

## Leys Park Care Home Care Home Service

Leys Park Road  
Dunfermline  
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**Type of inspection:**  
Unannounced

**Completed on:**  
2 May 2025

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Service no:**  
CS2004085047

## About the service

Leys Park is a care home for older people situated in a residential area of Dunfermline, Fife. It is close to local transport links, shops, and community services. The service is registered to provide care for up to 66 people.

The home has accommodation over two floors. The ground floor has a large dining room, two lounges and an activities room. The first floor is split into two separate units. At the time of inspection only one unit was in use. The other unit was closed for refurbishment. There is a passenger lift providing access to and from the lower floor.

The service has an enclosed garden area.

## About the inspection

This was an unannounced inspection which took place on 29 and 30 May 2025. The inspection was carried out by 3 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 8 people using the service and 4 of their relatives
- spoke with 7 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

People benefitted from positive working relationships with external health professionals

Managers were committed to ongoing improvement

The staff team was increasingly consistent

People benefitted from recently refurbished bedrooms and ensuite facilities

Personal support plans were regularly reviewed and reflective of people's support needs

## 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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - 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?

## 4 - Good

People should expect to receive support which benefits their health and wellbeing. We evaluated this key question as 'good', where there were a number of strengths which clearly benefitted people's health and wellbeing.

Feedback from people and their relatives was positive. Comments from relatives included staff being 'very supportive' and feeling well informed about any changes to their relative's health.

We spoke with external professionals who told us they had positive working relationships with staff and managers. Feedback from professionals included that staff knew people well and communication as good. The service made prompt referrals to others when required. People could be confident the service recognised the importance of building relationships. As a result, people benefitted from a multi-disciplinary approach towards support.

We sampled records associated with the administration of medication. We were reassured people were receiving the right medication at the right time. People could be confident medication was being managed effectively.

We sampled records, including personal plans and quality assurance systems. Where people experienced weight loss this was being monitored and managed effectively. Where people experienced a deterioration in their skin, including wounds these were treated timeously. Changes to people's health were regularly monitored. People could be confident staff recognised changes to physical health and implemented plans to support them.

Where appropriate the service utilised assistive technology. People benefitted from access to call bells. Where call bells were not appropriate and there were identified risks, other assistive technology was considered. Where restrictions were implemented, assessment of risk was undertaken and necessary consents were in place.

Where people have been assessed for and provided with their own slings they should expect them to be used only for them. We received mixed messages from staff about whether slings were being shared between people. We observed moving and handling practice where individual slings were not used. We saw slings which were not clearly labelled and were being stored in areas of the service the person did not live. Where slings are shared there is an increased risk of spread of infection and unsafe moving practices. We could not be confident separate slings were being used for each individual. As a result, we made an area for improvement (**see area for improvement 1**).

Feedback about the quality and choice of food was varied. Most people told us they enjoyed the meals, however some told us it was not always the best quality. We observed mealtimes, where people were offered choice at point of service. Kitchen staff had good oversight of individual dietary requirements and modified diets. We suggested the service continue gather feedback from people and use this to inform future improvement planning. We made an area for improvement (**see area for improvement 2 under key question 2**).

The home was clean and tidy. We observed staff utilising personal protective equipment (PPE) and washing their hands regularly. We observed staff encouraging people living in the service to wash their hands before mealtimes. Domestic staff told us they had access to necessary resources to allow them to maintain standards of cleanliness throughout the service. As a result, people could be confident the risk of infection was being minimised.

We visited people's bedrooms. Bedding including pillows, sheets and duvets would have benefitted from replacement. People should expect products to be of a good standard. The service should ensure they monitor the quality of bedding and replace items which have become significantly worn. Standards of quality should be maintained to a good standard to promote dignity and wellbeing. As a result, we made an area for improvement (**see area for improvement 2**).

### Areas for improvement

1. To support the health, welfare and safety of people who use the service the provider should ensure slings are clearly named and used for the individual they were assessed for.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).**

2. To promote dignity and comfort people should be provided with good quality bedding. Where bedding has become significantly worn this should be replaced.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21).**

## How good is our leadership?

## 4 - Good

We evaluated this key question as 'good', where there were several important strengths with some areas for development. Managers should effectively lead staff to support best practice and ongoing improvement.

We spoke with staff who told us they felt well supported by managers who 'listened' to them. Regular supervision was taking place. Staff benefitted from group supervision sessions where team learning needs were identified and addressed. We found examples of managers celebrating good practice and highlighting areas for improvement. As a result, people could feel confident staff were being well supported and encouraged to develop their skills.

Team meetings were taking place each quarter. Whilst it was positive that meetings were taking place, minutes did not reflect discussions in line with The Health and Social Care Standards (HSCS). We asked managers to review team meeting minutes to ensure they accurately reflect discussions. It is important that minutes are written in a way staff can understand and which demonstrate positive values, supporting good practice. As a result we made an area for improvement (**see area for improvement 1**).

Managers led daily meetings with a representative from each of the staff teams including the senior care assistant, head housekeeper, kitchen staff and maintenance. This daily forum should support information sharing across the staff team, improving oversight of potential risk. Whilst records demonstrated clear managerial oversight of the running of the service, this information was not shared with or discussed between staff. We suggested the service review the purpose of daily meetings and consider how information is shared across the whole staff team (**see area for improvement 1**).

Managers communicated with each other regularly. There were clear records of weekly meetings which included oversight of key aspects of the service. Managers had good oversight of people's health and wellbeing. Records were updated weekly and any resulting actions recorded. Again, managers had clear oversight of accidents and incidents. Managers were prompt to record, evaluate and report any incident. Feedback from external professionals was that the quality of information shared was good and appropriate referrals were made. As a result, people could be confident managers would monitor changes to and promote their health and wellbeing.

We sampled records of compliments and complaints. Managers demonstrated good handling of complaints. Complaints were recognised, recorded, evaluated and outcomes shared with relevant persons. Relatives told us they felt any complaint they raised would be dealt with promptly and professionally. People and relatives could be confident that managers would take steps to improve practice where complaints had been made.

Feedback from external professionals was positive. All professionals we spoke with said managers were approachable, available and committed to ongoing improvement. There was a service improvement plan in place. However this was not clearly linked to feedback from stakeholders. We suggested the service review its improvement plan to include how feedback from people would inform future improvement. As a result we made an area for improvement (**see area for improvement 2**).

## Areas for improvement

1. In order to promote ongoing improvement managers should effectively lead information sharing across the staff team. This should include leading discussions and ensuring written communication is reflective of these.

**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 is consistent and stable because people work together well" (HSCS, 3.19) .**

2. In order to support health and wellbeing the service should promote a culture of responsive and continuous improvement. In order to do this the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and used to inform improvement planning.

**This is to ensure that my care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) and "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).**

## How good is our staff team?

### 4 - Good

We evaluated this key question as 'good' where there were important strengths with some areas for improvement.

People should expect staff to be well recruited. People should expect staff who support them to have necessary pre-employment checks in place, including background checks. We sampled staff files and found some staff had begun their induction within the home prior to essential checks being in place. The service had a recorded risk assessment in place including that staff without all these checks would not lone work. We discussed how practical this was within the home and concluded actions within the risk assessments could not be effectively and consistently implemented. Managers agreed this was not best practice and any future candidates would not start working in the service until the necessary checks had been completed. We directed the service to safer recruitment guidance and made an area for improvement (**see area for improvement 1**).

We spoke with staff who told us the induction process prepared them for their role. Feedback was that new staff felt well supported by managers and other staff working in the service. Staff gave examples of how they were supported and felt able to ask questions where they were unsure.

Staff should work well together in appropriate numbers to support positive outcomes for people. We spoke with staff who worked during the day and at night. Staff told us they felt part of a good team. We observed staff working well together to support people and minimise risk. Managers allocated staff tasks throughout their shift to support effective deployment. Staff told us this generally worked well and they recognised the need to be flexible within this depending on the needs of people at the time.

We sampled staff rotas which evidenced consistent staffing levels both day and night. The service had not been relying on agency staff and utilised consistent bank staff. People and relatives told us there had been high levels of staff turnover, but this has settled more recently. Relatives felt staff knew them and their families well.

Managers used a dependency tool to support their assessment of staffing numbers. During our visits staffing levels appeared appropriate to maintain safety. We observed daily life at different times of the day and night. Whilst staffing levels were sufficient, they did not always allow for staff to respond to people's needs and wishes as promptly as we would expect. Feedback from staff about staffing numbers was variable. Some staff felt there were enough staff on shift whereas others felt additional staff would allow them to provide better support more promptly. We asked managers to consider how effective their process for assessing staff hours, skill mix, and deployment is to continuously enhance outcomes for people. As a result, we made an area for improvement (**see area for improvement 2**).



## Areas for improvement

1. In order to promote safety the provider should ensure staff are recruited safely, in line with safer recruitment guidance.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).**

2. In order to promote choice and wellbeing the provider should ensure systems used to assess staffing are regularly reviewed in line with people's needs and wishes.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.16) and "I am confident that people respond promptly, including when I ask for help" (HSCS, 3.17).**

## How good is our setting?

## 4 - Good

We evaluated this key question as 'good' where there were important strengths and some areas for development.

The provider had taken significant steps to improve facilities for people within the home. People benefitted from recently refurbished bedrooms and ensuite facilities. People, relatives and staff all told us the home was a more enjoyable place to be. Some people benefited from their own kitchen areas, including a fridge and facilities to make hot drinks. Relatives and people told us this made visiting more enjoyable and allowed families to visit for longer than they may have previously.

There had been some re-decoration of communal areas, including painting, new furnishings and art work. Further renovation was required to bring all areas of the service up to the same standard. The service had an environmental plan in place and will continue with renovations. People could feel confident the provider recognised the importance of ongoing improvement to the environment.

Managers had taken steps to involve people in the improvements to the environment. We found records of consultation with people about decoration. We found further examples of staff encouraging those with a specific interest to do some of their own artwork to display. People had personalised their bedrooms with their own furniture, ornaments and pictures. Relatives told us of the benefit of this in supporting positive transitions into the service. The service should continue to involve people in changes to the environment to ensure the home meets the needs of the people living in it.

We visited the garden space at the service. The garden is freely accessible for people living on the ground floor. We saw the same people regularly accessing the garden throughout our visits. However, access for others particularly those with cognitive impairments was limited, due to lack of signage. There is an outstanding improvement from a previous inspection which has not been met. See 'outstanding areas for improvement' section of this report for more details.

During our walk round the outside space, we identified some areas which posed a potential risk to people. We asked manager to ensure areas which pose a potential risk to people are locked and access restricted. As a result, we made an area for improvement (**see area or improvement 1**).

### Areas for improvement

1. In order to maintain safety and promote independence the provider should ensure the garden space is a safe area for people to use, including those with cognitive impairments.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is safe and secure" (HSCS 5.19) and "If I live in a care home I can use the private garden" (HSCS 5.25).**

**How well is our care and support planned?****4 - Good**

We evaluated this key question as 'good' where there were a number of important strengths.

People should expect their support plans to accurately reflect their support needs. Where appropriate, relatives and carers should be encouraged to be involved.

Support plans included detail provided by relatives about who and what was important to people. Where people had legal representatives we found necessary documentation included in plans. Reviews took place with people and/or their representatives. Relatives told us they felt well informed and involved in people's care and support.

We sampled personal plans which all included a good level of detail to support consistent care and support. As a result, people could feel confident staff had the necessary information to provide person centred care.

Managers were responsive to changes in care and support needs, including after accidents and/or incidents. Risk assessments were being regularly reviewed, updated and used to inform personal plans. As a result, people could feel confident steps were being taken to mitigate risks and enhance outcomes.

Families told us they felt involved in their relative's care and support. They told us they were listened to and their wishes respected. Relatives gave us examples of how they had been supported. Comments included managers 'always makes time for you' and 'amazing'.

The service should continue to review and develop support plans in line with best practice guidance.

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

### Requirements

#### Requirement 1

By 7th March 2025, the provider must ensure service users receive the care and support they need to achieve good health, wellbeing, and quality of life outcomes. To do this the provider must, at a minimum:

- a) Ensure personal plans provide clear and accurate detail to guide staff to provide consistent and safe care in line with people's assessed needs, planned care, and personal preferences and choices
- b) Ensure personal plans support staff to identify where an individual's health may be at risk and take appropriate actions to mitigate the risk of harm

This is to comply with Regulation 4(1)(a) and (d) (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 state that: My Personal plan (sometimes referred to as my 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).

This requirement was made on 13 December 2024.

#### Action taken on previous requirement

Since the last inspection managers had spent time developing personal plans. We sampled plans which included clear and accurate detail to guide staff to provide consistent care. We sampled various plans including continence care, personal care and nutrition/hydration. Where people's support needs had changed, these changes were reflected in plans. Where appropriate people, relatives and staff had been involved in developing plans to ensure people's wishes and preferences are known.

As a result this requirement was 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

The provider should develop their pre admission process to ensure managers have enough information to make an informed decision about whether they can safely support an individual, prior to them moving into the service.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS4.14) and 'I am in the right place to experience the care and support I need and want (HSCS 1.20)

This area for improvement was made on 13 December 2024.

#### Action taken since then

The service had supported several people to move into the home since the last inspection. People and their relatives told us this process of transition was positive, and they felt well supported.

We sampled preadmission assessments which included appropriate detail about individuals' care and support needs. We were satisfied the service took steps to assure they had enough information to make informed decisions about whether they could safely meet people's needs prior to admission.

As a result, this area for improvement was met.

#### Previous area for improvement 2

In order to ensure good outcomes for people experiencing care, continence care should be improved. When concerns are noted, the continence assessment and care plan should be revisited, to identify how improvements can be made to support people's dignity and respect.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 18 August 2023.

#### Action taken since then

We sampled continence assessments in individual support plans. These included appropriate detail about how the person should be supported, including any aids they may need. Direction was included for staff to encourage consistent support. Where there were other professionals involved their details were recorded. Support plans were being reviewed monthly and at other intervals where there was an identified need.

Staff recently received training in continence care. At the time of inspection, not all staff had received this training, but dates had been arranged to ensure all staff attended.

As a result, this area for improvement was met.

## Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the manager should make sure that people have a say in their assessments and care plans. Care plans should clearly reflect people's individual choices and preferences for personal care, with regular reviews being carried out to ensure needs are being met.

**This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.**

This area for improvement was made on 18 August 2023.

### Action taken since then

Support plans we sampled detailed individual's personal preferences. Plans included preferences with regards to personal care, eating and drinking and sleeping. We found details about who and what was important to people. All aspects of personal plans we sampled included some information about the individual's preference with regards to that aspect of care.

We sampled reviews where people's views were also included. Where the person receiving care was not present a reason for this was recorded. Reviews were being carried out at appropriate intervals including where any support needs changed.

People could feel confident their plans reflected their preferences and would be reviewed regularly.

As a result, this area for improvement was met.

## Previous area for improvement 4

To support the health, welfare and safety of people who use the service, the provider should ensure all staff receive regular supervision and appraisals which ensure their learning and development needs are assessed, reviewed, and addressed.

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

This area for improvement was made on 1 June 2023.

### Action taken since then

The manager kept oversight of staff supervision and appraisals. All staff had received supervision in the first quarter of the year. Staff told us they had received supervision.

Supervisions were scheduled to take place every 3 months. We sampled supervision records which evidenced conversations taking place between staff and the deputy manager. Records indicated these conversations were meaningful and staff learning needs were identified and discussed. Staff told us they felt well supported by the management team.

There was further evidence of group supervision sessions taking place in response to feedback regarding practice. A team learning need was identified and addressed via training and supervision.

**As a result this area for improvement was met.**

#### Previous area for improvement 5

In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).**

**This area for improvement was made on 1 June 2023.**

#### Action taken since then

The manager had taken some steps to promote independence for people. There was some signage, however this was minimal. The provider should develop signage and points of interest to support orientation and independence.

**As a result this area for improvement will be reassessed at the next inspection.**

## 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 leadership?	4 - Good
2.4 Staff are led well	4 - Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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
5.2 Carers, friends and family members are encouraged to be involved	4 - Good



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