

# Finavon Court Care Home Care Home Service

Blair Avenue  
Glenrothes  
KY7 4UG

Telephone: 01592 773 033

**Type of inspection:**  
Unannounced

**Completed on:**  
19 February 2025

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

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000096



## About the service

Finavon Court Care Home is registered to provide residential care to 24 older people. The care service is based in a purpose built, single storey building and is owned by Holmes Care Group Scotland Ltd. The home is located in Glenrothes and has easy access to local amenities. The home provides accommodation in 24 single ensuite rooms which incorporate an area with a small fridge and provision for a kettle if wished. There are a number of pleasant, communal areas as well as an attractive enclosed garden. There were 24 people living there during our inspection.

## About the inspection

This was an unannounced inspection which took place over 06 and 19 February 2025. The inspection was conducted 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 9 people using the service and 4 of their family/friends
- spoke with 5 members of staff and management
- gained the views of 3 visiting professionals, 14 staff, 4 relatives and 3 service users via the Care Inspectorate's questionnaires
- observed practice and daily life
- reviewed documents.



## Key messages

- People benefitted from a strong, core staff team who knew them well.
- People were included in decisions about service delivery.
- The support people required to ensure they could spend their days in ways meaningful to them needed to be improved.
- The home had a very calm, relaxed and friendly atmosphere which people told us they really appreciated and enjoyed.
- Visiting relatives we spoke with said staff were very kind and approachable.

## 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 staff team?	5 - Very 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 overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Our observations concluded that people were supported and cared for in a very kind and compassionate way. It was clear there were well-established relationships between staff and the people they supported. This was reflected in the comments we received from people receiving the service and their relatives/ friends, for example "This is the best place for him, we are very impressed. I think it's excellent. The staff are always so nice and welcoming when we visit, and we visit every week. His room is lovely, and he has his fridge. Thinking of signing ourselves in", "He has been here for three weeks, and they have been fantastic. We don't live here, and they have phoned us all the time telling us how he is getting on. If we can't get dad on the phone, we just call the home, and they tell him we are trying to call him; and update us with anything at the same time. They have made a very horrible, hard time so much easier. They came to see us the day before dad came in and got all his details, they explained the care plan and we did it together. You hear all those stories about care homes, but I can't believe we have been this lucky to find Finavon for dad. His room is lovely, and we have all his own stuff in it. Every time we are in, they ask us if we want a drink or something to eat. It's just great to know he is happy, and safe", and "I have a kettle and fridge in my room, and they still always ask me if I want tea and coffee. I always get my medication on time and and I get my laundry washed and ironed; it's great. The staff are great; they see to me every morning; we get on well together and we always have a laugh".

Staff we spoke to were aware of their roles and responsibilities in relation to safeguarding people. They described confidently what they would do if they had concerns. Systems were in place for safeguarding people's finances, which they could access at any time.

People benefited from efficient health care assessments carried out by knowledgeable, competent support staff. People had access to a variety of healthcare professionals to offer a comprehensive approach to their health and wellbeing. Risks to people such as falls and choking were assessed, and mitigated and reviewed on a regular basis to meet people's changing needs.

Personal plans were person-centred, reflecting people's needs, wishes and choices which promoted holistic care and support for people. Plans provided the detailed information and guidance staff required to deliver safe, consistent and effective care and support. Personal plans were reviewed regularly with the person and their family, so we were assured that people's current needs continued to be assessed and met. An area for improvement relating to end of life care plans was made at the last inspection (please see the 'what the service has done to meet any areas for improvement we made at or since the last inspection' section of this report). During this inspection we saw these were in place for everyone. We discussed with the manager the benefit of further improving them by adding more information on people's individuals likes and dislikes. We were confident these improvements would be made.

Medication records showed that administration was well managed, which supported people's health. Internal medication audits confirmed this, with any errors being identified and addressed quickly. 'As required' medication was monitored, with the effects recorded to enable thorough evaluation. There appeared to be no overuse of these. Regular medication reviews were carried out and we were confident people were getting the right medication at the right time.



People should be supported to spend their time in ways that are meaningful and purposeful for them. People were supported to attend the hairdresser every week, attend namaste and reiki sessions, and go to local shops every day for their newspaper/goods. An area for improvement relating to meaningful connection was made at the last inspection (please see the 'what the service has done to meet any areas for improvement we made at or since the last inspection' section of this report). During this inspection people told us they enjoyed the activities, entertainment and outings on offer. However, the activities coordinator only worked four days per week and staff told us they did not have time to plan and deliver organised activities in their absence. People living in the service told us that these times could be boring.

Individual activity records were in place but needed to be improved. There was little evidence of evaluation to ascertain whether or not the activities on offer were still meaningful to people. The manager agreed with our findings and stated improvements would be made. This area for improvement had not been met and remains in place.

We observed people's mealtime experiences and found them to be very relaxed and unhurried. People were supported to make their own choices with the aid of pictorial menus. Those requiring alternative diets received them in a very discreet way. People were very complimentary about the meals and snacks and told us "The food is very good; they had a beef dinner on Sunday and I wasn't keen, the cook asked me if I wanted something else, so I had an omelette; it was lovely", and "We are fed very well and get plenty to eat and drink. If I want more, I just ask for it and get it". People's nutritional health status was monitored and assessed regularly, with input sought from the dietician when needed.

We had no concerns about the infection prevention and control (IPC) practices in the home. It was clean and clutter free throughout. We saw staff wearing protective clothing and handwashing when appropriate. The ancillary staff were knowledgeable about which cleaning products to use, and when. The manager carried out regular audits to ensure cleaning schedules were being adhered to, to minimise the risk of spread of infection.

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation places a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected. We were informed the provider has developed a staff wellbeing forum, with one staff member from each care home to act as spokesperson/advocate for others. This should provide staff throughout the organisation with a good level of inclusion and support. Staff did have access to an external counselling service. Although the manager was aware of the new legislation, she had not shared this with staff. We signposted her to relevant materials and were confident this would be addressed.



We were confident robust recruitment procedures were in place; this promoted maximum safety for people using the service. New staff benefitted from a comprehensive induction and regular reviews were carried out during their initial employment period. This ensured they were being supported to develop the necessary skills, knowledge and abilities to meet people's needs and help them achieve positive outcomes. Staff were assessed as competent by their line manager/supervisor before being confirmed into post.

People receiving the service and the relatives we spoke with provided very positive feedback about the management and staff team, who they found to be approachable and supportive. Comments included "He came in last week and they have been fantastic. They have made a very horrible, hard time so much easier", "Staff are very kind, excellent", and "The staff are great; they see to me every morning; we get on well together and we always have a laugh" .

Staff confirmed they had access to a range of training online. The manager had a very good overview of staff training and ensured it was kept up to date. On the day of the inspection the organisation's mandatory training had been completed by 86-89% of staff (depending on the topic), and none were outwith the expiry date. Staff also received additional training around specific needs of the people they supported, for example Parkinson's Disease, wound management, psychology workshops, and diabetes training. This helped them deliver a high quality of support to people. Staff's ability to transfer learning into practice was assessed by practice observations. This gave the manager an opportunity to ensure people's needs were being met and identify areas for improvement relating to staff's skills, knowledge and abilities.

Staff turnover was very low in the care home. Staff we spoke with told us they were happy in their roles and felt valued and supported. They were confident that any issues or concerns they raised would be addressed. Staff retention rates had a positive impact on people's outcomes and experiences as it provided consistency of care and support. Staff had access to regular supervision with their line manager, and team meetings. The manager used a dependency tool to determine how many staff were required on each shift to meet people's needs. She regularly shared and explained this with staff to give them a good understanding of service needs and delivery. Additional wellbeing resources, for instance external counselling and support services, were also provided for staff.

Staff were supported to undertake Scottish Vocational Qualifications at the level appropriate to their role. Completion of these qualifications were required to enable staff to continue to be registered with the Scottish Social Services Council (SSSC). Systems were in place to track staff's registration with the SSSC, which ensured their fitness to provide care and support for people.



## 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 people to get the most out of life the provider should:

- a) ensure people are supported to spend their time in ways that are meaningful and purposeful for them
- b) assess people's level of engagement and understanding to enable staff to support people living with a cognitive impairment to have access to activities that are appropriate to their needs
- c) evaluate and continually review people's engagement
- d) update support plans to reflect above points.

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 26 July 2023.**

#### Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because there was a lack of relevant activities for some people with more complex needs, such as dementia. We observed some missed opportunities from staff to support people's independence and meaningful engagement.

During this inspection people told us they enjoyed the activities, entertainment and outings on offer. However, the activities coordinator only worked four days per week and staff told us they did not have time to plan and deliver organised activities in her absence. People living in the service told us that these times could be boring.

Individual activity records were in place but needed to be improved. There was little evidence of evaluation to ascertain whether or not the activities on offer were still meaningful to people. The manager agreed with our findings and stated improvements would be made.

**This area for improvement has not been met.**

#### Previous area for improvement 2

To support people's wellbeing, the provider should ensure that anticipatory and end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met should they become unwell.

This is to ensure care and support is consistent with the 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 1.5).



**This area for improvement was made on 26 July 2023.**

## Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because some support plans required greater detail relating to anticipatory and end of life care. They did not always document a person's wishes as to how they want their care to be delivered should their health deteriorate. This could impact on staff being able to deliver the right care at the right time for people.

During this inspection we saw all care plans had an anticipatory care plan (APC) in place. These contained important information such as who to contact if the person's health deteriorates, preferred funeral directors, and where the person would prefer to spend their last days. We discussed with the manager the benefit of further improving some care plans by adding more personal information on people's likes and dislikes. For example in relation to food, drink, preferred TV and/or music genres. We were confident these improvements would be made.

**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](http://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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good



## 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.