration record (eMAR) system had recently been implemented. Training had been provided to staff, and access to further support was available if required. Medication competency checks and audits were in place. During the inspection, minor medication issues were identified. Immediate action was taken by staff to investigate and resolve issues, ensuring care and support remained safe.

People were offered a range of activities. The service had links with the local community, including visits from school pupils. One staff member told us that increased activities had a positive impact and said people were "calmer, look more relaxed" and had improved relationships with staff. Leaders agreed to review how they communicate activity plans with people and assess the impact activities have on people's wellbeing. We will review this at future inspections.

People told us they would raise concerns directly with staff or the manager. However, a few legal guardians were unaware of the complaints procedure. The service should ensure this information is accessible and clearly communicated to people.

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.

Management within the service was supportive, and a positive learning culture evident. Staff told us that

since the manager joined the service, significant changes had been implemented, improving staff morale and people's wellbeing.

Comments we received included:
"The manager has engaged staff, staff come in and speak to her, a lot of innovative ideas".

The new manager has "brought a new life to the home...staff are just excited to see the changes being made".

"A few teething problems due to staff and management changes but I feel confident that they are being dealt with".

Daily meetings were in place to support communication, share updates and address issues promptly. Quality assurance systems were in place to monitor practice and support good standards of care. However, we found the service was not undertaking reviews in line with required timescales. Reviews provide an opportunity for people to give feedback on how they experience their care and support, with learning used by the service to drive improvement. We spoke with management about strengthening planning and record keeping processes, which were to include externally chaired review meetings. We will review this at future inspections.

Staff had undertaken a range of training that reflected the needs of people in the home. Recruitment was aligned with safer recruitment practices. This ensured that people received the right care and support, and that this was provided by a staff team that had been equipped with the skills and knowledge to deliver it.

Management carried out regular checks at the service, including health and safety audits. Management implemented service improvements, based on these audits, to ensure people were safe.

Management had been proactive in seeking advice and support from a range of professionals and agencies, which supported ongoing improvement. Notifications to the Care Inspectorate had been submitted appropriately, demonstrating transparency and a willingness to seek advice in relation to protection concerns.

The manager had been in post for less than six months and had made significant changes within the home during this period. The service had implemented improvements to support positive outcomes for people. Management acknowledged that they required additional time to embed new practices fully and to seek feedback as part of ongoing self-evaluation. This should ensure that people benefit from a service improvement plan that is responsive to change.

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.

Staff were visible in all areas of the service which meant they could observe and respond quickly to people's needs and wishes. We observed a warm and welcoming atmosphere within the home. Staff demonstrated kindness and compassion in the ways in which they supported people. Staff did not appear rushed, indicating they had adequate time to spend with people and provide meaningful support.

People and relatives shared concerns about inconsistent staffing. Management had reviewed staffing across the home to ensure trained and competent staff were in the right place at the right time. Managers should seek views from people, relatives and professionals to ensure that staffing arrangements meet people's needs.

Comments from people, relatives and professional included:
"Very person-centred practice".
"Staffing has increased and we are on the right tracks".

Staff told us they enjoyed their jobs and felt supported by management. They spoke about an 'open door policy', whereby they could access advice and support. There was a strong sense of teamwork. Staff we spoke with felt they had appropriate training to undertake their job role safely and could tell us the appropriate actions to be undertaken if they had any adult protection concerns.

How well is our care and support planned? 4 - Good

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

Personal plans were of a good quality. However, some required further personalisation, particularly in relation to people's life histories, achievements and things that were important to them. The service recognised that further training was required to support staff to develop more person-centred and outcome-focused care plans. Training had been arranged to develop staff learning in this area, ensuring that the personal plan is right for people and sets out how their needs will be met, as well as their wishes and choices.

The service used a range of risk assessments to monitor people's health and wellbeing. Risk assessments were in place, reviewed on a regular basis, and follow up action was taken. On occasion, care plans contained outdated information. We advised management to ensure only accurate and up to date information is held within the personal plan.

Monthly reviews of personal plans were in place, and staff contacted legal guardians as part of this process. However, six-monthly reviews, as outlined in the service's policy, were not consistently taking place. Reviews provide an opportunity for people to be involved with decisions about how their care and support needs will be met and ensure planned care meets their needs. We will look at this at the next inspection.

Activities coordinators were actively developing more personalised activity plans and life history documentation. Records demonstrated that people with more complex needs, including those experiencing stress and distress, had more detailed person-centred information in place. This ensured that staff could provide responsive care and support that was right for people.

Where people had legal arrangements in place, this had been recorded, and copies of legal documents and powers were sought by the service. This ensured that when people were unable to make their own decisions, the views of those who know their wishes were sought and taken into consideration.

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)
Area for Improvement Category
3.2 Staff have the right knowledge, competence, and development to care for and support people.

This area for improvement was made on 6 May 2025.

Action taken since then
Our observations and general feedback confirmed that staff treated people with respect and dignity.

The service supported people with complex needs, including significant cognitive decline. Staff had received dementia specific training to support person-centred and inclusive communication.

Management had recognised the need for ongoing training in this area. In response, staff competencies focusing on meaningful connections had been undertaken. New staff were supported through a mentoring system that included role modelling expected standards of practice.

Overall, actions had been implemented to address identified areas for improvement, and management demonstrated a continued commitment to supporting staff development in person-centred practice.

This area for improvement was made on 6 May 2025.

This area for improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 2 August 2024.

Action taken since then

The service had increased its activities provision by employing additional activities coordinators, bringing the total to three. During the inspection, a range of group and individual activities took place within the home. People were offered choice over whether they wished to participate, including opportunities for both indoor and outdoor activities. This demonstrated an improvement in the availability of activity provision.

Activities coordinators had made progress in gathering additional information about people's interests, preferences, and life histories. This reflected an emerging positive change in culture, with increased staff awareness of the benefits of meaningful activity for people's wellbeing.

Overall, management and staff demonstrated a continued commitment to providing meaningful activities for people. This ensured that people could maintain and develop interests, activities, and what matters to them in a way that they like.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 2 August 2024.

Action taken since then

We observed positive relationships between staff and people using the service. Staff did not appear rushed and had sufficient time to spend with people. There was a warm and welcoming atmosphere within the home, with sufficient staffing levels to support people's care needs. Feedback from staff was positive about team support and working.

Management had recently implemented changes to staffing arrangements to ensure people were supported by staff with the appropriate skills, training, and time to meet their needs. However, the inspection identified that people would benefit from improved communication regarding the reasons for these changes. Management acknowledged this and confirmed that work to strengthen communication was ongoing.

Feedback received was positive regarding staff relationships and care provided. Where staff were unable to

support a request, such as assisting a relative to take someone outdoors, appropriate apologies were made and clear explanations provided.

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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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