

Walton House Care Home Care Home Service

Victoria Road
Leven
KY8 4ER

Telephone: 01333 695 696

Type of inspection:
Unannounced

Completed on:
27 August 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 follow up inspection which took place on 26 and 27 August 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 four people using the service and one of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- All five requirements set at the last inspection had been met.
- All three areas for improvement set at the last inspection had been met.
- Management and leadership of the service had improved.
- Previous issues regarding access to food items had been resolved.
- Clinical oversight of the home was robust and well managed.

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

Management and leadership within the service had significantly improved. A previous requirement set at the last inspection regarding management and leadership had been met. Please see 'What the service has done to meet any requirements made at or since the last inspection' for details.

All of the previously set requirements and areas for improvement had been met. This gave confidence that management and leadership in the service was at an adequate level. Further work on developing schedules and oversight of staff supervision, observation of practice and competency checks was needed. An area for improvement was made (see area for improvement 1).

As a result of the improvements made, this key question will be re-graded to 'adequate'.

Areas for improvement

1. The provider should ensure that they have a comprehensive overview of staff training needs, completion of training, staff supervision sessions, observations of practice and competency checks. This overview should enable a formal plan to be made in order to schedule and meet future needs.

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).

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

Requirements

Requirement 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).

This requirement was made on 19 May 2025.

Action taken on previous requirement

The service had taken a number of actions to address previous issues with the access to food and fluids. Both day and night staff confirmed that they had access to the kitchen for provisions and that these were plentiful. Staff ensured that the dinettes were well stocked and considered the requirements of the night staff when doing so. There were no issues with food being available at any point.

Information regarding people's dietary needs was available both in the kitchen and at the point of service. Staff could refer to these documents to ensure that people's specific needs were being met. This information reflected that held in people's care plan documents, meaning we could be reassured that it was accurate and up to date. The management team had clear oversight of people's changing dietary and assistance needs via their clinical governance systems.

Met - within timescales

Requirement 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 to ensure that 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).

This requirement was made on 19 May 2025.

Action taken on previous requirement

The service had introduced a robust system of clinical oversight. Handover documents and processes were more thorough, and senior staff were required to complete a 24-hour handover sheet, to ensure continuity of information sharing. A clinical oversight document was created from this information and used to guide a monthly clinical governance meeting. These processes meant that people could be confident that their changing needs were shared between shifts and teams and over the course of the week. The management team had daily oversight of clinical needs via the oversight document and could use this data to effect change and improvement within the service, as well as address individual health needs promptly. Staff at each level were clear about their role and responsibilities and how to escalate a concern about someone's welfare. Staff appreciated the clearer systems and expectations which were now in place and felt they contributed to a more robust process overall.

Met - within timescales

Requirement 3

By 14 July 2025, you must ensure that there are robust quality assurance systems in place to ensure that the health, safety and wellbeing 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 to ensure that care and support is consistent with 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 requirement was made on 19 May 2025.

Action taken on previous requirement

Effective leadership of the service was observed through the consistent presence of both the manager and deputy manager during the working week. Their visibility and engagement contributed to a well-supported staff team and promoted a culture of accountability and responsiveness.

An on-call system operated outside core hours and was accessible to staff as required. Managers demonstrated a commitment to oversight by attending the service on occasion during out-of-hours periods. This allowed them to engage directly with night staff, observe practice, and ensure that standards were maintained consistently across all shifts.

Each nurse in charge of the home during their shift had access to an information folder. This folder contained essential contact numbers, process documentation, and guidance, supporting informed decision-making and continuity of care.

Although the service utilised a number of agency nursing staff, it was noted that these individuals worked regularly within the home and were familiar with the needs of the residents. This familiarity helped maintain stability and consistency in care delivery.

All necessary audits and checks were being completed, providing adequate oversight of the service. Information gathered through these processes was used constructively to inform decision-making and drive continuous improvement.

A service improvement plan was in place and, through both observation and discussion, it was evident that positive changes had been implemented. Staff demonstrated awareness of the recent positive changes, and improvements were visible in practice.

Met - within timescales**Requirement 4**

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 manager 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 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).

This requirement was made on 19 May 2025.

Action taken on previous requirement

The service had made noticeable improvements in their attention to detail with accident and incident notifications. Accident and incident documents were more robustly quality controlled, which had led to greater completion and accuracy. Staff had clear guidance to outline the information which should be included on forms and had received instruction from the management team. Any errors or omissions were identified quickly and actions taken to rectify them. We were confident that essential notifications were being made and that there was provision for this to continue when the registered manager was not present.

Met - within timescales

Requirement 5

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 ensure that care and support is consistent with 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 requirement was made on 19 May 2025.

Action taken on previous requirement

The service had recently moved to a new online training platform, and this meant that there was some interruption to the normal oversight of staff training. We were confident, however, that training on the previous platform had reached adequate levels and that staff were up to date with mandatory training. A training matrix has not yet been introduced, and this would be beneficial to ensure a planned and constructive approach.

Without this, the service was vulnerable to slipping standards and of not being aware of where staff training levels are. Staff were confident that they had received the required training to allow them to feel confident in their role. Staff also reflected on the opportunities they had received to have one-to-one guidance sessions on some of the new systems which had been introduced.

Overall, we were satisfied that staff training was at an adequate level. Further work was required to ensure sufficient managerial oversight. An area for improvement has been made (see key question 2).

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

The provider should 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 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 23 May 2024.

Action taken since then

The service had used some observations of practice and competency checks in order to identify staff training needs and to work towards achieving consistently high standards. Staff received supervision to support their development and confirmed that these were supportive. **This area for improvement has been met.**

There were currently limited oversight tools being used to monitor and schedule supervisions, observations and competency checks. This would be useful for leaders to plan more consistently and use these development opportunities to drive positive change. An area for improvement is made (see key question two for details).

Previous area for improvement 2

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 state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 19 May 2025.

Action taken since then

The environment within the service was subject to an ongoing improvement plan which focused on people's individual needs in the first instance. Private bedrooms were being redecorated and upgraded in a systematic fashion. Bedding had improved and staff were confident that they could dispose of substandard items and these would be promptly replaced. The service improvement plan included an environmental plan and it was clear when actions had been completed. Although there was further work to be done towards achieving a high standard of internal environment, we were confident that a suitable plan was in place.

This area for improvement has been met.

Previous area for improvement 3

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 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 23 May 2024.

Action taken since then

Medication management was robust with clear systems in place to ensure regular oversight. The systems provided reassurance that medications were being well managed and that there was an accurate account of the medications being administered. The management team had daily oversight of any error or omissions, and these could be addressed promptly. Staff were aware of their role and responsibilities around medication management and participated in aspects of the audit and oversight process. We were confident that previous issues had been addressed.

This area for improvement has 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.

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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