

## Fernlea Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 April 2025

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

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000071

## About the service

Fernlea House is a care home for older people situated in a residential area of Cardenden. The service is provided by Holmes Care Group Scotland Ltd.

It is close to local transport links, shops and community services. The service provides residential care for up to 36 people. It is set within its own landscaped gardens and grounds, which are easily accessed and have seated areas for people's use. There is adequate parking. All communal areas, catering and laundry services are on the lower level; a lift serves the upper floor.

## About the inspection

This was an unannounced inspection which took place on 23 April 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 six people using the service. Two residents and a further three family members shared their views with us via a customer service questionnaire
- spoke with nine staff and management. Thirteen staff shared their views with us via a customer service questionnaire
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- A range of audits were taking place to monitor standards of care.
- We found good oversight of people's daily care needs.
- Training access and oversight had improved.
- Staff within the service were knowledgeable about people who had specific nutritional needs.
- Medication management had improved.

## 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

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

Section 'What the service has done to meet any requirements made at or since the last inspection' details improvements the service had made to management of medication and a previously made requirement has now been met.

An area for improvement has been made to ensure accurate and safe recording of any medications not administered as prescribed. The service must ensure that omissions are clearly recorded within the E-Mar system and support accurate records of stock control.

An evaluation of 'adequate' remains in place. This means we identified strengths, but these only just outweighs the weaknesses.

### Areas for improvement

1. In order to promote people's health and welfare, the provider should ensure medication administration records clearly recorded where medication has not been administered, why this decision has been made and by whom. This should then accurately be reflected in medication stock recordings.

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).

**How good is our leadership?****3 - Adequate**

Section 'What the service has done to meet any requirements made at or since the last inspection' details improvements the service had made to use of effective quality assurance to support safety and wellbeing, and a previously made requirement has now been met.

An area for improvement has been made to promote people using the service being involved in quality assurance processes, giving feedback and evaluating their experience of care.

An evaluation of 'adequate' remains in place. This means we identified strengths, but these only just outweighs the weaknesses.

**Areas for improvement**

1. To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

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

### Requirements

#### Requirement 1

By 17 January 2025 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, This includes following health professionals guidance.
- b) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met
- c) ensure accurate and consistent recording of people's food and fluid intake where appropriate and required.
- d) ensure that meals where required are checked for safe temperatures.
- e) ensure that care plans are fully up to date and reflect peoples needs, wishes and preferences.

This is 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 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 not met and timescales extended to 21 April 2025.

**This requirement was made on 28 November 2024.**

#### Action taken on previous requirement

Staff within the service were knowledgeable about people who had specific nutritional needs and were able to reflect on changing needs over time. Care plans evidenced a good understanding of people's individual circumstances and gave clear guidance about the ways in which people should be supported with their nutrition. Information was also clearly available to catering staff, who were also knowledgeable and well informed. Food temperatures were being regularly checked and recorded to promote food safety. Observation showed good communication between care and catering staff to ensure that people's needs were met.

Evidence showed that referrals were made to the relevant professionals and that their advice was clearly documented within care plan notes. This gave reassurance that people were being supported by the multi-disciplinary team and that staff were aware of when expert advice should be sought.

Food and fluid charts were kept consistently and accurately, and some good analysis of fluid intake was shown. Further consideration could be given to the way in which information from nutritional charts contributes to care planning and delivery.

People's food preferences were well recorded on admission to the service and a number of further opportunities to give feedback were in place. Consultation with the chef had taken place at the weekly coffee mornings and a daily meal feedback sheet was being used by care staff to gather views at the point of service. We were confident that people had the opportunity to express their views and that these helped to inform future decisions about their meals.

This requirement is now met.

### Met - within timescales

## Requirement 2

By 17 January 2025 the provider must protect the health and welfare of those who use the service. In particular, you must ensure people receiving care experience safe, competent, and effective support with medication. In order to achieve this, you must at a minimum:

- a) Ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine.
- b) Ensure that as required medication protocols are accurate and any steps to be taken prior to given an as required medication are clearly recorded and followed. This must include recording the outcome of using the medication and taking any follow up necessary.
- c) Ensure that controlled medications are safely stored, accurately monitored and that any discrepancies are fully investigated.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was not met and timescales extended to 21 April 2025.

**This requirement was made on 28 November 2024.**

### Action taken on previous requirement

We found appropriate storage and recordings were in place for controlled drugs. We found no discrepancies in the controlled drugs counts recorded.

We carried out a sample audit of medication and E-Mar system. Overall, the recording and dispensing of medications had improved. We found some minor counting errors and were able to determine this was likely a system recording error due to the person being asleep at the time of the medications being required. We have therefore made an area for improvement to support the service in accurately recording any interruptions to normal medication administration. This ensures that medication administration practice remains safe and in line with best practice guidance. See section 'How well do we support people's wellbeing?'.

Significant efforts had been made to improve the level of guidance recorded within as required medication protocols. We found these to be detailed and clear.

This requirement is now met.

## Met - within timescales

### Requirement 3

By 17 January 2025, 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.

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 not met and timescales extended to 21 April 2025.

**This requirement was made on 28 November 2024.**

### Action taken on previous requirement

Evidence showed a range of audits taking place to monitor standards of care across the service. These audits showed promotion of best practice and had been successful in identifying areas for improvement, as well as good practice. Flash meetings were taking place multiple times per week. We discussed the benefit of having these daily, to ensure a consistent monitoring was in place to manage people's acute care needs. These flash meetings, along with care audits, evidenced good oversight of falls, wounds, mealtime experiences and food and fluid intake.



Most audits clearly evidenced actions and follow up, to ensure identified improvements had been made. There were some examples of external audits where action plans and follow ups had not been clearly recorded. We were confident, however, that the manager of the service had taken forward any suggested improvements and made improvements, as required.

We saw good managerial oversight and presence within the service. Staff told us the manager had an open-door policy and was approachable at any time. One commented "We have a new manager, and the place is running much better." Time was being taken to upskill senior members of staff. The service informed us of recent recruitment of a deputy manager. We were satisfied that there was appropriate leadership within the service.

Gathering feedback from people experiencing care is key to helping the service to evaluate if they are successfully meeting people's outcomes. We found the providers quality assurance systems were missing opportunities for people to give feedback on the service they receive. This helps to ensure that the care given, meets people's needs, wishes and outcomes. See area for improvement generated in section 'How good is our leadership?'. Implementation of a service level development plan would also drive further improvements and help them to measure success. This feedback was given to the service.

This requirement is now met.

### Met - within timescales

#### Requirement 4

By 17 January 2025, the provider must ensure that all staff have had training relevant to their role to ensure people receive the right support. Particular attention should be given to the areas of nutritional care and medication management.

To do this the provider must, at a minimum:

- a) ensure that staff receive appropriate training;
- b) ensure that staff practice is observed and evaluated; and
- c) ensure an ongoing training plan is in place.

This is in order to comply with regulations 4 (1)(a)(Welfare of Service 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 state that 'I have confidence in people because they are trained, competent and skilled, able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14)

This requirement was not met and timescales extended to 21 April 2025.

**This requirement was made on 28 November 2024.**

#### Action taken on previous requirement

The service had undertaken steps to address issues with staff training and most staff had completed all mandatory training to date. The manager was aware of staff who were not at the required level and was taking clear action to support them. A pathway of support, then both informal and formal action was in place to ensure compliance.

Most staff had recently completed specific nutritional training, and this was being provided for the whole staff team. The manager recognised the need for all staff to be aware of people's nutrition and hydration needs and be able to contribute safely to their care. A training plan was in place to ensure that mandatory training remained up to date and that specific additional training could be provided. The manager was able to give examples of additional training being provided for staff who had identified their own training or confidence needs. This showed a supportive and responsive approach to staff development. Ongoing attention will be required to ensure that both new and existing medicators within the service have up to date medication training and competency checks. This will help to provide a consistent approach to the electronic medication management system.

Observations of practice had been undertaken by members of the service's quality team and also by external professionals. These had been used to provide an opportunity to discuss practice and identify any areas for future development. Staff had been given immediate feedback and the opportunity to explore their strengths and weaknesses. This showed a positive approach to staff development, celebrating strengths and working constructively to improve standards.

This requirement is now met.

**Met - within timescales**

## 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 promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded and evaluated on a regular basis. This should include ensuring enough time for staff to spend meaningfully with supported people.

This is to ensure that care and support is consistent with 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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS2.22).

**This area for improvement was made on 28 November 2024.**

#### Action taken since then

We saw very good planning and recording of the activities on offer and delivered within the service. Efforts were made to gather people's wishes, interests, and areas of enjoyment, which then informed planning.

We saw good recording of people's experiences and feedback was gathered after each event.

Staffing arrangements to facilitate engagement were adapted to meet the needs of people. This included having planned activities in the evening to support people who were distressed or "sundowning".

Area for improvement is MET.

#### Previous area for improvement 2

To support good outcomes for people the provider should consider the deployment of staff. Sufficient staff should be available to meet the full range of people's needs, including social and emotional needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) with state that 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 28 November 2024.**

#### Action taken since then

This area for improvement is a focused area as part of a complaint inspection and therefore was **NOT ASSESSED at this inspection and remains in place**. Improvement in this area will be evaluated at our next inspection.

## 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
1.3 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

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