

# Lomond View Care Home Care Home Service

Lomond View Care Home  
Falkland  
Cupar  
KY15 7AR

Telephone: 01337 857 521

**Type of inspection:**  
Unannounced

**Completed on:**  
20 June 2023

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000108

## About the service

Lomond View Care Home is a well established care home for people over the age of 65, situated in the residential area of Falkland, Fife. It is close to local transport links, shops and community services. Each floor has its own communal sitting and dining areas and a passenger lift. Bedrooms are all ample size and have ensuite toilet and shower facilities. The home benefits from well kept, landscaped surrounding garden areas with garden seating available for residents' use. There are car parking facilities at the front of the home.

Lomond View Care Home was re-registered with the Care Inspectorate on 17 April 2023 to provide 24 hour care and support for up to 50 people. The service is provided by Holmes Care Group Scotland Ltd.

## About the inspection

This was an unannounced inspection which took place on 06 June 2023. The inspection was carried out by four 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 10 members of staff and management
- spoke with 14 residents and six of their relatives
- reviewed training records
- reviewed medication administration/audit systems
- reviewed support plans
- observed staff practice
- reviewed documents.

## Key messages

- The service had gone through a period of managerial instability and the newly appointed manager gave their assurance the necessary improvements would be made.
- We saw some very kind interactions between staff and the people they care for and support.
- People's care plans did not always reflect their needs, wishes or choices.
- Staff learning, development and support required improvement.
- People needed to be supported more to spend their days in ways that were meaningful to them.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Improvements are necessary in order to ensure good outcomes.

Permanent staff knew people well and people had confidence in the care they provided. One person said, "we're very well cared for here" and another expressed great faith in their main carer. However, the home was using many agency staff and people were aware of the impact this had on their care. Although permanent staff were working hard to ensure consistent care, they had additional duties to support new and agency staff. This created a pressure on time. One person living in the home said, "they're run off their feet", another said "you're never talking to someone and getting their full attention". People commented on the inconsistent standard of care that they received by saying "I know quickly if they're (agency staff) going to be good or not".

People should get the most out of life and make decisions and choices about how they spend their time. Some people were well supported to continue accessing the local community and maintain their independence within the home. A new activities coordinator had very recently been employed but was not yet established in the role. Staffing issues meant that care staff were not always in a position to spend additional time with people beyond the basic care tasks. There were limited opportunities for many people to engage in meaningful activity throughout the day. See area for improvement (1).

Families felt that communication from the service could improve. Although issues were generally resolved, they felt that the service could be more proactive in providing information.

Mealtimes were calm and well organised, with most people reporting that they enjoyed the food provided. There were missed opportunities for interactions and limited chances for people to maintain their skills and independence. Weights were being monitored, but not always at the frequency that had been recommended. The tool used to assess and risk manage weight was not always being used correctly. Although people were being supported with their nutritional needs, further development would ensure this was consistent across the whole home. See requirement (1) and area for improvement (2).

Medication management required further attention. The current process and system for recording medication did not support an efficient audit process. People could not be confident that medication was being managed to a consistently high standard.

Families had been involved in care planning and risk assessment. Some care plans held good detail about people's individual needs and wishes. Further development was required to ensure all care plans were of a consistent standard.

There were no formal methods for people to give feedback about service delivery. We encouraged the manager to begin gathering views and to take any necessary actions to ensure that people felt safe and well cared for. See area for improvement (3).

## Requirements

1. By 22 September 2023, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs
- b) ensure proper provision for appropriate and timely referrals to other healthcare professionals
- c) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met
- d) ensure accurate and consistent recording of people's food intake where appropriate and required.

This is to comply with Regulation 4(1)(a), (b) and Regulation 4(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: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

## Areas for improvement

1. To support the health, welfare and safety of people who use the service, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The provider should also consider people's use of outdoor space in a way that promotes independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

2. To promote people's nutritional health and promote wellbeing, the provider should regularly review:

- a) mealtime arrangements, and evidence effective staff engagement and support
- b) the promotion of independence during the mealtime experience.

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).

3. The provider should ensure that the people living in the service are fully consulted in a meaningful way in decisions about service delivery. The provider should use this consultation to inform any changes and to improve the wellbeing of people living there.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I can be meaningfully involved in how the organisation that supports and care for me work and develop' (HSCS 4.6).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question overall as adequate, where there were some strengths that impacted positively on outcomes for people. The recent appointment of a new manager has been taken into consideration and we recognised the service has yet to fully benefit from his management and leadership.

People should benefit from a culture of continuous improvement with robust quality assurance processes, ensuring people experience good outcomes. Managerial oversight of the service had been unstable in the previous months. Key areas of risk, including incidents and accidents, and in particular falls, were not analysed to identify trends or patterns. Post falls monitoring tools were often incomplete or missing and where risks were identified, appropriate action was not always taken to mitigate the risk. This meant people could be at higher risk of falling again. See requirement (1).

The lack of effective quality assurance systems meant we found increased risks to people, including nutrition, hydration, weight loss and pain management. Referrals to relevant health professionals were not always made and this also put people's health, safety and wellbeing at risk. The provider must ensure quality assurance processes drive improvement and improve people's outcomes and experiences. See requirement (2). We did recognise the new manager had put some systems in place to highlight areas for improvement, for example mealtime experience audits which had yet to have action plans developed to make the necessary improvements.

Staff reported their confidence in the new manager taking action if they identified any concerns. This meant they could challenge poor practice and protect the quality of outcomes experienced by people.

Staff meetings were taking place to keep them informed of any changes in service delivery. Minutes were kept for those who were unable to attend. We advised the manager to consider implementing systems to ensure all agency staff are informed of how to best meet people's needs when commencing shift.

People should be able to choose how and when they spend their money, with robust systems in place to keep their money safe. There was a lack of regular financial audits of people's monies kept on the premises. This meant if an error occurred, it would be hard to ascertain how and when it happened. The manager assured us this would be addressed. People did not have access to their money outwith office hours. This restricted people's choice and independence. See area for improvement (1).

## Requirements

1. By 22 September 2023 the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and protects them from harm. To do this, the provider must, at a minimum, ensure that:

a) staff understand their responsibilities in seeking medical advice or emergency assistance following a fall and adhere to this at all times

b) staff undertake a period of 72-hour post fall monitoring in line with their own procedure and maintain accurate records of this

c) staff review falls risk assessments following significant incidents or accidents and maintain accurate records of this and any changes to safeguarding measures.

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 states that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

2. By 22 September 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

a) ensuring appropriate and effective leadership of the service

b) implementing accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay

c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes

d) ensuring the current environmental improvement plan is adhered to, to improve the standard of living conditions for people receiving care and enhance their well-being.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

### Areas for improvement

1. In order to improve people's involvement in all decisions about their care and support, the service provider should ensure people have access to their monies at all times.

This to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.25).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question overall as adequate, where there were some strengths that impacted positively on outcomes for people. The recent appointment of a new manager has been taken into consideration and we recognised staffing has yet to fully benefit from his management and leadership.

Our observations were mostly positive; staff were visible throughout the home and responded quickly to people's support needs. We sampled staff rotas and spoke with staff. Most staff said that staffing levels had not improved. They spoke of their reliance on agency staff and felt that this had led to a lack of continuity across the service. Feedback from people living here reported their experience of care and support was impacted by current staffing arrangements. See area for improvement (1).

The manager aimed to provide continuity when requesting agency staff. We found staff worked well together and they reported improved morale under the new manager. Permanent staff provided a clear understanding of their role and responsibilities. This, in turn, informed their practice including their responsibilities to protect people from harm, neglect and abuse. Staff confirmed their e-learning included essential practice areas such as medication management, moving and assisting, and infection prevention and control. They valued training and confirmed face to face training sessions had been scheduled and had started. We found evidence of slippage with staff falling behind schedule with their e-learning and staff supervision had only recently been restarted. See area for improvement (2).

We found safer recruitment checks were carried out before people took up post. This helped protect people. The process of induction would benefit from a clear plan as to how this has resulted in competency and what further learning is required. Area for improvement (2) applies here.

Staff competence should be regularly assessed; the manager had identified re-establishing staff supervisions as an area for improvement. This would play an essential part in supporting good outcomes for people, by informing a training plan specific to the needs of people living in the service and enabling access to good practice guidance. Area for improvement (2) applies here.

### Areas for improvement

1. To promote continuity and stable care and support, the provider should ensure agency staff have the right skills, their deployment is well organised and practice well informed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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) and 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

2. To ensure service users experience a service with well trained staff, the provider should:

a) ensure staff receive regular supervision and appraisals

b) be able to evidence staff competency, learning and development needs are assessed, reviewed and addressed. This process should also reflect any period of induction and probation



c) ensure the training plan addresses slippage in mandatory, and refresher training.

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

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where there are some strengths, but these just outweigh weaknesses.

People should expect the environment to be clean, well maintained and accessible. The service has been purpose built and provides accessible communal and private areas, lift access and an accessible garden. Each bedroom has an ensuite bathroom allowing people convenient, private access. The design of the building allows people to walk freely within the space. The service was clean and tidy in most areas during this inspection.

There was a smell of urine within some areas of the service and some relatives told us this occurs often. See area for improvement (1). This was not always the most dignified environment for people to enjoy. Maintenance arrangements were in place. We did not identify any hazards to safety in the environment. Arrangements were clear and we saw evidence of maintenance issues being dealt with promptly. People could be assured that the environment would be maintained to a good standard. There was an improvement plan in place as a condition of registration, to be completed by 31 July 2023. We saw evidence of this being adhered to.

People should expect the service to provide support in an environment which promotes people's independence and ability to make choices. Key areas of performance needed improved. For example, the service did not actively promote people's independence. We saw no evidence of people being supported to undertake tasks or activities in a way that encouraged their existing capabilities. People's ability to make choices was limited throughout the day.

Independence was not supported during the dining experience. Although the service had made some attempts to allow people to access drinks throughout the day, they remained inaccessible to most people living in the service. There was a basic choice of meal option, however, no additional choices available. People were unable to access condiments or drinks independent of staff. This meant people's personal choice and independence was limited. The service had an improvement plan in place, however, people's views with regards to the setting in which they live were not captured. Engagement from people and their relatives was limited. This meant people's choice about their environment was limited. See area for improvement (2).

### Areas for improvement

1. To support people's wellbeing and dignity, the provider should ensure the premises are kept clean and free from offensive odours.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS) 5.18.

2. To support people's wellbeing and right to self-determination, the provider should ensure people's right to make choice is promoted by staff throughout the day. This includes, but is not limited to, mealtimes, meaningful activity and the physical environment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS) 2.2.

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question overall as adequate, where there were some strengths that impacted positively on outcomes for people. The recent appointment of a new manager has been taken into consideration and we recognised service had yet to fully benefit from their management and leadership.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people. Although, we saw some examples of personalised care planning, this was not consistent. Some care plans were difficult to navigate and identify the necessary information to support staff in providing the appropriate care for the individual. Some risk assessments and care plans were not being reviewed as regularly as they should be.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. The home had consent forms in place should there be any restrictions of movement placed on them, such as bedrails or movement alarms in their room. However, some of these were not signed by either the person receiving care or an advocate on their behalf.

Some risk assessments, for example eating and drinking, were generic and had no information relating to the person. This meant staff would not know how to best meet the person's needs. We also saw that in some instances people didn't have an end of life care plan in place. This meant staff wouldn't know what the person's choices and preferences are for end of life care. We found some omissions and errors in the care plans, risk assessments and monitoring tools relating to people's nutrition and fluid needs. This is addressed in more detail in the 'How well do we support people's wellbeing' section of this report.

We noted that care plan reviews lacked effective evaluation. Therefore, necessary changes to the care people required were not made. We were not confident that people's needs were accurately assessed or reviewed. In some cases, people who commenced the service in the recent months had insufficient information in their care plans to inform staff of how best to meet their needs. The provider must ensure people's needs are assessed and reviewed on a regular basis by trained, competent staff. The methods used to assess and review people's needs must evidence how conclusions and outcomes were reached (see requirement 1).

The home was in the process of changing over to new care plans. We advised the manager to ensure staff received effective training on how to complete these accurately. He assured us this was being addressed.

## Requirements

1. By 22 September 2023 , the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

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 to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes people's independence	3 - Adequate

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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