

## Flemington Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
8 May 2025

**Service provided by:**  
Flemington Care Home Limited

**Service provider number:**  
SP2011011539

**Service no:**  
CS2011285878

## About the service

Flemington Care Home provides a care home service for up to 74 older people and 16 adults aged between 16-65 years. The provider is Flemington Care Home Limited.

The home is split into five units with two on the ground floor, two on the first floor and one on the top floor. Each unit has their own living/dining and kitchen areas. All bedrooms have en-suite facilities including a wet floor shower. Double bedrooms can be made available to those who wish to share.

The ground floor has a cafe area which opens onto an external patio area and a secure garden. A lift provides access to the upper floors.

At the time of the inspection, there were 87 people supported at the service.

## About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 May 2025 between 07:15 and 17:15. The inspection was carried out by two inspectors and an inspection volunteer from the Care Inspectorate.

Our inspection volunteers are members of the public who have relevant lived experience of care either themselves or as a family carer. They speak to, and spend time with, people and families during inspections to ensure their views and experiences are reflected accurately in the inspection.

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 30 people supported by the service and 12 of their relatives
- spoke with 32 staff and management
- received feedback from one visiting professional
- observed practice and daily life
- reviewed documents
- reviewed three questionnaires returned to us.

## Key messages

- People benefited from positive relationships with staff who knew them well.
- People were cared for with dignity and respect.
- The range of activities provided helped benefit people's wellbeing.
- An improved quality assurance system is required to support continuous improvement within the service.
- Staff supervision needs to be improved to enable reflective practice.
- Refurbishment of the home was ongoing.
- People's personal plans needed to be accurate and updated.

## 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
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

We evaluated how well the service supported people's health and wellbeing. We concluded that this was adequate with some important strengths.

Staff engaged with residents in a warm and respectful way and were knowledgeable about the people they supported. People told us: "I am well looked after" and "Staff are nice." This meant people could be confident that staff were aware of important information needed to support them safely.

How people spend their day is important in maintaining people's physical and mental wellbeing. The service had four activity staff who supported people's involvement in the planned weekly and monthly activities and outings. The home benefited from having transport available to go out on trips in the community. We saw a range of activities taking place during our visit and people told us what they enjoyed. Individual activities took place for people cared for in bed and with people who are not always able to take part in group activities. Relatives told us about being able to see activities their relative took part in on the service's social media page and monthly newsletter.

Although the engagement between staff and people supported was respectful and warm, we observed, at times, a lack of engagement and stimulation for people throughout the inspection and people were frequently seen sleeping in lounge chairs. This put people at an increased risk of withdrawal and having a negative impact on their physical and mental wellbeing (see area for improvement 1).

There was a relaxed atmosphere at mealtimes. Where people required help to eat and drink, staff provided this in a kind and patient manner. This meant that people were supported at a pace that suited them. One person told us: "The food is nice and there is always a choice." The chef had consulted with those living in the service and a menu review was undertaken. This helped to support people to enjoy meals and snacks and promoted good dietary intake.

Relatives were made to feel welcomed when they visited the home and shared with us that communications were good. This meant they were kept up-to-date with any significant changes in the health and wellbeing of their relative.

There was a stable staff team who knew people's needs and preferences well. That meant staff were able to recognise and respond to changes in people's wellbeing. There were good links with external health professionals and twice weekly visits by staff from the GP practice. This helped to keep people well.

Medication was overall being managed well. There was guidance available for staff on the administration of "as required" medication. This helped ensure individuals were supported to take the right medication at the right time.

### Areas for improvement

1. To ensure that people achieve physical and mental wellbeing through meaningful interaction and stimulation, the manager should:

- a) consult with people about how they wish to spend their day
- b) develop individual plans and goals for each person and how staff can support people to achieve these
- c) provide staff with guidance about how to engage with people effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) and "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).

## How good is our leadership?

## 3 - Adequate

We evaluated how well the service supported people's health and wellbeing. We concluded that this was adequate with some important strengths.

People can expect to live in a service that is well led and managed. Residents, relatives and staff spoke positively about the management team. Feedback received from people supported and relatives was positive about the communication and responsiveness of the staff and management team.

Systems and processes were in place to gather feedback from people supported, relatives and staff. This helps to allow stakeholders to respond and help shape the development of the service; more work was required to develop this more.

The management team ensured that there were appropriate staff numbers and skill mix to meet the needs of people using the service.

Staff shift handover meetings and a separate daily meeting with representatives from each department of the service took place. These helped support effective communication and helped to identify priorities and actions needed to promote positive outcomes for people supported.

The service continued to use a multi-disciplinary team approach with external agencies with the placement of people within the service. This provided a holistic assessment of the needs of people and identified how they could be best met.

We saw evidence that some team meetings had taken place. This allowed staff to share their views on the service. The management team were approachable and visible within the care home and available to support staff where required. This made staff feel valued.

People should benefit from a culture of continuous improvement. A complaints log needs to be put in place to track when any complaints are received, actions taken and the outcome. A range of audits was being carried out. Audits sampled covered a wide range of areas which included action plans detailing areas for improvement. However, the frequency of the audits needed to be increased. Improvements are needed to ensure audits are completed to a consistent standard by all staff responsible for carrying these out. This is to ensure clear links are made between actions identified leading to improvement. A previous area for improvement was not met and this is now a requirement (see requirement 1).

Accidents and incidents were monitored and reviewed. The service used a lessons learned approach to ensure learning was taken from unplanned incidents and occurrences to reduce reoccurrence.

The service development and improvement plan used the Care Inspectorate's quality frameworks for care homes. This was also used as a service self-evaluation tool. We suggested action plans be put in place to link how developments lead to positive outcomes for people.

Staff consistently told us they felt supported by the management team. We were assured that staff were confident about seeking support and guidance outwith their skills and knowledge. This demonstrated a whole team approach to helping people to have positive outcomes.

## Requirements

1. By 11 September 2025, the provider must improve the management oversight and develop effective and robust quality assurance systems. To ensure this, the provider must, at a minimum:

- a) increase the frequency and sample sizes of audits across all aspects of the service
- b) ensure areas for improvement are identified, appropriately recorded and followed up with outcomes and improvements clearly identified
- c) ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role.

This is to comply with Regulations 7(2)(c) and 9(2)(b) 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).

## How good is our staff team?

## 3 - Adequate

We evaluated how well the service supported people's health and wellbeing. We concluded that this was adequate with some important strengths.

We found that people benefited from a stable and motivated staff team. One visitor told us: "Staff team are nice and there is good consistency." Staff from various departments worked well and effectively together. A staff member told us "good teamwork takes place". Staff shared that they felt well supported by the management team.

Having staff with the right skills and knowledge is important for keeping people safe and well. New employees undertake induction and complete a probationary period. The service used a blended approach to staff training and development with a mixture of online and face-to-face training offered to staff. The range of mandatory training helped staff understand how to meet the needs of people living within the service. The training records revealed that there were high levels of compliance with staff completion meaning that the staff team had undertaken essential training.

Staff had not received regular planned supervision and this was an area that the management team acknowledged needed improvement. It is important that staff have regular supervision with managers to identify any practice, training and support needs promptly (see area for improvement 1).

Staff wellbeing was promoted to help drive the health, wellbeing and happiness within the staff team. Staff feedback was sought through the use of questionnaires and, where possible, requests had been actioned.

The management team regularly checked that staff were up-to-date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional registration.

### Areas for improvement

1. In order to ensure that people receive support from a staff team who are able to reflect on their practice in order to continually improve, the provider should ensure that there are regular opportunities for staff to reflect and have supervision as the policy and procedures state.

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).

### How good is our setting?

### 3 - Adequate

We evaluated how well the service supported people's health and wellbeing. We concluded that this was adequate with some important strengths.

People can expect to live in high quality facilities. The care home was overall clean, tidy and clutter free throughout. We brought to the attention of the management team some areas that required attention and these were completed during the inspection. We have continued an area for improvement previously made around the environment.

The environment was bright and spacious. People could easily move around which promoted their independence. There was a range of appropriate equipment to meet people's needs.

We found that people benefited from the provider's ongoing work to improve the environment. The provider had developed a comprehensive refurbishment plan that covered most areas of the service. Significant parts of the refurbishment plan had already been completed to a good standard. This included refurbished bedrooms and communal rooms. People we spoke to commented positively on the environmental improvements. A resident said, "my room is nice, I like it" and a family commented "the changes have made a big difference to the unit".

Signage for orientation around the units was in place and included pictures of people next to their bedrooms. However, we brought to the attention of the service the need for the units' noticeboards to have the date and day recorded and clocks need to be accurate to help people's orientation.

People's bedrooms were comfortable and nicely personalised which helped to give people a sense of belonging. People had their own room and en-suite toilet which promoted the privacy and dignity of each person when assisting with personal care.

Having access to outside space is important for giving people a sense of wellbeing. People benefited from well-maintained garden areas to the rear and side of the building which was used widely by people and their visitors throughout the inspection.

Contracts were in place and the equipment had been serviced and maintained aligned to manufacturers' recommendations and associated legislation.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service had transitioned to new electronic care planning system, CURA. This enabled for information relating to people's care and support to be recorded and kept in one place.

There was a clear process to complete pre-admission assessments to ensure the service could meet the needs of the prospective individual.

We found a good level of detail in some of the personal plans sampled about preferred routines for each person. There was evidence that families were kept informed of changes to people's care. However, for some plans, we found these did not consistently reflect the individual's needs. For example, a person's mobility and equipment used, for another around skin viability. This meant that some records did not accurately reflect people's needs and how these were to be met, and people could not be confident they were getting the right care (see area for improvement 1).

We saw from the personal plans that there was regular input from GPs, speech and language therapists, dietitians and other health professionals. This demonstrated that people's health was being monitored, and appropriate actions were taken to keep people well.

The service had an overview of six monthly care reviews which identified those that had taken place and those planned. This is important to give those living in the care home, and those closest to them, the opportunity to be involved in their care and support.

Personal plans included any required supporting legal documentation. This ensured that people's rights were protected, and that people supported and/or their representative were involved in making decisions and choices where necessary.

### Areas for improvement

1. The provider should ensure that effective care planning is paramount. To support this, the manager should ensure care plans and person-centred risk assessments contain accurate, up-to-date, detailed information about the support a person experiencing care requires.

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 a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).





## 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 ensure good outcomes for people experiencing care, the service should ensure staff report any concerns about any individuals' bedrooms. Records are made of all follow up actions taken.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 17 June 2024.**

#### Action taken since then

We saw evidence during this inspection of each unit's repairs book being used by staff to report any concerns in people's bedrooms and the wider environment. The daily flash meetings held also discussed any environmental concerns across the home. Corrective actions were taken by the appropriate person during our visit.

**This area for improvement has been met.**

#### Previous area for improvement 2

To include people experiencing care and other stakeholders in developing the service, the provider should ensure that their views and opinions are reflected in the service's improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

**This area for improvement was made on 17 June 2024.**

#### Action taken since then

We saw evidence during this inspection of stakeholders' surveys issued in 2025 to people supported, relatives and staff. These had been analysed by the management team and included in the service's improvement plan. We discussed that the management team, going forward, should capture the actions taken in direct response to views and opinions and make the service improvement document a live document.

**This area for improvement has been met.**

### Previous area for improvement 3

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, the provider should improve internal quality assurance. This is to include but not limited to:

1. A review of systems to identify appropriate auditing timescales should be identified to reduce unnecessary or duplication of auditing.
2. Responsible staff completing audits should be identified and receive training to ensure audits make improvements to the service.

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 area for improvement was made on 17 June 2024.**

#### Action taken since then

See comments under How good is our leadership?

Based upon our findings, we concluded that the area for improvement has not been met.

**This area for improvement is no longer in place and has been incorporated into a new requirement under How good is our leadership?**

### Previous area for improvement 4

To ensure good outcomes for people experiencing care, all the staff who deliver direct care should have access to training on personal outcomes.

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 a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

**This area for improvement was made on 17 June 2024.**

#### Action taken since then

We saw evidence of progress during this inspection. The service had resourced and commenced staff training on personal outcomes. Some staff had completed this, however, this continues to be ongoing. We will continue to monitor this area.

**This area for improvement has not been met.**

### Previous area for improvement 5

The service should continue to develop staff's knowledge of quality assurance around the environment improvement programme to ensure that the premises, equipment and furnishings are clean and well-maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

**This area for improvement was made on 17 June 2024.**

## Action taken since then

See comments under How good is our leadership? We will continue to monitor this area.

**This area for improvement has not been met.**

## Previous area for improvement 6

The service provider should ensure that people supported and, where appropriate, their families are supported to discuss and develop future care plans. These should include people's wishes to meet their future care needs and be shared with their GP.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14).

**This area for improvement was made on 17 June 2024.**

## Action taken since then

We saw evidence of progress during this inspection. The service had moved to an electronic care planning system and individuals' future care needs had been completed using this. However, from the records sampled, some individuals' future care needs still needed to be completed and we were assured conversations will be ongoing.

The service is working alongside NHS Lanarkshire health professionals on the pilot of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). This creates advanced personalised recommendations for a person's clinical care and treatment.

**This area for improvement has been met.**

## Previous area for improvement 7

We made the following area for improvement following a complaint investigation.

Staff should ensure that, where appropriate, an individual should have the input and support from the relevant external professionals. A system should be put in place to ensure that this is considered when there are changes to someone's physical or mental health.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

**This area for improvement was made on 26 September 2024.**

**Action taken since then**

During the inspection from the records sampled, we could see there was evidence of escalation to external professionals. The service has an advanced nurse practitioner from the GP practice visiting twice a week which assists with assessing and actioning any further support an individual may require.

**This area for improvement has been met.**

**Previous area for improvement 8**

We made the following area for improvement following a complaint investigation.

All communications with relatives should be fully recorded on the appropriate forms. Where any special arrangements have been made, these should be specific in frequency and agreed with all parties involved.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 26 September 2024.**

**Action taken since then**

During the inspection, we were not made aware of any special arrangements for communication with relatives. Records that we sampled evidenced that family members had been contacted and an update had been provided following any changes in the individual or involvement of external professionals. We were consistently told by relatives spoken to that communication was good and consistent.

**This area for improvement has been met.**

**Complaints**

Please see What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also visit our website for details of complaints about the service which have been upheld. [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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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