

# Walton House Care Home Care Home Service

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Leven  
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**Type of inspection:**  
Unannounced

**Completed on:**  
24 April 2025

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

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000132

## About the service

Walton House Care Home is situated in Leven, close to local amenities and public transport links. Accommodation is provided over two floors of a converted building. All bedrooms are en-suite. The home benefits from a number of communal spaces and a small hairdressing salon. Enclosed garden grounds are accessible from the ground floor.

The Holmes Care Group Scotland Ltd was registered on 17 May 2023 to provide residential and nursing care at Walton House, for up to 40 people. There were 29 people living in the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 14, 15 and 16 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 five people using the service and five of their family and representatives
- spoke with thirteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

People were treated with warmth and respect.  
 There were some concerns about access to foodstuffs overnight.  
 Management and leadership required significant attention.  
 Staffing levels were adequate but staff training and support was insufficient.  
 The environment required some further attention.  
 Care plans sampled were of a good standard.

## 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?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses. Improvements must be made by building on strengths and addressing elements which are not contributing to positive outcomes.

Feedback about the care team was very positive. Relatives felt that their loved one was looked after by a caring team who knew people well. Care staff were described as "fantastic" and "loving". It was evident that staff were very loyal to the people they cared for and wanted to deliver care to a high standard. Some staff clearly had strong relationships with both the people they looked after and their families.

Staff were also conscious to maintain high standards of record keeping and were observed to keep charts and documents up to date and accurate. Where people had specific needs, staff were well aware of these and worked together to address them.

People living in the service reported that there was not always sufficient provision of foods in the evening and overnight. Options were limited and did not always meet their needs or preferences. Staff did not have access to the kitchen in order to address this issue when it occurred. This caused concern. A requirement is made. See requirement one.

Up to date information about people's nutritional needs was not held by the catering team. We could not be confident that modified diets were being correctly catered for. It is important for both safety and wellbeing that the correct diets are always provided. The manager shared the necessary information with the catering team during the course of the inspection. Further attention to audit and overviews would reduce the risk of this situation happening again. Please see key question two.

Care staff were alert to people's changing needs and were able to share concerns with the qualified nurse on duty. Some training had begun in order to enhance staff skills in spotting signs of change and deterioration, which was positive. A daily flash meeting identified individual health concerns and provided some reassurance that health needs were being promptly addressed. Further attention to the clinical oversight of the whole home would be beneficial. This would enable the management team to analyse trends and patterns which might be significant. A requirement is made. See requirement two.

Medication management within the service had improved. Changes had been made to various systems and processes in order to increase accuracy and consistency of practice. Oversight of medication was in place and those involved were aware of the further work to be completed. Some further work would ensure that the final elements requiring improvement are fully addressed. A previous area for improvement is not yet met. Please see 'What the service has done to meet areas for improvement made at, or since, the last inspection'.

### Requirements

1. By 14 July 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 of food and fluids throughout both day and night
- b) ensure that food and fluids are suitable for each individual and reflect their needs and wishes
- c) ensure that up to date information regarding people's nutritional needs is available to those involved in food preparation and delivery.

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).

2. By 14 July 2025, the provider must protect the health of people living in the service by having effective oversight of clinical risk.

To do this, the provider must, at a minimum, implement a system to monitor, and take any necessary action concerning, clinical risks. This should include, but is not limited to: food and fluids, weight loss, choking and stress and distress.

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

This is in order to ensure care and support is consistent with 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?

## 2 - Weak

We evaluated this key question as 'weak', where strengths can be identified but these are compromised by significant weaknesses. Improvement is required as a matter of priority.

Quality assurance and improvement should be led well, with leaders who are responsive to feedback and use learning to improve.

Although there were systems in place to monitor aspects of the service delivery, there was confusion and lack of clarity regarding roles and responsibilities within the team. This meant that, at times, processes were begun but not fully completed. There were limited planned improvements, and some systems were not fully effective. This reduced confidence in the service and caused concern.

Quality assurance audits and overviews were generally in place and being used by the service. These were not, however, fully effective in identifying issues. This meant that important aspects of people's nutritional care, the environment and elements of documentation were not at the standard we would expect. At times this put people at risk. A requirement is made. See requirement one.

All care services have an obligation to report significant events and certain accidents and incidents to the relevant professionals. Where there are concerns around people's safety these must be raised with the relevant agencies. We were not confident that this was always taking place as it should.

We asked the service to review recent accidents and incidents to ensure that all processes had been followed. A requirement is made. See requirement two.

Although we could see that there had been significant work towards improving some aspects of the service delivery, such as medication management, there were gaps in important managerial responsibilities such as staff supervision, training, appraisal and support. This meant that although the service benefitted from a caring and dedicated staff team, there had been a lack of attention to their support and development needs. Please see key question three for further detail.

## Requirements

1. By 14 July 2025 you must ensure that there are robust quality assurance systems in place to ensure that the health, safety and well-being needs of service users are met and they experience positive outcomes.

This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service at all times
- b) implementing accurate and up-to date audits for monitoring and checking the quality of 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 a continuous improvement plan evidences that the care and support provided meets the assessed needs of service users and that they experience positive outcomes on an ongoing basis.

This is in order 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 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).

2. By 14 July 2025, the provider must ensure they understand their roles and responsibilities in making required notifications to relevant bodies. This must include:

- a) ensuring appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to, adult protection referrals, health and social care partnership, police, and Care Inspectorate
- b) a clear system to ensure notifications are submitted within timescales, when the registered managed is not present and or during out of hours.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as 'adequate', where there are important strengths which just outweigh weaknesses. Improvements should be made by building on strengths whilst addressing elements which are not contributing to positive experiences and outcomes.

Staffing arrangements should be right, and staff should work together well.

We found that there were adequate staff on duty to provide support and meet people's health needs. Staff felt that they worked well together and supported each other during their shift. The service was in the process of recruiting some permanent nursing staff in order to reduce the reliance on agency nurses. This should ensure a more consistent approach and provide further clinical oversight of people's care.

Care staff were praised by relatives for their friendliness and the way that they welcomed visitors to the service. Staff were conscientious about their role and were working hard to meet people's needs.

Staff training completion was at a low level. This caused concern, especially when mandatory courses had not been completed. Many staff had struggled to access the online learning platform over a number of weeks. This situation had not been resolved despite escalation through the provider organisation. This caused concern. A requirement is made. See requirement one.

There was limited evidence that supervision meetings had taken place. These meetings would provide staff with the opportunity to receive constructive feedback, identify learning and development needs and become engaged in the improvement objectives of the service. There had also been slippage with team meetings, which would have provided another opportunity to engage with staff members. A previous area for improvement had not been met. Please see 'What the service has done to meet areas for improvement set at, or since, the last inspection'. A new area for improvement will be recorded. Please see area for improvement one.

## Requirements

1. By 14 July 2025, the provider must ensure that service users experience a service with well trained staff. In particular, you must ensure that staff complete all mandatory training and any other relevant training, where it is appropriate to the role performed by the staff member, to meet the assessed care and support needs of service users.

This must include, but is not limited to:

regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

This is to comply with regulations 3 and 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 remain 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. The provider should ensure that staff receive regular supervision, appraisal and support to 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 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).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as 'adequate', where there are important strengths which just outweigh weaknesses. Improvements should be made by building on strengths whilst addressing elements which are not contributing to positive experiences and outcomes.

The overall environment within the service was clean and fresh. Domestic staff were working hard to maintain standards. Some care staff also paid good attention to the presentation and cleanliness of the service.

There were issues, however, with some aspects of hygiene in one dinette area. Further issues around the environment, such as the condition of people's pillows and a broken curtain rail had not been promptly addressed. It was clear that environmental audits and managerial walkarounds were taking place, but these were not always identifying the issues of concern. We brought this to the attention of the manager at the time of the inspection. An area for improvement is made. See area for improvement one.

Some family members brought our attention to issues with the laundry service. A number of items had been damaged and, at times, the delays with items returning from the laundry meant that people were changed into night clothes at an earlier point in the day. This did not support people in the most dignified way. The manager was aware of the issues and recruitment was underway to ensure that the laundry was fully staffed with the correct personnel.

Further work to enhance the homeliness of the communal areas and reduce pinned papers and notices would create a positive change for the service.

## Areas for improvement

1. To support people's wellbeing, the provider should ensure systems are in place which identify maintenance and environmental issues and ensure that they are met promptly and are auditable. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

## How well is our care and support planned?

### 4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

The care plans which were sampled contained a good level of detail with which to guide care.

Plans were specific to the individual and gave a good outline of their needs and wishes.

Plans which detailed the care of people experiencing stress and distressed reactions were clear and gave information about potential triggers, as well as actions to take. Plans for care at the end of people's lives was also detailed and had clearly involved people and their loved ones in important decisions.

Charts to monitor fluid and nutritional intake were generally up to date and well completed. Staff were aware of the importance of these documents and made time to complete them promptly.

Some further work on the storage of documents would benefit the service.

## 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 support people's health and wellbeing and ensure medication management can provide assurance, the service should identify the reason why current systems do not consistently provide an accurate account of medication administered. 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).

This area for improvement was made on 23 May 2024.

**This area for improvement was made on 23 May 2024.**

#### Action taken since then

The service had made good progress towards achieving a more robust medication management system. A number of 'as required' protocols had been put in place and a great deal of attention had been paid to the clerking in of medication. Support and advice had been received from other professionals and put in place by the service. A small number of issues remained outstanding. The deputy manager was aware of the further work which was required and had plans to complete this.

This area for improvement is not met.

#### Previous area for improvement 2

To ensure service users experience a service with well trained staff, the provider should: Ensure staff receive regular supervision and appraisals. Evidence staff competency, learning and development needs are assessed, reviewed and addressed. This process should include formal observations of practice and reflect any period of induction and probation. Ensure the training plan addresses slippage in mandatory, and refresher training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 30 June 2023.

**This area for improvement was made on 30 June 2023.**

#### Action taken since then

The service continue to have issues with the completion of mandatory and other training. There had been limited staff supervisions sessions or appraisals. Team meetings and competency checks were also not evident. This area for improvement is not met and will be reflected in a requirement and area for improvement under key question three. Please see key question three for details.

## 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
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	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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