

Lunan Court Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
HC-One Limited

Service provider number:
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CS2011300751

About the service

Lunan Court is a purpose-built care home providing accommodation over two floors, located near the centre of Arbroath. The service is registered to care for up to 44 older people, including people living with dementia. Nineteen people live on the ground floor and there is lift access to the upper floor which is a Memory Care unit for 25 people. All bedrooms have an en-suite WC and wash hand basin. Each floor has a combined lounge and dining area as well as accessible bathroom and shower rooms. The home benefits from views over the sea with an accessible garden with a summer house.

About the inspection

This was an unannounced inspection which took place on 21 and 22 May 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 11 people using the service and four of their families
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

A full review of staffing arrangements was required to ensure people were receiving responsive care.

The environment was clean and tidy with pleasant communal areas for people to enjoy.

Quality assurance processes were not always identifying where areas needed to improve.

Staff were overwhelmed with their workload and this led to morale being low at times.

Staff did not have time to enjoy meaningful connection with people out with care tasks.

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?	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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home had a bright, spacious feel to it. Staff were working hard to support people and appeared to know them well. We were told, 'On the whole, the staff are pleasant', 'I'm happy enough. They always knock before they come in' and 'I'm very happy here, the staff treat me well'. Others told us it was 'boring and restrictive' and 'I'm not happy in the home, no one gives us any time'. People were being cared for however, they would have benefitted from staff having more time to spend with them socially, and for meaningful activities. **See requirement 1.**

Care plans were detailed and personalised. A range of assessments formed the basis of people's care plans. Appropriate referrals had been made to external professionals for advice and support where required. One person described how training had been arranged for staff with an external professional, in order for them to gain knowledge around the painful, medical condition they experienced. This was to inform staff to know how best to assist the person and how to support and manage this effectively. It was disappointing to hear that no staff were available for the training and this had to be rearranged. This was a missed opportunity which would have benefitted their overall health and kept them well. **See requirement 1.**

Unfortunately, we heard of poor outcomes being experienced by some residents. For example, one person stated that there was a wait anywhere from 20 minutes to an hour at times, for assistance, having pressed the buzzer. We observed that it was taking an unreasonable length of time for buzzers to be answered at the time of our inspection. This meant people were not receiving responsive care to meet their needs. **See requirement 1.**

People had a range of activities they could enjoy. We saw evidence of visiting ponies and therapets, intergenerational visits with local school children and various outings into the local community. People told us, 'I've got nothing to do' and 'I'm as busy as I want to be and can attend activities when I want'. We were told of positive outcomes for people. For example, one person had previously enjoyed attending the football with his family. Staff arranged and supported this person to a football match and a chippie tea afterwards which was thoroughly enjoyed. Staff were starting to support people to have experiences based on activities or hobbies they enjoyed previously. This meant activities were more meaningful for people.

There were no restrictions to visiting the home however, we were told of relatives not having access to the front door code anymore and this meant that they were waiting a long time for someone to let them in at times. Staff told us this took up a lot of their time too, as they were expected to answer the door and they were already very busy with resident's care. This was impacting on everyone. We discussed this with the manager who advised that this process would be reviewed promptly. We will follow this up at our next visit.

Some residents were wandering in the communal areas and we didn't see staff having time to engage them in meaningful connection or activity, in order to distract them. One resident appeared lower in mood than usual and this was impacting on people's mental wellbeing in general. **See requirement 1.**

We were told, 'Food is plentiful and tasty and we get a choice' and 'Food is a hit or a miss, the sandwiches are appalling'. People told us of textured diets being returned to the kitchen at times. On further investigation, we were told that some kitchen staff were not providing the correct texture diets on occasions and care staff were having to discuss this with the kitchen at mealtimes. We did not however, see this impacting on people's weight loss. We discussed this with manager who advised that action would be taken to improve. Where people had lost weight, appropriate monitoring and referrals were in place to reduce risks and keep people nutritionally well. **See requirement 1.**

Fluids were readily available in communal areas however this wasn't always the case in people's bedrooms. Some people needed to be prompted to drink and this did not always happen as staff were so busy. **See requirement 1.**

There was a system for administration of medications in place. Protocols were in place for the use of 'as required' (PRN) medication. People would however, benefit from staff recording strategies to use to support people before considering medication option. There were regular medication audits in place however these were not always picking up issues as they should be. **See requirement 1 under Key question 2-How good is our leadership?.**

All communal areas were mostly, bright and clean. Bedrooms and bathrooms were clean with plenty of personal, protective equipment (PPE) and hand rub available. Cleaning records were in place and domestic staff were working hard to ensure a clean, safe environment was provided for people. Some areas of concern were noted such as cluttered shelves in ensembles, mop buckets with dirty water and waste bins outside unlocked as was enclosure. Some mattresses had a urine smell and a bin in the bathroom with no liner and debris on floor.

Requirements

1. By 4 August 2025, you, the provider, must ensure that people's physical and mental health and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. This means putting people at the centre of their care, identifying what is important to them, and ensuring that everyone is working together to support positive outcomes. In particular you must:

- a) Ensure that staff are given adequate time away from carrying out their duties to receive training relating to people's specific health conditions and that all staff have time planned to engage people in meaningful connection out with care tasks throughout each day
- b) Ensure people are provided with and assisted with the prescribed diet in line with guidance given and that people have access to fluids in bedrooms and are assisted with these as required
- c) Ensure people receive responsive care. This includes, but is not limited, to answering buzzers promptly within reasonable timeframes.

This is in order to comply with regulations 3, 4(1)(a), and regulation 5 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 care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home had experienced a period of uncertainty around the management of the service due to several temporary managers being in place previously. This had been a difficult time for everyone, and people were looking forward to a more consistent leadership, as a permanent manager was now in place. People told us, 'I'm not sure of who is the manager. Don't see much of her' and 'The manager is helpful'. People told us it would be beneficial for everyone if the manager was more visible. This would help alleviate any anxieties still around for people in the service and provide reassurance that service development and improvement was a priority.

The manager and deputy manager were unaware of whether there was a service improvement plan in place. This was produced following input from senior management. This was not a dynamic document and did not contain feedback from people nor reflect some of the issues identified at inspection. It was difficult to then say whether management had a grasp of what the priorities were for development and improving the service. **See requirement 1.**

The service used a range of quality assurance processes to monitor all areas of the service. However, some audits were not identifying areas for improvement. Daily walk rounds were taking place, however these were not identifying key areas for concern. For example, glass and broken furniture was found in the garden area during our inspection. Alcohol was also found to be freely accessible for people in the fridge in a dining area. This meant that people were being placed at risk due to issues that had not been identified by the service. **See requirement 1.**

There was a range of ways for people to feedback about the service. For example, people were encouraged to complete wellbeing surveys, and relatives had completed questionnaires to gauge satisfaction. It wasn't clear how this was used to make improvements in the home. This meant there had been missed opportunities for people to be involved with future developments. **See requirement 1.**

Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This supported good outcomes for people and reduced the likelihood of repeat occurrences.

Complaints were well managed and clearly documented. There was a robust complaints procedure which was visible within the home.

Requirements

1. By 4 August 2025, you, the provider, must ensure people have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- a) Ensuring a comprehensive service improvement plan is developed to incorporate issues identified through quality assurance processes and reflects all stakeholder's feedback
- b) Ensuring robust auditing processes are identifying areas for improvement across all key areas of the service. Where areas for improvement are identified through audit, putting in place and implementing action plans which set out specific, measurable, achievable, and timely actions

c) Ensuring all staff are accountable for and carry out the required remedial actions set out within action plans and reviewing the effectiveness of actions put in place to ensure positive outcomes for the health, safety, and welfare of people experiencing care.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 this key question as adequate, where strengths only just outweighed weaknesses.

Staff were working well together as a team however, they were extremely busy, working hard to support very highly dependent residents. Staff told us, 'There's not enough staff and the skill mix is hard' and 'We are struggling with the workload. We are rushed off our feet and can't help with activities'. This meant that staff morale was affected and there was a sense of frustration in the team as they didn't have time to carry out their roles as they would wish, in order to support people. **See requirement 1.**

Relatives also told us that staff were not always visible when they visit and had to seek them out as they were so busy. People told us, 'There was little time for pleasantries, as soon as they were finished, they were right out the door and onto the next person who had been buzzing for assistance. The buzzers were constant and there simply isn't enough staff for the number of people and the level of care required'. One person told us, 'The thing that would greatly improve outcomes for me is more staff'. **See requirement 1.**

People told us of having to wait for support to do even the basic functions such as being assisted to the toilet. Staff had raised concerns with management however, no changes had been made. We heard of two highly dependent new residents being admitted into the home in the same unit, in the same week. There appeared to be no consideration of the cumulative effect that dependencies had on service provision. Skill mix was not being considered, as some seniors felt deskilled as they were being used as carers the majority of time. Some staff were refusing to work in the whole home, which staff told us was unfair practice and therefore morale was low. It was clear to see that staff were working extremely hard to meet people's needs however, people were not always receiving responsive care, as there were not enough staff to do so. **See requirement 1.**

The service stated that staff would receive supervision on a six-monthly basis in order to support them in their roles. Some staff had received supervision and growth conversations, however this needed to improve. The deputy manager had oversight of this and advised that a plan was in place to improve. We will follow this up at our next inspection.

Training compliance was at an acceptable level. We were told of recent training delivered on how to support people with learning disabilities that had been informative and interactive, and that there was training arranged soon on wellbeing. Staff told us they had received appropriate mandatory training prior to supporting people, such as adult support and protection and moving and handling.

Staff meetings were held for all departments on a regular basis. Some staff told us they don't go to meetings. Feedback from meetings wasn't reflected in the overall service improvement plan. Staff told us that they were asked their opinions at times. We will follow this up at our next inspection, to see how staff feedback has influenced improvement.

People could be confident that new staff had been recruited safely, and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references and protection of vulnerable group checks being undertaken prior to employment. People could be confident that new staff had been recruited safely and that recruitment processes were robust.

Requirements

1. By 4 August 2025, you, the provider, must ensure that people's care, and support needs are met and that staffing arrangements are safe and effective. To do this, the provider must, at a minimum:

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform staffing number and arrangements
- c) implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are fair and effective in providing responsive, person-centred support and that staff wellbeing is considered.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019).

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

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a bright, comfortable home. The environment was generally clean and tidy, with no evidence of intrusive noise or smells.

Environmental assessments had been carried out such as kings fund audit and dementia therapeutic garden audit. The maintenance person also had a plan for environmental improvements. The service would benefit from pulling all of this information together into the overall service improvement plan, in order to keep on track and ensure improvements were being made on ongoing basis.

There were a variety of communal areas in the home such as lounges, dining areas and quiet lounge. We discussed the use of both lounges upstairs may reduce busy and noisy environments at times and may be easier to supervise to keep people safe. We will follow this up at our next inspection.

People had single ensuite rooms and the majority were personalised with items from home. This made for a more homely space for people.

There were large garden and seating areas to the rear of the home, with sea views which people could enjoy. People could use the summerhouse which offered comfortable seating and warmth, and a crazy golf course was being upgraded in the garden. There was a broken bench which was unsafe and some broken glass on the gravel noted at time of inspection which was potentially hazardous for people. We discussed this with the manager as of priority to keep people safe. We saw that the bench had been removed and an attempt to clear glass had been made by day two of our inspection, but there was still some glass in the gravel. **See requirement in Key question 2- How good is our leadership?**

The maintenance person had been covering across other services recently, however, was now back full time in the home. Maintenance checks were taking place and were up to date. This enabled any issues to be identified and resolved quickly.

The quality framework for adults' states that, 'People can choose to use private and communal areas and have the right to privacy when they want'. It was disappointing to find that the majority of doors were still locked in the upstairs unit, despite discussions around this at our last inspection. Staffs understanding of this issue was limited and we were told that family had requested doors to be locked to protect people's property. Staff had compiled risk assessments and those were in place. We found evidence which suggested that this situation had been staff led. It appeared that locking doors was an easier way to manage people rather than engaging and distracting people through more therapeutic means. Risk assessments in place were not appropriate nor prescriptive as to people's understanding of this practice. This was not appropriate practice and needed to improve. We discussed this with the staff and manager and signposted them to the relevant guidance from the Mental welfare commission. **See area for improvement 1.**

Areas for improvement

1. Where it is assessed as necessary and appropriate to restrict a service user's freedom of movement, choice and control, you the provider, should ensure that the reasons for such restrictions are clearly documented, that any representative of the service user is consulted and that such decisions are made in accordance with the Mental Welfare Commission for Scotland Good Practice Guide on 'Rights, risks and limits to freedom.'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans contained details about the care and support that people needed. They also provided a good history of people's lives and were on the whole, person-centred. Daily recordings of care and support were of a varying standard. The majority were task orientated and did not reflect all aspects of the care and support, or people's views, feedback or outcomes. We discussed this with the manager and will follow this up at our next visit.

Activities records were reflecting positive outcomes for people and gave a sense of the person and if they had enjoyed the activity and what they got from this. Staff gave good examples of recent instances where people's wishes had been brought to life.

People told us that they had been involved in the development and review of their personal plans. These had been carried out six-monthly in line with regulatory requirements. This ensured people received the care and support they needed and wanted.

Personal plans contained detailed information regarding end-of-life care. This contributed positively to people's confidence that their wishes would be respected when the time came.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person.

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

In order to ensure that people experience a service with effective and consistent leadership in place, the provider should ensure that people in management roles are experienced, fully inducted to their roles and have regular support to enable them to manage service development and improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 15 November 2024.

Action taken since then

A new manager had been in post five months at the time of inspection and was still getting familiarised with some processes and the home.

The manager had recent home management and operations management in the care home industry.

A thorough induction had been completed and the manager felt this had been more than sufficient in order for her to do her role.

The manager stated she had lots of support and that this was ongoing whenever she needed it.

Quality assurance processes failed to highlight the issues that the inspection revealed.

Therefore, management and leadership wasn't where it needed to be yet.

This area for improvement has not been fully met and has been extended.

Previous area for improvement 2

In order to meet people's holistic needs in all areas of the home, the provider should consider a flexible approach to staffing. This should include appropriate skill mix of staff in each unit at key times, where dependencies are higher. This is to ensure people receive responsive and appropriate care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 15 November 2024.

Action taken since then

Dependencies in the home were high and we did not see through the pre admission process how prospective resident's needs were considered in addition to existing dependencies in the home.

We were told of two admissions in the same unit in the one week. Both residents had high dependencies and needed assistance of two staff. This placed extra pressure on staff.

Staff told us they did not have enough staff to meet people's needs. For example, eleven people on the ground floor required assistance of two staff and mechanical hoist. Staff had identified that the busiest time was from eight in the morning until two in the afternoon, and an additional member of staff at this time would help. This had been raised with the manager with no action taken.

Staff were very busy and there did not appear to be time to spend with residents doing activities or having time for meaningful connection.

Staff allocations appeared to be completed around the needs of the staff rather than residents. We were told of some staff who refused to work in certain units and other staff felt this was unfair.

Staff skill mix was unbalanced at times. We were told of new staff always having induction in upstairs dementia unit, even if there was more than one staff member starting. This put unnecessary pressure on staff and impacted residents' care.

A full review of staffing numbers and skill mix is required to ensure people's needs are met fully. This includes time for meaningful connection.

This area for improvement has not been met. We have made a requirement under 3.3.

Previous area for improvement 3

In order for people to benefit from care and support that meets their needs, the provider should source and complete specific specialist face to face training for staff supporting people with learning disabilities, as soon as possible. This is to support people who have specific needs relating to their learning disability within the service.

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).

This area for improvement was made on 15 November 2024.

Action taken since then

Learning disability training had been completed in March 2025, with good attendance.

The manager told us that people had benefitted from this.

We asked staff what they had learnt and how they would adapt their care and support for people with learning disabilities, however we were not reassured that there was much change in staff understanding of the difference in support between people with learning disabilities and those with dementia and nursing needs.

This area for improvement has been met but we will follow up the effectiveness of this training at our next visit.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	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

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