

# Lynedoch House Care Home Service

Inverclyde Association For Mental Health  
4 Lynedoch Street  
Greenock  
PA15 4AA

Telephone: 01475 729 196

**Type of inspection:**  
Unannounced

**Completed on:**  
27 March 2025

**Service provided by:**  
Inverclyde Association For Mental  
Health

**Service provider number:**  
SP2003000217

**Service no:**  
CS2003001094

## About the service

Lynedoch House is registered to provide a care home service to a maximum of nine adults who experience mental health problems. The provider is Inverclyde Association for Mental Health.

Lynedoch House operates from a Victorian style mansion, spread over a number of levels and is set within its own grounds. The property has been maintained to a high standard and comprises of nine single bedrooms, shared bathrooms, a shared kitchen, communal areas and outdoor space.

At the time of the inspection, 9 people were living in Lynedoch House. The registered manager was supported by a depute manager, senior support worker and a team of support workers.

## About the inspection

This was an unannounced inspection which took place on 21, 22, 24 and 26 March 2025, between the hours of 09:00 and 20:30. 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 two of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals linked to the service
- explored 6 electronic questionnaires

## Key messages

- Management and staff knew people well and were good at building positive relationships with people and their families.
- People experienced compassionate, respectful, and person-centred care and support.
- Support from a stable staff team meant people could build positive, trusting and caring relationships with their carers.
- To keep people safe recording and oversight of support with finances requires to improve.
- Service management require to ensure staff training is up-to-date and relevant learning and development opportunities offered.
- Support plans and risk assessments did not always guide staff on people's current support needs.
- The management team should continue to develop and utilise effective quality assurance processes to support the ongoing improvement of key aspects of the service.

## 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?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very Good
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 overall as adequate, where strengths only just outweighed weaknesses. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People experienced respectful, attentive and compassionate care. Through observations and discussions, it was clear that staff and management had developed strong, trusting relationships with the people they support. The staff team's stability played a key role in this, allowing them to build meaningful connections. A relative shared with us "Support is great, all the staff know x really well. Staff are so nice. If I was worried, I would bring x home to live with me. X sees Lynedoch House as their home, even when they visit me, after a couple of hours they want to go home".

People and their families spoke highly of the difference the support had made to their daily lives, indicating the positive impact of the service. A person supported shared "I was really unwell when I moved in here, I feel so much better now although I still have a bit to go. Staff support has really helped me. I can now go out and meet my friends, go to one of the community groups and go out on walks"

People were supported to celebrate special events in ways that were individual to them. We observed an individual being supported to make a personalised card for their loved ones up and coming birthday. This promoted positive relationships and built confidence in the staff team.

People should be supported to get the most out of life, because staff have an enabling attitude and believe in their potential. There were some good examples of people being supported to maintain and develop their skills, which promoted their independence. However it is important that there is a consistent approach to recognition of strengths and working on developing these, across all people supported.

### **(Please see area for improvement 1)**

Staff had worked alongside people to develop connections and access activities within their local community to promote wellbeing and support good mental health. For some people their week was very active and varied, based on their personal preferences. A person told us "I go out a few times a week, to the music club with a couple of the other guys, into town for juice and donuts and in the summer is looking forward to hiring a bus and going on a trip to Largs or somewhere, which we usually do".

The healthcare needs of people were managed by the staff team. Staff accessed a range of health care professionals for advice and support when required. External professionals informed us that the service was responsive to their advice and guidance, which had a positive impact on people's health needs.

Medication support plans were in place, giving clear guidance in relation to support to be provided, highlighting what people were able to do for themselves. We saw people being supported with their medication and being prompted effectively to take this safely. For medication that is prescribed as required, clearer information should be detailed on when this should be given and support provided.

Relatives shared with us that staff had a good understanding of their loved ones needs, and that they were kept informed of any changes or concerns. This gave confidence in the support provided.

Several people were supported with their finances. There were concerns about practice and of the lack of recording procedures in place, to safeguard both people supported and staff. Where support is required with finances, there should be a clear plan detailing support to be provided, regular oversight from the management team and full recordings of money in, out and balance. Where staff have responsibility for dealing with the finances evidence of spending should be retained.

**(Please see requirement 1)**

## Requirements

1. By 29 April 2025, in order to protect people, the provider should ensure effective support planning and recording in relation to managing peoples finances.

This should include but not be limited to:-

- a. a clear finance support plan being in place where support is provided with finances
- b. clear recording in relation to finances, with receipts available for spending which staff have responsibility for
- c. regular auditing process to ensure the safe handling of finances, which adheres to organisational policy.
- d. ensure appropriate legal powers are in place to enable agreed support to be provided.

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 the Health and Social Care Standards (HSCS) which states that:

"Any treatment or intervention that I experience is safe and effective.." (HSC 1.24)

## Areas for improvement

1. The provider should ensure the service is exploring opportunities to increase people's independence and develop their daily living skills. People should be supported, encouraged and enabled to make choices which impact on their day to day lives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 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. Improvements were required, to ensure that people's experiences and outcomes were consistently positive.

People should benefit from a culture of continuous improvement. There was an improvement plan in place, which demonstrated an understanding of areas of development. This could be improved further with clear steps of how the improvements will be achieved and measured. This would ensure progress was tracked and that changes were achieving the desired outcomes.

Whilst the service had quality assurance processes in place, these were not always being utilised to identify and action improvements. As the management team know the service well there was a number of informal processes in place, which would benefit from being formalised. For quality assurance processes to be effective the service requires a clear and structured plan of what is required, when and by who.

## **(Please see area for improvement 1)**

There were a number of audits currently being carried out. However, these were not being fully recorded. Audit formats should be developed to ensure they detail the quality assurance checks that are being undertaken, to improve the quality of the experience for people. All audits should have a clear action plan with the intended outcome, whose responsible, required dates and signed off when completed.

## **(Please see area for improvement 1)**

Senior staff were conducting regular checks of case note recordings. This provided an effective mechanism for tracking the support being delivered, identifying any required actions, and ensuring the management team had a comprehensive understanding of the service. This ensured that any necessary actions were promptly identified and acted upon.

People should have the opportunity to give regular feedback on how they experience care and support, with the organisation using learning from this to improve. Questionnaires were regularly sent to people and their relatives, with comments gathered and collated by the management team. Feedback overall was very positive. To develop confidence that feedback was being heard outcomes and resultant actions should be shared with relevant others.

There was minimal incidents recorded, which appeared to be reflective of the stability of the service. An overview of key incidents such as medication errors was collated and reviewed on a quarterly basis. This improved the management teams understanding of themes and areas that required attention.

All staff were appropriately registered with their regulatory body either Scottish Social Services Council or Nursing and Midwifery Council.

## **Areas for improvement**

1. To further the improvement journey, the provider should continue to develop and embed their quality assurance system.

This should include but not be limited to:-

- a. quality audits and action plans including finance, care planning and medication being fit for purpose, completed regularly and ensuring they lead to the necessary action to achieve improvements without delay
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service and
- c. senior staff having a clear understanding of their role and responsibility with regards quality assurance activities.

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People can expect to have confidence in their staff team, because they are trained, competent and skilled. Whilst specific training was being sourced each year, there was no clear plan outlining mandatory and additional training, with expected timescales. The provision of core training across the staff team was not consistent, with several staff not yet having completed adult support and protection or mental health training. To ensure training is effective in equipping staff to carry out their role safely it would be beneficial to encourage reflections following training detailing what was learned and how this would be applied in practice.

#### (Please see requirement 1)

Regular supervision and team meetings were in place. This gave the opportunity for staff to discuss their role, workload, feedback from people and observations then action planning for the period ahead. These were good development opportunities giving staff the opportunity to reflect on their practice and link with colleagues.

Observations of staff practice were in place, exploring several areas. These included clear feedback to staff on what has been observed. This gave management confidence in the staff team. Where there had been areas for development identified, details should be recorded of follow up actions required, to ensure the expected improvements have been made.

People should experience a warm atmosphere because people have good working relationships. Staff shared that they feel they work well together as part of the team and support each other as and when needed. There was recognition of the skills brought to the team by each member of staff, which were celebrated and appreciated. The management team was seen as approachable and capable of addressing issues promptly and effectively as they arose. This contributed to a supportive work environment.

People's needs should be met by the right number of people. Staff felt they had sufficient time to complete

tasks without feeling rushed. Observations confirmed that support was delivered in a calm, unrushed manner, which positively impacted peoples experiences.

Support was allocated by senior staff each morning, which was managed flexibly throughout the day to meet peoples needs. Support should be adaptable to meet peoples needs, however, there requires to be clear information detailing people's assessed needs, preferences for support and how this matches with staffing planned on a daily and weekly basis. Whilst we were assured that there was enough staff over the course of the week to meet people's needs, there was no transparent staffing assessment available.

## **(Please see area for improvement 1)**

Staff surveys regarding health and wellbeing were conducted. Results were collated effectively with the manager noting additional comments and questions, which were then discussed with the team. This demonstrated engagement with staff feedback and a proactive approach to addressing concerns.

## **Requirements**

1. By 1 July 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles. To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role
- b) maintain an accurate record of all staff training, including refresher training
- c) implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

## **Areas for improvement**

1. To ensure that peoples care and support needs are met, the provider should ensure staffing arrangements are safe and effective.

To do this, the provider should at a minimum, ensure:

- a. staffing assessment and planning is transparent
- b. regular staffing assessments and planning are based on current guidance and take



into account a variety of meaningful measurements, including people's assessed needs and support preferences

c. staff deployment and skills mix are based on people's outcomes and needs.

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

'My needs are met by the right number of people' (HSCS 3.15).

## How good is our setting?

## 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.

People should expect their environment to be relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. The home was clean, tidy, and had a welcoming atmosphere.

Communal areas were freshly decorated, with people being involved in choosing the decor. Bedrooms were well-kept, personalised and of a good standard, contributing to a homely feel. While the bedrooms did not have en-suite facilities, there were four toilets, 3 showers and a bath available spread across each of the floors. The manager acknowledged that this was not ideal, however there was no space available within the bedrooms to accommodate toilets. People did not feel their experience living in Lynedoch House was impacted by this.

People should have an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been adapted for high quality care and support. Space was used effectively, with well designed outdoor and communal areas which allowed people to spend time either on their own or with their peers in a comfortable environment. There is unrestricted access to the kitchen, where people can make drinks and snacks.

Indoors, this included a bright and airy conservatory, lounge and pool room. The multi-functional garden was a key feature, offering unrestricted access to people. Many spent time outdoors either at the smoking shelter, dealing with their laundry, or socialising with their peers. This use of the garden contributed positively to people's well-being.

An Infection Prevention and Control (IPC) champion was in place, overseeing IPC practices across the building, ensuring standards were maintained. Cleaning schedules were in place and followed, with clear records showing what needed to be done and when. The communal areas were consistently clean, tidy, and well-maintained, which reflected good attention to cleanliness.

External maintenance, including fire safety equipment checks and assessments, was managed effectively, with actions identified addressed promptly.

Internal maintenance checks were conducted regularly, including weekly fire safety checks. Senior staff carried out monthly room audits, detailing that the rooms were generally well-maintained. It is important where issues are identified, there are identified actions and follow up checks carried out to ensure the ongoing safety of people.

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. With the exception of medication support plans there were no other support plans in place detailing peoples strengths and guiding staff on how support should be provided. From observations and discussions with the staff team we were assured that staff had a knowledge of people's needs and were able to engage and support people with dignity and respect. Staff knew people well which may lessen the reliance on support plans. However, a lack of information within support plans may cause confusion, in relation to the consistency of support and ensuring people's needs are fully met.

Risk assessments were in place, detailing a brief overview of identified risks. For some people, these could have been more in-depth, giving guidance on how to provide support to minimise risks.

Support reviews were carried out regularly, providing thorough updates on peoples progress and planning for the upcoming period, ensuring support remained appropriate. This demonstrated the knowledge of staff and management.

To ensure support plans are effective in directing care and support, clear guidance should be developed for staff on the expectations of the care planning process. Documentation should be streamlined to include a clear support plan that reflects the person's needs and how these are to be met with relevant risk assessments.

**(Please see requirement 1)**

### Requirements

1. By 1 July 2025 the provider should ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time.

This should include at a minimum:-

- a. each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach
- b. they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c. they contain accurate and up to date risk assessments, which direct staff on current/potential risks and risk management strategies to minimise risks identified
- d. they are regularly reviewed and up dated with involvement from relatives and relevant others.

This is to comply with Regulation 5(2)(b) (Personal plans) 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:

"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)

## 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	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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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## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

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