

# Lynemore Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 July 2025

**Service provided by:**  
Parklands Limited

**Service provider number:**  
SP2003001893

**Service no:**  
CS2017356220

## About the service

Lynemore is a purpose-built care home for older people. It is registered to provide a service to a maximum of 40 people. There were 39 people using the service at the time of the inspection.

The care home is located in the scenic town of Grantown on Spey. It has four units, each with ten bedrooms. The bedrooms are spacious and have en-suite facilities. There are communal lounge and dining areas within each of the units. Within the home there is a large and spacious multi-function room for activities and events.

People have good access to safe, secure outside space to enjoy the garden. There is parking at the front and side of the building.

## About the inspection

This was an unannounced inspection which took place between 1 and 4 July 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and six of their family;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals;
- reviewed completed survey responses from people, staff, and visiting professionals. We received a total of 15 responses.

## Key messages

The leadership team supported a culture of continuous learning.

The home had a welcoming environment.

Activities were well planned with people enjoying both group and one-to-one opportunities.

A visible leadership presence, with good knowledge of the people the service supports.

Concerns were identified regarding the safe management of medication, and ongoing improvements were needed in this area.

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

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

Throughout this inspection we saw warm, kind, and caring interactions between staff and the people they were supporting. People looked well cared for in their appearance.

We received positive feedback about the staff with comments including:

'Staff are very supportive to the residents they look after'.

'They are all kind, considerate, concerned and helpful'.

There was a mixture of a quiet and calm, and at times, periods of a more upbeat, sociable, and stimulating atmosphere within the home. We observed good attendance at the activities taking place when we visited. The service noted the importance and benefits to a person's wellbeing, of not only offering group but also 1:1 activities, both indoors and outdoors. One person told us they were supported by the activities coordinator with letter writing to relatives, enabling them to retain important relationships.

A relative commented:

'Activities coordinator does a great job with lots of activities going on in the home'.

People's health and wellbeing benefitted from regular reviews and referrals to the local GP practice and multi-disciplinary team professionals. Risk assessments and person-centred care plans had been developed by the service in response to people's identified needs. This had informed staff and enabled them to provide tailored support to meet the health and wellbeing needs of people they cared for.

The service used shift handovers and the 'daily hub' as a time to share information and to ensure the health needs of people were being met. Supporting health and wellbeing was viewed as a team approach. During this inspection the leadership team highlighted the importance of promoting fluid intake and staff being more proactive with offering and providing fluids to people, as well as recording accurately. Weekly breakfast clubs had been introduced by the service, and the use of milk shakes to promote good nutrition.

Regular competency checks and medication audits were being undertaken by the leadership team. Despite providing staff with additional training, the leadership team were aware that this was an area that required ongoing work to ensure safe practices were in place and people had the right medication at the correct time. The leadership team were responsive to receiving additional support in this area.

The people we spoke with provided variable responses to the quality of food and meals. Staff offered people choice and alternatives were provided to help maximise food and fluid intake. Drinks and snacks were available throughout the day, including fresh fruit being readily available. The service told us they had experienced difficulty in recruitment for catering posts and had been supported by other homes within the Parklands group until a new chef was employed.

People told us:

'Food is okay, would like more variety'.

'The food is okay but some days it could be better'.

**How good is our leadership?****5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

The registered manager was a visible presence within the home. They modelled a team approach, where staff could raise concerns within a supportive environment.

We found evidence of good quality assurance and audits being undertaken by the leadership team and follow up for actions being put in place. The manager had good oversight of all aspects of operations within the home. A comprehensive system was in place for falls management - from this the manager informed that there have been more staff 'on the floors' which had a direct correlation with the reduction of falls in the home.

The manager was knowledgeable about the background and needs of each of the residents, reflecting that this was in part because of their time spent 'on the floor' undertaking a period of clinical practice.

Everyone we spoke with told us that they would speak to the manager if they had any issues or concerns.

People told us:

'Excellent leadership approach'.

'Easily and readily approachable.'

Relatives we spoke with were not aware of some of the recent developments within the home to improve the care and support people received. We spoke with the leadership team about consideration of ways to further enhance communication with relatives and professionals working with the service, such as questionnaires, and a welcome pack. Moving forward, the leadership team can use this information to inform and implement the service development plan, ensuring that families are well informed and involved in the care of their relatives.

A complaints procedure was in place and evidence that appropriate action had been undertaken by the leadership team when complaints were made. A learning culture was in place and where complaints were made by relatives, the 'let's talk' document was used by staff, to support learning and improve practice.

**How good is our staff team?****5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

During this inspection we found the staff to be welcoming, caring and treated people with dignity and respect. The staff we met with were professional and told us they had received the correct training to do their job. Feedback from people supported by the service and their relatives were positive about the staff team.

Comments included:

'Staff are great...treat me like a princess'.

'The staff team appear to be committed to providing the best care'.

'There is a sense of professionalism and care in the work of all the staff team'.

People supported by the service told us that there could be more staff to attend to them.

Comments included:

'They are lovely...no bother to them but you do need to wait for them to come'.

'Take their time when I am asking for support, however, once here they provide good support'.

A staffing method framework was in place and the manager had oversight of the staffing levels required. People told us that they would like more consistency with staffing. The manager told us that changes in the health and wellbeing of a few people within the home had increased the demands placed on staffing levels. An additional two members of staff had been employed to support with care and provide a more responsive service.

Staff were complimentary about the support they received from the leadership team, the training they had, and they told us they were happy in their roles. A mentorship programme was in place for new staff, to date three experienced members of staff had signed up to be mentors, providing guidance and support to less experienced staff.

We found evidence that staff had been safely recruited and completed the core competencies required for their roles. An auditing tool was in place for the manager to have oversight of training. The Parklands group had systems in place to ensure staff completed all required training, ensuring that people were supported by suitably qualified and trained staff.

Staff spoke about the importance of family and friends feeling welcome in the home.

A staff member told us:

'Family and friends are always welcome in Lynemore. Input from family and friends are valued and used appropriately'.

This was reflective what a relative told us:

'Staff are like family, helpful and kind'.

## How good is our setting?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Lynemore was a purpose built home offering a light, spacious environment to meet people's physical needs. It provided a welcoming and comfortable setting. Fixtures and fittings were of a high standard.

There was a choice of private and communal areas where people could spend their time. Bedrooms were spacious and people could comfortably have visitors sit in their room. People had been supported to personalise their bedrooms, providing them with a sense of ownership of their private space.

During our inspection we found evidence that the provider had continued to invest in the building, making it more dementia friendly. Redecoration within the home was undertaken during our visit. The service development plan noted that a King's Fund audit had recently been conducted. We found evidence that

actions had been undertaken further to this audit, to enhance the experiences of people who lived with dementia.

The courtyard was well used when we visited. Funding had been secured by the service to develop this area, and the views of people were sought about improvements they wished to take place. People were both supported and encouraged to enjoy the outdoor space. People told us about the various forms of wildlife in the garden; bird feeders were on windows and people found joy in feeding the array of wildlife and family of pheasants.

We observed maintenance being undertaken in the home. Although the home was generally well maintained, we found that some of the maintenance checks had not been undertaken in a timely manner. The leadership team were aware of this and told us they had recently recruited for the role of Maintenance Officer, in the meantime support had been provided by other Parkland Group homes.

The home was welcoming, comfortable, looked and smelled clean and fresh. Housekeeping staff were aware of their roles and responsibilities and provided evidence of cleaning schedules and use of appropriate detergents and chemicals for cleaning.

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

An electronic care planning system allowed staff to have easily accessible information about people who were supported by this service. Care plans provided clear information about how people should be supported, in line with their needs and wishes. The plans we reviewed recognised the importance of people's life history and relationships, enabling staff to provide person centred care.

We found evidence that regular reviews were being undertaken by the service. Since the last inspection, new systems had been put in place to ensure that actions identified at reviews were implemented and reflected in care plans.

The importance of meaningful connections was recognised and details of people who were important to residents had been recorded in their care plan, including named visitors in the event of any restriction.

Staff had access to people's legal documentation, and we found evidence of legal arrangements being in place.

The views of family or legal guardians are sought during six-monthly reviews, during visits and when contact was made for 'resident of the day,' where staff review and evaluate plans. However, it was evident that some relatives were not aware of the role of the key worker and would like more continuity of care. Discussion took place with the leadership team about the benefits of seeking views and feedback in different forms, such as questionnaires.

## 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

People's personal plans should identify how their health and wellbeing needs are being met. Staff should ensure that risks identified as part of people's health-based assessments are carried forward into people's personal plans in a responsive way.

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 December 2024.**

#### Action taken since then

Further to the previous inspection, we found evidence of more oversight and improved communication being in place to improve the quality of health assessments. A clearer process for auditing had been put in place to ensure that where risk was identified or changes were required, the health and wellbeing needs of people supported by this service were being met.

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

#### Previous area for improvement 2

People's medication should be planned and coordinated in a safe way. In order to do this, staff should review medication storage and administration to identify where improvements can be made, to support people's experiences being consistently safe and effective.

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

'Any treatment or intervention that I experience is safe and effective'.(HSCS 1.24).

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

#### Action taken since then

During this inspection we found evidence of regular competency checks and audits of medication being undertaken. However, there continued to be evidence of errors on the medication administration recording (MAR) sheets.

The manager was responsive to suggestions of seeking advice and support to look at ways to continue to develop and improve practice in this area.



This area for improvement has NOT been met.

## 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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