

## Inspired breaks Care Home Service

Lower Flat  
Dunollie  
Windygates Road  
Leven  
KY8 4DP

Telephone: 07711727385

**Type of inspection:**  
Unannounced

**Completed on:**  
4 April 2025

**Service provided by:**  
Inspired Breaks Ltd

**Service provider number:**  
SP2023000189

**Service no:**  
CS2023000298

## About the service

Inspired Breaks was registered on 8 September 2023 and provides 24 hour residential care and support for up to five adults including older people accessing respite. There were three people living permanently in the home at the time of our inspection and people were also accessing respite.

The house is located in a residential area of Leven, has adequate on-site parking and there is good access to public transport, the town centre and social resources. The care home is privately owned by Inspired Breaks Limited.

The home provides a very pleasant environment supporting a domestic model of care. Accommodation consists of a two storey Victorian stone villa, with respite provided in the ground floor flat and long term care provided in the first floor flat. There are very good facilities, welcoming communal areas and well presented gardens.

## About the inspection

This was an unannounced inspection which took place 1 and 4 April 2025 and between 09:30 and 18:00. 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:

- spent time with three people using the service and spoke with six of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People continued to enjoy very good care and support.
- There was a very good staff team.
- There was sufficient evidence of improvement to meet an outstanding requirement.
- Service development and improving quality assurance was ongoing.
- People enjoyed very good facilities.

## 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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as Very Good, as the service continued to demonstrate major strengths in supporting positive outcomes for people.

Service provision reflected a domestic model of care. The provider had clear eligibility criteria in mind when assessing the suitability of the service for prospective service users and people's wellbeing and confidence were enhanced as the service promoted a person-centred approach to all aspects of care and support. People were encouraged to remain as active as they could be, including getting out and about and, were fully involved in making decisions. People clearly had every opportunity to have the day that they wanted as staff could accommodate short notice requests or any change in plans. Comments from relatives included, "It's second to none" and "We are really, really happy with Inspired Breaks". It was clear carers felt respite was essential in supporting them and in turn, their loved one to remain at home.

Record keeping had improved and we found they were now structured, well presented, detailed and person centred. They reflected people's needs and how they liked their care and support delivered. There were various risk assessments in place to monitor key aspects of someone's care such as, medication, weight or food and fluid intake. We saw evidence of timely referrals being made to other agencies in relation to people's health needs. Records reflected people's current needs. As a result, they could guide staff and support people's needs and choices. Care records could be further improved by including an evaluation of the outcomes experienced by people. (See Area for improvement 1 under section 'How well is our care and support planned?')

We found medication was managed well and systems allowed a flexible approach necessary to support person centred care and also maintain people's usual routine. We felt confident that people received the right medication at the right time and that any issues had been properly managed. We found one episode of record keeping that required clarification but where immediate action was taken to investigate and action taken to provide assurance. A review of systems in place to support the management and administration of medication should be carried out to ensure best practice and mitigate risk. **(See Area for improvement 1)**

The flats were clean, fresh and very well maintained. People protected by good food hygiene, housekeeping and infection prevention and control. Staff provided a good account of how they had responded to a recent outbreak.

There was very good provision of food and drink and, where people who had been at risk of weight loss, were recovering and thriving. Where any health risks had been identified, staff were alert to changes and could respond effectively. People were central to the planning, shopping and preparation of food and these were used as an opportunity to build skills and independence. Meals were enjoyed in an unhurried, relaxed atmosphere.

It is important that people experience warm, nurturing relationships with the staff who support them. We observed numerous examples of kind, compassionate and warm interactions. All staff clearly knew residents and their families well and communicated effectively. This meant any areas for improvement could be highlighted and acted on. We were confident that people were being treated with dignity and respect. They were supported to get the most out of life, they enjoyed meaningful days even if they chose not to venture out. Staff were held in high regard because they demonstrated their knowledge and were welcoming. Relatives told us they felt listened to and involved in all decisions made regarding their loved ones. There comments included, "it means a lot that there is a stable staff team" and "they have a good rapport with all of us". As a result, families of people accessing respite and long term care, felt confident and reassured that their loved one was, "well looked after".

### Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that medication is managed in line with the policy of the service. Accurate records of supplies and administration of medication, including topical and as required medication, should always be kept. Medication Administration Records should also be assessed as part of any review of medication management.

This is in order 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' (HSCS 1.24).

### How good is our leadership?

4 - Good

People should have confidence in management and leadership because quality assurance supports improvements in all aspects of the service. We evaluated this key question as Good, as the service demonstrates major strengths in supporting positive outcomes for people.

Management and staff clearly demonstrated the principles behind the Health and Social Care Standards, which meant people experienced a positive climate of care where they felt listened to and could influence day to day decisions. This also helped mitigate the risk of people feeling isolated or being distressed. We found staff continually monitored people's experiences to ensure that as far as possible, people are provided with the right care and support in the right place to meet their needs and wishes.

Staff described having access to a raft of e-learning, good communication, teamwork and support in terms of leadership and resources. They reported feeling confident in raising any issues or concerns. Staff reported feeling well supported because management were approachable and communication was effective. Staff told us they felt confident giving feedback and voicing their opinion and that they benefitted from support and guidance in regard to their training and development. They felt well informed and kept up to date with changes. This meant there was a responsive approach to staff development, the delivery of care and a good awareness of risks or training needs. There was appropriate systems in place to manage concerns and complaints. All of which supported an atmosphere of openness where lessons could be learned and result in improvement and/or risk management.

The provider had a clear understanding about what is working well and what improvements were needed. There were systems in place to monitor service delivery and measure performance against their expected standards, policies and procedures. The provider's quality assurance could be further enhanced by using the information gathered to evidence how changes made have contributed to service development and improved outcomes for people. **(See Area for improvement 1)**

Since the service had opened, there had been few significant events that would have required notification to the Care Inspectorate. Discussion with the service provider identified that although records of accidents, incidents and complaints were maintained, there had been some slippage in submitting notifications. Notification of significant events is an important factor in providing for the health, welfare and safety of people using care services. **(See Area for improvement 2)**

There was strong effective leadership and management knew people in their care, relatives and staff very well. Relatives reported their confidence in management and provided examples of their involvement in planning care and support and effective action taken to address incidents where things have gone wrong. Their comments included, "We would not hesitate to speak to any of the staff if we had a concern" and "Staff and management are very approachable".

## Areas for improvement

1.  
To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, evidence high quality care and sustain improvements across all aspects of the service the provider should:
  - a) Develop their quality assurance policy and systems to reflect self-evaluation and improvement planning.
  - b) Ensure quality assurance processes are developed and effective in identifying areas for improvement.
  - c) Where areas for improvement are identified they should contribute development/improvement plan for the service.

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).

2. The provider should ensure appropriate and timely referrals and notifications are made to relevant agencies and individuals, including all significant events, as detailed in the Care Inspectorate's document 'Records that all services (except childminders) must keep and guidance on notification reporting', are notified to the Care Inspectorate.

This is in order 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?****5 - Very Good**

We found significant strengths in aspects of staffing and how these supported positive outcomes for people, therefore we evaluated this key question as Very Good.

Detailed recruitment checks were undertaken to ensure staff were recruited safely and continued to remain suitable for working with people.

Staff told us they felt valued, it was a good place to work and the provider was described as approachable and supportive. We found the right number of staff with the right skills present, because the provider understood the needs and wishes of people living here, accessing respite and their families.

Relatives told us staff were hospitable and approachable, which made it easy to raise any issues. People described staff as being, "great" and that they felt "happy" about getting out and about or staying at home. One relative described extra staff being available to ensure their loved one received appropriate care and support.

We sampled the duty rosters and found staffing took into account people's assessed care and support needs. We observed effective contingency measures in place to mitigate the risks associated with short notice absence. There was evidence of staffing being responsive to change and where more staff were needed in order to support planned activities or where someone required one to one support. Staffing levels and deployment took into consideration of the layout of the home and the demands of the day to day routine as well as the assessed care and support needs of those living in the home. Evidence of this approach could be used to develop a more systematic approach to assess service user dependency. **(See Area for improvement 1)**

We found staffing arrangements allowed for more than just basic care needs to be met. Staff were motivated to ensure people got the most out of their time. We found staff had time to provide compassionate care and engage meaningfully with people, which meant they could choose how to spend their day. Staff were deployed effectively, which meant routines and schedules could be maintained while still accommodating, "spur of the moment" activity. Staff were experienced and confident in their day to day job.

We observed good team working over the course of the inspection. Staff were confident in their roles and this contributed to a positive atmosphere within the home. They described how they were able to work as a team. We found staff were motivated and maintained good relations with people and their families.

Staff told us that communication was good, the management team were supportive and responsive of any concerns or issues raised. Staff received supervision and were supported to attend a mixture of online and in person training which they valued. Staff told us they felt confident because they were trained and supported by management to fulfil their role and responsibilities.

**Areas for improvement**

1. The provider should consider developing a dependency rating tool to inform ongoing staffing levels within the service.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are supported by the right number of people' (HSCS 3.15).

## How good is our setting?

### 5 - Very Good

We evaluated this key question as Very Good, as the significant strengths outweighed any areas for improvement.

People should benefit from high quality facilities which support their outcomes. We found the accommodation had been equipped and decorated to a very high standard. The service was homely and welcoming. The service benefitted from bright spaces with plenty of natural light.

Each flat had a separate dining room, kitchen and lounge for people's use and which was seen to promote independence. Each flat had a simple layout which allowed people to easily orientate themselves. Bedrooms were spacious and had well appointed ensuite shower facilities. A large shared bathroom was also available. The flats were clean, tidy and very well looked after, with no evidence of intrusive noise or smells. There is a large secure garden to the rear of the property. Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively.

The home had a relaxed, welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed spending time in the shared lounge/dining areas, whilst others preferred to be in their own rooms.

We found the overall environment was of a very good standard of upkeep which helped to ensure people could enjoy a pleasant setting. There were regular audits and checks carried out relating to the environment and upkeep of equipment. The service was clean and fresh. There was a domestic model of care and good standards of housekeeping and infection prevention and control. This meant people could be kept safe within a very homely environment.

Equipment was well maintained, with servicing and safety checks being carried out at planned intervals. This helped to ensure people were safe.

## How well is our care and support planned?

### 4 - Good

We evaluated this key question overall as Good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. The involvement of family in planning care and support was clearly an asset here.

Assessment and personal planning should reflect people's needs and wishes. We found that care plans held a good level of detail with which to guide care. Plans were clearly individualised and had involved people and their families in their development. Plans sampled included a section describing the person in detail, which meant staff could familiarise themselves with people's lives, hobbies and interests. This provided an important background to care and in identifying what a good day would look like for people.

Although we found medication was managed well, the provider should review systems in place to support management and administration record keeping to ensure best practice and mitigate risk. (Area for improvement recorded under key question 1 applies)



Overall, risk assessments to assess people's care needs were carried out and used to inform the support plan. We found care records contained sufficient detail to guide staff in delivering day to day care and it was clear they had been a priority in terms of improving the standard of record keeping. They were well presented and structured. Entries were legible and up to date. We identified record keeping could be further improved in terms of evidencing the evaluation of outcomes experienced by people as part of the review process.

The process in place to support good record keeping for people accessing respite presented an opportunity to enhance care plan audit and evaluate the quality of outcomes people experienced. This was discussed with management as a chance to evidence quality assurance, develop staff's evaluative writing for all service users and reflect their person centred approach to all aspects of service delivery. **(See Area for improvement 1)**

### Areas for improvement

1. To ensure support plans reflect effective and responsive care, the provider should ensure the way records are reviewed, audited and/or prepared for someone's return, reflects an evaluation of the effectiveness of the care and support delivered and outcomes experienced, during the period of time being examined.

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

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

### Requirements

#### Requirement 1

By 25 November 2024, the provider must ensure service user's health, safety and well-being needs are met and that service users experience a service with well trained staff.

In order to do this, the provider must as a minimum evidence:

- a) safer recruitment checks have been completed
- b) staff have clear roles and responsibilities
- c) staff training is up to date and competency checks are carried out
- d) formal procedures are in place to guide staff practice.

This is to comply with regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(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:

'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); and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

**This requirement was made on 31 October 2024.**

#### Action taken on previous requirement

This requirement was made on 31 October 2024. At our follow up inspection on 10 January 2025 we extended timescale to 4 April 2025. This was to allow time for record keeping to improve and the ongoing review of policy documents.

Only one new member of staff had been recruited since our last inspection with one other in progress. We found safer recruitment checks were in place.

All record keeping had improved and provided sufficient evidence to provide assurance about all aspects of service delivery. The process of reviewing and updating policies had been completed.

We found good oversight of staff training and competency. Staff had been provided with job descriptions and contracts. They were experienced and confident about their roles and responsibilities.

We have recorded areas for improvement under Key Question 2 to guide ongoing service improvement but recognise the progress made in ensuring people are protected and staff have the guidance and support needed to maintain very good outcomes for people accessing this service.

**Met - within timescales**

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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