

# 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:**  
19 February 2025

**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.

The service is provided by Holmes Care Group Scotland Ltd.

## About the inspection

This service was subject to an Improvement Notice which was issued on 10 October 2024. All required improvements have been met. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This was an unannounced inspection which took place on 18 and 19 February 2025. The inspection was carried out by two 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 two people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

All required improvements had been met.  
Quality assurance processes had improved and were effective.  
Documentation and processes around falls management had improved.  
Medication management was more robust.  
A staff training plan was in place and being completed.  
Care plans generally contained adequate detail to guide staff practice.

## 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 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

This service was subject to an Improvement Notice that was issued on 10 October 2024. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Systems and processes for falls management had improved. Staff were aware of the paperwork which they should complete and who they should inform after each incident. Paperwork was being completed correctly and in a timely manner. Paperwork had been standardised and previous documents completely removed from use. This promoted a consistent approach and simplified the audit and oversight process. An additional document had been created in order to provide the manager with a tool to ensure that all actions had been taken. The manager was able to monitor standards of practice in documentation via this system.

Medication management had improved. Staff were aware of the responsibilities associated with their role and were completing these consistently. The service had undertaken a clinical governance meeting to focus on medication and a number of audits and oversights had helped to identify areas for improvement. Actions had been taken to provide these improvements. The protocols for 'as required' medication contained more detail and provided a clearer guide for staff practice. This promoted a more consistent and safer approach. Some aspects of practice continued to need development to ensure that all staff, including agency staff, were completing documents to the same standard.

As a result of meeting the required improvements, and the resulting improvement in practice, this key question will be re-graded to 'adequate'. This applies where there are some strengths which just outweigh weaknesses. Improvements must be made by building on strengths whilst addressing elements which are not contributing to positive experiences for people.

### Areas for improvement

1. To support people's health and wellbeing, and ensure medication administration is as accurate as possible, the service should ensure that quality assurance processes continue to identify, and action, areas for improvement.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

## How good is our leadership?

## 3 - Adequate

This service was subject to an Improvement Notice that was issued on 10 October 2024. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

A number of audits and overviews were conducted on a regular basis. Audits were effective in identifying improvements and areas for change. Where actions had been identified there was a clear process to identify the person responsible for the completion of the task and the expected timescale. Positive change could be clearly seen as a result of information collected during audits and the subsequent actions taken. Some further documentation of completed actions would ensure that the management team were fully confident that all actions had been taken. An area for improvement is made. See area for improvement 1.

As a result of meeting the required improvements, and the resulting improvement in practice, this key question will be regraded to 'adequate'. This applies where there are some strengths which just outweigh weaknesses. Improvements must be made by building on strengths whilst addressing elements which are not contributing to positive experiences for people.

### Areas for improvement

1. The provider should ensure that when audit and overview have identified areas for improvement there is a clear process to ensure that all required tasks are completed. The correct people should be involved and included in audit processes, with clear communication and direction provided.

This is to ensure that care and support is consistent with 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)

### How good is our staff team?

### 3 - Adequate

This service was subject to an Improvement Notice that was issued on 10 October 2024. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

A staff training plan had been developed and delivered. Significant improvements had been made to the completion rates for both mandatory and additional training. Staff were confident that they had the skills to look after the people in their care. Further development of the training plan would ensure that staff's individual training needs were addressed more specifically. An area for improvement is made. See area for improvement 1.

Supervisions and appraisals were both planned and completed. Staff had been able to identify training needs and communicate these to their seniors during these meetings.

A variety of observations of practice and competency checks were used to monitor staff skill. These were both announced and unannounced. Staff received immediate feedback in order to address any concerns or acknowledge good practice.

As a result of meeting the required improvements, and the resulting improvement in practice, this key question will be regraded to 'adequate'. This applies where there are some strengths which just outweigh weaknesses. Improvements must be made by building on strengths whilst addressing elements which are not contributing to positive experiences for people.

### Areas for improvement

1. . To support good outcomes for people the provider should ensure staff access training appropriate to their role and their learning needs. They should then be able to evidence how they apply this learning to practice, promoting better experiences for those receiving care.

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' (HSCS 3.14).

## How well is our care and support planned?

## 3 - Adequate

This service was subject to an Improvement Notice that was issued on 10 October 2024. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Risks to people's wellbeing had been identified and recorded in their care plans. Where actions could be taken to reduce risk, these were outlined and detailed in associated action plans. People's needs were being monitored regularly. Monthly summaries of needs were included in each plan and care plans were changed accordingly. There was clinical oversight of people's health and wellbeing needs which included wound care, falls management and nutrition management. Staff were clear on the individual plans for managing people's stress and distress. Staff were confident that they had easy access to care plans and that these were legible.

Further development was necessary to ensure that plans are of a consistent standard and that key areas are covered in good detail. A requirement is made. See requirement 1.

As a result of meeting the required improvements, and the resulting improvement in practice, this key question will be regraded to 'adequate'. This applies where there are some strengths which just outweigh weaknesses. Improvements must be made by building on strengths whilst addressing elements which are not contributing to positive experiences for people.

### Requirements

1. By 5 May 2025 the provider must ensure that individuals' personal plans clearly set out how their health, welfare and safety needs are to be managed and met.

In order to do this, the provider must ensure that:

- a) Personal plans and care records reflect a responsive and person-centred approach.
- b) The quality and accuracy of records detailing the management of healthcare needs are consistent across all plans, with particular attention paid to those plans which outline care for stress and distress and the end of life period.
- c) The management team use their quality and audit systems to monitor and improve practices.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(1) - Personal Plans and in order to ensure care and support is consistent with Health and Social Care Standards 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)

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 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).

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

#### Action taken on previous requirement

Care planning was included in the Improvement Notice which is now met. Further development with care planning has been included in a new requirement set at the most recent inspection (please see key question 5).

Any outstanding elements of the above requirement have been incorporated into the new requirement.

#### Met - outwith timescales

## Requirement 2

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

There have been no further concerns about pain management during the monitoring visits and inspections which were part of the Improvement Notice. The issues regarding medication have been incorporated into one of the required improvements and are no longer of concern.

**Met - outwith timescales**

## Requirement 3

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).

**This requirement was made on 18 June 2024.**

#### Action taken on previous requirement

This requirement was incorporated into one of the required improvements of the improvement notice. This requirement is not met.

**Met - outwith timescales**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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

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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