

# 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:**  
28 May 2024

**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 en-suite 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 follow up inspection which took place on 22 and 23 May 2024. 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 eight people using the service and five of their families
- Spoke with twelve staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- Staff and people they supported appeared to have good relationships. We saw kind and caring interactions between them.
- People were being consulted more about their support and their environment.
- People were receiving better support to spend their days in ways that were meaningful to them. The service needs to build on this progress.
- A new leadership team were in place and identifying ways to improve the service. This included using quality assurance systems to drive forward improvements.
- People's care plans needed to be improved and evaluated, to ensure people receive the care and support they need.
- Medication management needed to improve.

## How good is our leadership?

A requirement was made at the previous inspection relating to leadership and management.

Although, progress was being made, the service required more time to make the necessary improvements (see 'what the service has done to meet any requirements we made at or since the last inspection').

A new leadership team had been employed in May 2024. They were in the process of getting to know residents, families and staff as well as gaining an overview of how the service was performing. A range of audits were being carried out in order to establish what was working well and where improvements were needed.

An initial improvement plan had been implemented, of areas for improvement being addressed.

An amended leadership requirement is made.

### Requirements

1. By 11 August 2024, 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 that staff have the skills, knowledge and training suitable to meet the needs of service users and the service has an overview of this.

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, 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 19 April 2024, the provider must protect the health and welfare of those who use the service. In particular, you must ensure people experience safe, competent and effective support with medication.

In order to achieve this, you must:

- a) Ensure that medication is held securely at all times.
- b) Ensure suitably detailed protocols are in place, to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b) (welfare of users) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This requirement was made on 21 February 2024.**

#### Action taken on previous requirement

Medication was being stored securely and this helped to keep vulnerable people safe.

We examined a sample of medication records. Work had been undertaken to update protocols for as required medication. However, these were not in place for all as required medication and there were instances where the protocols were incomplete or needed more information, to guide staff how to provide the medications safely.

We found other aspects of medication management that needed to be improved. This included some out of stock medication and safe record keeping.

This requirement is not fully met and remained in place with an extended timescale of 11 August 2024.

**Not met**

## Requirement 2

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).

**This requirement was made on 20 June 2023.**

### Action taken on previous requirement

People were now being supported safely with their nutritional needs. They were being assessed at the agreed intervals to monitor their nutritional status. Where people were assessed as needing their weight taken weekly this was happening and if a referral was needed to another health professional this was done. Where there were concerns about people's food and fluid intake this was now being monitored effectively. The records were fully completed and staff were sharing this information at each handover.

These steps demonstrated that people were now being supported safely with their nutritional needs.

Whilst the practices we observed gave confidence that staff were monitoring people well, the service had no overview of individual staff awareness, skills or knowledge of people's nutritional needs. This will be incorporated in an amended leadership requirement.

### Met - outwith timescales

## Requirement 3

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)

**This requirement was made on 20 June 2023.**

#### Action taken on previous requirement

This requirement was made as a result of a previous inspection activity, between June 2023 and February 2024. It was made because post falls monitoring tools were often incomplete or missing and, where risks were identified, appropriate action was not always taken to mitigate the risk.

At this inspection, staff understood their responsibilities to seek medical advice or emergency assistance following falls. Accident records showed where needed assistance had been sought.

Some but not all falls risk assessments had been reviewed following significant incidents or accidents. This is important to ensure that any required change to a person's support is considered.

Staff were not carrying out post falls monitoring in line with their own procedures. It is important to monitor for any changes in a person's presentation following a fall as a person's health can deteriorate.

This requirement is not fully met and remained in place with an extended timescale of 11 August 2024.

#### Not met

### Requirement 4

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).

**This requirement was made on 20 June 2023.**

### Action taken on previous requirement

This requirement was made as a result of a previous inspection activity between June 2023 and 2024. It was made because key areas of risk, including incidents and accidents, in particular falls, pain management, nutrition, staff training and care planning.

The service had a new leadership team in post at the time of this inspection. The manager had been in post for approximately three weeks and was in the process of getting to know people - residents, staff and families.

The home manager and operations manager identified that there had been limited progress since the last inspection and were taking steps to address this.

A range of audits were being carried out to establish a base line of the service's performance.

We found at the inspection in February 2024, that the environmental action plan in place as a condition of the re-registration had been satisfactorily completed.

An amended requirement is made under 'How good is our leadership?'.  
**Met - outwith timescales**

## Requirement 5

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).

**This requirement was made on 20 June 2023.**

#### Action taken on previous requirement

This requirement was made as a result of a previous inspection activity, between June 2023 and 2024.

The leadership team recognised and had identified that care documentation continued to need improvement, to ensure that staff had up to date and adequate guidance available to ensure they could support people as well as possible.

We found that care plans were not as person centred as they should be and that individual care plan reviews were not being used to evaluate the effectiveness of care being provided. This is important to ensure people are being supported safely.

As described in requirement two progress had been made to ensure that people were being assessed and monitored effectively in relation to their nutritional health.

This requirement is not fully met and remained in place with an extended timescale of 11 August 2024.

**Not met**

### Requirement 6

By 22 September 2023, the provider must ensure that service users receive care that meets their health and wellbeing needs. Pain management processes must be improved. To do this, the provider must, at a minimum:

- a) Ensure all staff understand their responsibilities in recognising, reporting, and acting upon any signs, symptoms, or expressions of pain in line with their role and professional codes of conduct.
- b) Ensure staff understand, and can demonstrate in practice, their role in effectively assessing pain using recognised pain assessment tools.
- c) Ensure that medication management systems are effective in assuring prescribed medication is in stock, and available for use.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

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 requirement was made on 17 July 2023.**

### Action taken on previous requirement

Most staff we spoke with understood their responsibilities in reporting and acting on the signs and symptoms and expressions of pain and their responsibility to report this to senior staff. However, whilst we found at the last inspection that more training had been delivered to staff we continued to have concerns that the management could not be confident that staff had the skills and knowledge to effectively assess people's pain because there was no overview of how many staff had completed the training or reflective accounts. Two staff told us that they had completed pain management training booklets but had received no feedback on how they completed these.

Pain assessment tools were available for use where a person was thought to be in pain but could not express this verbally.

Although, as required medication protocols had been updated these did not always give accurate guidance for staff in the use of some as required pain relieving medications, and some people were prescribed more than one medication for pain. This meant there was a risk of people not getting the best treatment for them at the right time.

Also, there was no evidence in care, or medication records, that any evaluation of the effectiveness of pain relief given, had been carried out. This is essential to ensure that people remain as pain free as possible.

Whilst the majority of medication was in stock, we found instances of out of stock medication for up to three days. It is important to promote people's health that their medication is available at all times.

This requirement is not fully met and remained in place with an extended timescale of 11 August 2024.

**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

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).

**This area for improvement was made on 20 June 2023.**

#### Action taken since then

A range of activities and events were supported by the activity co-ordinator. These activities were varied and enjoyed by people living at the home. These included outings to the local village and further afield. Support with the local community was being implemented - this included visits from a group of local babies and toddlers. This had been enjoyed by people.

The service continued to seek an additional co-ordinator to enable a wider range of activities across days, evenings and weekends. Written records of activities were now being kept and this helped to evaluate the success of activities for forward planning.

This area for improvement remains in place.

## 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).

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.