

Mull Hall Care Home Care Home Service

Mull Hall Care Home
Invergordon
IV18 0ND

Telephone: 01862 842 308

Type of inspection:
Unannounced

Completed on:
12 August 2026

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2025000390

About the service

Mull Hall Care Home is a care home for older people situated in a small residential area called Barbaraville, which is near Invergordon. The service provides residential care for up to 42 older people. There were 40 people resident in the home during the inspection.

Accommodation is arranged over one floor, in single bedrooms with en-suite toilets. There are a number of lounges for people to use.

The service is provided by Sanctuary Care Limited.

About the inspection

This was an unannounced inspection which took place between 4 and 7 August 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 six people using the service and 11 of their family representatives;
- spoke with 10 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke or liaised with four visiting professionals.

We also reviewed feedback included in surveys submitted by relatives, supported people, staff and professionals.

Key messages

People were supported to look well, and were treated with kindness and warmth.

People were benefitting from a range of interesting activities and sociable opportunities.

The service benefitted from an experienced management team.

Staff knew people's needs and worked well together.

Managers and staff facilitated a welcoming, caring experience for people and their visitors.

Mull Hall provides care in a clean and hygienic environment.

Call bell response times should be reviewed so that people consistently experience timely assistance.

Mealtimes could be enhanced by making sure that seating, tables and crockery support a comfortable dining experience.

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 good is our setting?	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 made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Staff treated people with compassion, dignity and respect. There were consistently positive relationships between staff and people living in Mull Hall. Staff made visitors feel welcome and visitors spoke positively about staff. Most people were satisfied with the support, they or their relative, experienced. Communication with the service also worked well, with people commenting that they were kept appropriately informed.

People told us:

"Generally I am well treated and respected by all the staff".

"Staff are excellent, cannot fault them in any way".

"Staff are great with everyone and activities are varied, staff are patient and seem to know what each individual personal needs are".

"Very happy with the care that my relative continues to receive at Mull Hall".

Attention to personal appearance helps people feel good about themselves and reassures families that their loved ones are getting the care they deserve. People looked well, and staff paid attention to people's personal appearance, for example, clothing, skin, hair and nails.

People's health benefited from their care and support. Prompt identification of changes to people's health, and successful partnership working with health colleagues ensured people were getting the right treatments at the right times. Staff knew people well which supported them to identify changes in their health.

Staff were visible in communal areas, and were observed to sensitively support people who presented as upset or unsettled, so as to prevent further escalation or distress.

Comments from professional visitors included :

"I believe that the residents are very well cared for and treated with dignity and compassion at all times".

"In my experience I believe that the care home staff are very proactive and immediately identify changes to the individual needs of the residents".

Despite most people being happy with the care and support in Mull Hall, feedback reflected delays in staff responding to call bells. People told us that sometimes, during busy times, they experienced lengthy waits because staff were busy elsewhere. People reported that this meant they sometimes needed to wait to go to the toilet, get up or go to bed.

Comments included:

"There aren't enough staff to be able to get help when you need it all the time".

"I feel there are times especially in the evenings when we have to wait far too long to be taken to the toilet!"

We discussed the importance of finding a resolution for this and have made an area for improvement about this under key question 2 - How good is our leadership.

(See key question 2, area of improvement 1)

Health and assessments were in place for all residents, and these provided staff with an overview of people's ongoing health and wellbeing needs and informed their care. We saw that there were sometimes gaps in the extent to which people's preferences were sufficiently detailed, for example, regarding bathing and showering, or where records of the care provided did not align with the planned care. Clearer records, and more robust oversight of these areas would promote confidence, by demonstrating how practice aligned with planned support.

(See area for improvement 1).

People's nutritional health and wellbeing were promoted. Mealtimes were unhurried, and staff supported people in a respectful and responsive way. People benefited from nicely presented, home cooked meals and were being offered drinks and snacks throughout the day. There was a proactive approach to using food fortification to support people who found it difficult to maintain a sufficiently nutritious diet. While most people told us that they enjoyed the meals, some told us that the food was not always hot enough, not always to their taste, or that they would enjoy more variety. The service sought regular feedback about meals, and we were confident they would continue to respond positively to comments and suggestions about meal preferences.

During our observations we concluded that mealtimes could be enhanced by making sure that people benefitted from suitable seating, tables, crockery and cutlery to aid comfortable dining. Noise levels should also be monitored so as not to detract from an otherwise pleasant and sociable experience. **(See area for improvement 2).**

Medication was managed very well through the home's electronic system.

Records of prescribed medication administration were well organised and accurately completed. Oversight by senior staff supported consistent practice. Medicines were stored safely and in accordance with best practice guidance. Regular audits and reviews were undertaken to monitor the accuracy of records and confirm that people received their medicines as prescribed. As a result, people could be confident that their medicines were managed and administered safely.

Activity provision remained a clear strength in Mull Hall. People benefited from the meaningful activities and connections facilitated by activity workers and supported by the wider staff team. People enjoyed a range of activities and entertainments, and benefitted from the friendship and social opportunities these created. The welcome return of a new minibus had enabled the return of outings, thus promoting community inclusion. We discussed the potential for supporting smaller group activities, taking into account people's needs and preferences, including where people might find the larger group over whelming.

Areas for improvement

1. To support positive outcomes for people, the provider should ensure people receive consistent support in line with their assessed care needs and preferences.

To promote this the provider should ensure that :

- a) where an assessed need needs monitoring, including skin integrity and repositioning, and bathing or showering, suitably detailed records are maintained to inform practice.
- b) there is regular oversight and evaluation of practice.

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 meets my needs and is right for me'. (HSCS 1.19) and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23).

2. To support people to enjoy a positive mealtime experience the service should ensure that people's mealtime experiences are consistent and person-centred. This should include the availability of suitable seating, tables, crockery and cutlery as appropriate to individual needs and preferences.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices'. (HSCS 5.23).

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.

Mull Hall benefits from an experienced and stable management team. Managers knew people well and understood their needs and circumstances.

People benefited from the effective professional relationships established with health and social care colleagues. There was a positive approach towards responding when improvements could be made, and a willingness to ask other agencies for assistance. Appropriate notifications were made to external agencies, such as the Care Inspectorate and the adult protection team. This demonstrated that the service operated in an open, transparent and person-centred manner.

Relatives and professionals told us senior staff and managers were approachable and overall most people felt confident that if they raised a concern, they would be listened to and improvements would be made.

As previously cited under key question 1, a number of people had expressed concerns about delays they had experienced in having their call bell responded to. We could see that there had already been some analysis of this issue, but further work should be undertaken. Understanding the causal factors, and taking appropriate action to address these, remained relevant to service improvement and people's experiences. **(See area for improvement 1).**

Managers understood their role in monitoring practice and identifying, directing and supporting improvement activities. Clinical risks were analysed and patterns and trends reviewed to promote people's safety and wellbeing. A range of audits were used to inform the leadership team about how the service was performing. Where issues were identified, action plans were implemented to make improvements and reduce risks. They continued to develop systems to monitor standards of care and identify areas that needed to be improved on.

The service had a detailed service improvement plan in place. The actions in it were achievable and focused on improving outcomes for people and staff. Actions ranged from major pieces of work, for example, the

garden improvement project, to smaller action points that also had the potential to make a difference. The manager used the plan to monitor the improvements being made within each area. This meant people benefitted from a culture of continuous improvement within the service.

We saw evidence of a range of meetings taking place in the service to support communication and information sharing. Focussed walkarounds were regularly completed along with a resident volunteer, and this was effective in identifying where improvements were needed. Resident and relative meetings took place regularly, and newsletters, and activity planners were shared to keep people updated. Staff meetings also took place regularly, and these were described positively as an opportunity to have their views heard.

We were confident that there were robust arrangements in place to support the service to evidence safety and security when they were looking after people's money.

Areas for improvement

1. To support positive outcomes for people, the provider should ensure that suitable arrangements are in place to meet people's wellbeing needs, and support a timely response when people use their call bell to seek assistance .

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

'I am confident that people respond promptly, including when I ask for help'. (HSCS 3.17) 'My needs are met by the right number of people'. (HSCS 3.15).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

There were effective working relationships between staff and the management team. Communication was generally thought to be good within the staff team, although there was some comment that this could still be further strengthened. Throughout our inspection we observed calm, respectful interactions between staff and residents and good teamwork.

Comments included :

"Staff are caring and take an active interest in all the residents".

"The staff team were working well together, and there was a sense of a well organised approach towards care delivery".

"In my professional view, the staff that I have observed during the time I have been in the care home setting, all present as confident, remain calm and provide high levels of care".

Staff who were not involved in providing direct care were valued in the service, and it was evident that these staff played key roles in maintaining good standards in the service.

The service maintained effective oversight of workforce governance. Recruitment, supervision, staff development and professional registration arrangements were well managed, supporting a skilled and

competent workforce. Recruitment records sampled confirmed that safer recruitment checks were undertaken prior to new staff commencing in post.

A blended approach was in place for staff training. E-learning covered a wide range of mandatory training, and we were confident that completion of these was appropriately prioritised. New staff also benefitted from a comprehensive and supportive induction process. There had been an increase in face-to-face staff training in relevant topics. These included bite sized training in different aspects of clinical care, as well as inclusion in NHS Highland training about supporting people presenting with stress and distress. Training was also planned to support staff knowledge and skill in maintaining skin integrity. People could be confident that staff were being supported to develop their knowledge and skills in providing person centred care.

During the inspection we observed that sufficient staff were generally available to support and respond to people's needs. However, throughout the inspection a number of people, including supported people and relatives told us that staffing levels were not always optimal and that this sometimes impacted on their experience. We could see that a monthly dependency analysis was carried out, and that this was supplemented with additional information relevant to people's needs and service delivery. We suggested that use of the safer staffing tool could be further strengthened, to ensure that findings and analysis demonstrated that staffing needs were robustly assessed.

How good is our setting?

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 found that Mull Hall offered a welcoming and 'homely' environment. There were a range of communal areas for people to spend time in, and bedrooms were nicely personalised. The hallways were in the process of being decorated and signage was in place, including in order to aid orientation to people's bedrooms. The environment was warm, comfortable, and cheerful.

We observed that the Kings Fund assessment tool had been used to assess the extent to which the premises support people who are living with dementia

We found that the care home premises were clean and in good order. With the exception of one area, which we were confident would be resolved, the premises were free from odours. The laundry room was generally well organised, and efforts were being made to manage risks of cross-infection. We also found equipment such as moving and handling equipment to be clean, and the mattress checks we undertook provided further reassurance of robust internal checks.

There had been effective improvements made to some utility areas in the home, to aid the prevention of spread of infection, safe storage and cleanliness. The addition of an accessible satellite kitchen has enhanced opportunities for people to maintain their independence and preserve skills, as well as and to participate in ordinary activities such as cooking.

People should have confidence that they are living in an environment that is safe and well maintained. The provider has robust arrangements in place to ensure regular safety checks of the environment and equipment are carried out. Good oversight of these was clearly evidenced within the home.

We understood that there were a number of planned environmental improvements. These included the

installation of new windows, and a new bathroom. Significant work was in progress to significantly improve the garden area, including in making it accessible, safe and secure. Reviewing the environment improvement plan, and consolidating the timelines for work to be completed, would support an up-to-date understanding of priorities.

While recognising the positive features of the premises, it was acknowledged that some aspects were somewhat dated. We would encourage the provider to continue assessing the environment, giving consideration as to where adjustments could enhance people's experiences, or where improvements would add to the quality of the accommodation.

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 helped to direct staff about people's support needs and their choices and wishes. People could be assured that staff assessed their health needs and that the information from assessments was used to develop personal plans. Plans were quickly implemented in response to short term illness, so that changes to treatment or planned care were clearly set out for staff.

Overall there was a good standard of detail included in people's care plans. However, there was scope to strengthen these, for example, by including better information about people's needs and preferences in relation to personal care provision. Risk assessments were in place, including for moving and assisting and maintaining skin integrity, and these offered clear guidance regarding expected care.

We identified that there were opportunities to further enhance support planning for people who may experience stress and distress. The further development of personalised guidance, inclusive of advice or treatment plans prepared by external professionals would help promote greater consistency in how staff should respond to changes in people's presentation, and further strengthen outcomes for individuals.

The service has demonstrated a positive focus on developing support plans. Increasing care staff involvement has been encouraged, so that their knowledge and understanding of people's needs and preferences would be accurately reflected in support plans.

It is important for services to keep clear and accurate records of care delivery and outcomes for individuals. Daily recordings were being completed by staff. While these were often satisfactory, they sometimes lacked sufficient detail to clearly support meaningful evaluation of people's care arrangements.

A six-monthly review schedule gave those living in the care home and those closest to them a meaningful opportunity to be involved in evaluating and influencing their care and support. This helped ensure people's care arrangements were right for them.

Support planning was an area of continuing development, and it was evident that the service already had the mechanisms in place to progress this further.

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

People should feel safe and protected from harm at all times. Care and support should be clearly planned for all, consistently delivered, and supported by robust risk assessments, including clear guidance for staff and contingency arrangements to minimise risk.

This is to ensure that care and support is consistent with the health and social care standards (HSCS) which state that

'I am helped to feel secure in my local community'. (HSCS 3.25)

This area for improvement was made on 24 June 2026.

Action taken since then

This area for improvement was made on 24 June 2026 following an upheld complaint.

The provider submitted a comprehensive action plan to address this area for improvement. They are making progress in completing the planned actions. However, given the recent nature of this area of improvement, we will review progress at the next inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

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 good is our setting?	4 - Good
4.1 People experience high quality facilities	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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