

Lindsay House Care Home Service

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Lumphinnans
KY4 9FE

Telephone: 01592 583 581

Type of inspection:
Unannounced

Completed on:
29 July 2025

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2017353223

About the service

Lindsay House is a local authority care home registered to provide a 24-hour service to a maximum of 60 older people. It is a purpose built care home situated in Lumphinnans.

The service provides accommodation within five units and over two floors. Each unit has a lounge/dining area, a bathroom suitable for assisted bathing and single bedrooms with ensuite shower and toilet facilities. There is a good size garden which is directly accessible to people living on the ground floor.

At the time of our inspection 54 people were living in the home, including eight people attending Short Term Assessment and Rehabilitation (STAR).

The manager had been in post since May and was available to support the first two days of inspection.

About the inspection

This was an unannounced inspection which took place between 22 and 25 July 2025 and between 09:30 and 19:00. 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 20 people using the service and seven shared their views via questionnaires
- spoke with 10 of their family and 10 shared their views via questionnaires
- spoke with 23 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were knowledgeable, caring and respectful.
- People living here were happy with the care they experienced.
- Relatives felt welcomed and generally happy with the care their loved ones experienced.
- The accommodation was well presented and provided good facilities.
- Improvements were required in staffing and quality assurance.

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?	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?

4 - Good

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

People should experience warmth, kindness and compassion in how they are supported and cared for. When speaking with people and observing interactions between residents and staff, it was evident that people had developed positive and trusting relationships with the staff who supported them. This included both the direct care team and ancillary staff.

We found care records were in place to guide and support staff in delivering care. There was evidence that these were reviewed regularly. People benefitted from comprehensive health assessments. Records indicated good levels of community health inputs, e.g. District nursing, GP and specialist therapies where required. The service used a range of health assessment tools which were used to monitor people's health and wellbeing. These included, nutrition and hydration, mobility, skin health and stress or distress. Where these assessments identified needs then a specific support plan was put in place. This helped to monitor and maintain people's wellbeing.

It is important that people and their next of kin, where appropriate, are involved in directing care. Care records clearly documented if people had legal representatives and when and how they should be contacted. People we spoke to confirmed they could talk to staff and that their choices were respected. Some relatives reported communication could be improved and that not all staff knew their loved one well. (See Area for improvement 1 recorded under section 'How good is our leadership?')

We could see various opportunities for people to take part in daily activities. Outings and events were also regularly planned. We saw examples of where events were planned in line with people's individual interest. Residents and care staff were actively engaged with jigsaws, games on a large iPad, books and papers. The activity coordinator was well-regarded by residents, families and staff, and activities and entertainment were enjoyed by those who took part.

Care staff were involved in spending quality time with residents and taking initiative in organizing birthdays and bringing in activity supplies. Residents were supported to go outside and participate in community activities.

Records were being kept and evidenced residents were asked to feedback their views. We were told Information about activities was mainly shared by word of mouth, which may exclude some residents. Families expressed a desire for better communication in order to coordinate visits. This was discussed at feedback for the manager to consider as part of their improvement planning.

It is important people benefit from prescribed treatments. During our inspection action was taken to reduce the immediate risk posed by high room temperatures. Our own audit identified missing signatures, despite well established systems in place to monitor the management and administration of medication. **(See Area for improvement 1)**

Mealtimes were calm and relaxed. Staff took time to make sure that people were happy with their choices and found alternatives if this was not the case. People were encouraged and supported with their food and fluid intake in a sensitive way. This meant that good nutritional and fluid intake was promoted, benefiting people's health.

We found staff had good knowledge of the people in their care, including their dietary needs. We observed mealtimes and confirmed people could choose suitably presented meals and were supported in a dignified way. Kitchen staff confirmed that care staff communicated clearly people's choices and special dietary needs. Most people reported that they enjoyed their food and that drinks and snacks were readily available.

People accessing Short Term Assessment and Rehabilitation (STAR) were highly satisfied with their experience of care and support while waiting for a more permanent place to live.

Areas for improvement

1. To support the health and wellbeing of service users and a consistent approach to medication management, the provider should ensure that:

- a) storage facilities for medication are maintained at an optimal temperature
- b) staff sign for all medication administered
- c) staff follow local procedure regarding double signatures when checking stock Controlled Drugs.

This is to ensure 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. We found strengths that contributed to positive experiences and outcomes for people but further improvements must be made.

We found the manager and their permanent staff had a clear understanding about what was working well and what improvements were needed. Their focus was the day-to-day service people in their care and their families experienced. However, staff reported a lack of confidence in their understanding of their role and responsibilities. Some reported feeling unsettled by changes in management and in communication. In discussions with service users, their family and staff, a commonly reported area for improvement was around communication. Outcomes for people should benefit from their confidence in effective information sharing. **(Please see Area for improvement 1)**

We found audit processes provided information needed to complete the manager's monthly report but had yet to contribute to an up-to-date development/improvement plan for the service. **(Please see Requirement 1)**

We found the provider had the systems in place to monitor the delivery of care and support. These included, a monthly manager's report that informed senior management about the information gathered. The Quality Assurance team had provided valuable support by delivering training and auditing service performance. Permanent staff were involved in evaluating people's experiences by way of key worker systems and delegated management tasks. However, we found systems were undermined by staffing that was heavily reliant on casual staff. People benefitted from a process of review regarding their day-to-day support but a lack of permanent staff undermined continuity and the process of evaluation. (Please see Requirement 1 recorded under section 'How good is our staff team?')

Staff, service users and visitors all reported their confidence regarding raising concerns, which meant people living here could be protected and areas for improvement identified.

Requirements

1. By 17 October, to ensure a culture of responsive and continuous improvement which meets the health, safety and wellbeing needs of service users, the provider must evidence an up to date service improvement plan which is reflective of self-evaluation and outcomes of quality assurance processes.

This must include at a minimum:

- a) feedback from service users, their family and/or representatives, staff and external agencies
- b) analysis of records such as, care plans and supporting documents, incidents, accidents and complaints
- c) observations of staff practice and people's experiences of care.

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

To ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To provide assurance and support the health and wellbeing of service users, their families and staff; communication systems should be improved across the care home and improvement evidenced from feedback from service users, their families and staff.

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. We found strengths that contributed to positive experiences and outcomes for people but further improvements must be made.

We found safer recruitment checks were carried out before staff started work which could keep people safe. Staff confirmed they were supported locally to complete mandatory induction training and that the induction process relied on working alongside their colleagues. Agency staff reported being well supported and confident in carrying out their job.

The provider had identified vacancies and recruitment was ongoing. The provider could consider the participation of people who use the service in the recruitment and induction of staff. This would ensure people were involved and included.

The home had staff vacancies which they were actively recruiting for. The risk of being short staffed was mitigated by staff working extra, using relief and agency staff as needed.

The provider's risk register had regular assessments of physical, social, psychological and recreational needs recorded to inform the direct care hours for the individual and inform staffing levels. The daily handover sheet was completed by the senior in charge and clearly recorded the number and deployment of staff. This aimed to provide an overview of numbers and skill mix and could be adjusted in response to any changes throughout the shift. The duty roster provided the information needed to plan for and manage known shortfall or absence. We found the management of long term and short notice absence was a challenge to the provision and deployment of adequate numbers of staff and skill mix.

The provider recognised communication and teambuilding were areas for improvement. We found records of who should be on shift were not always reliable. All of which impacted staff morale and contributed to interruptions to the continuity of staffing. As a result, people using the service and their families were at risk of experiencing poor outcomes. **(Please see Requirement 1 recorded here and Area for improvement recorded under section 'How good is our Leadership?')**

The Quality Assurance Team were supporting improvements in the delivery of end of life care. Staff valued training and supervision but reported uncertainty around their roles and responsibilities. Some reported training to support people living with dementia was needed. This was discussed with the manager at feedback. We recognised that recent changes within the leadership team had impacted staff. Time would be needed to develop a training overview and clearly see the overall training needs of staff. Staff were confident they had the necessary skills and competence to support the majority of people in their care. We found people continued to experience good care and support.

Requirements

1. By 17 October 2025, the provider must ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

To achieve this, the provider must at a minimum:

- a) Monitor staff practice to provide assurance that care and support meets the needs and wishes of service users and is consistent with current good practice guidance.
- b) Demonstrate oversight regarding equity of senior cover and the deployment of relief and agency staff.

c) Ensure all staff receive appropriate training and have a clear understanding regarding their role and responsibilities.

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)).

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

'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?

4 - Good

We found that the service was performing at a good level in this key area. There were a number of strengths that outweighed areas for improvement.

The design of the home meant people could experience smaller unit living, while having easy access to larger communal space and gardens.

People benefitted from a modern, comfortable, welcoming environment with plenty of natural light and space. The home was clean and tidy with very good housekeeping.

The home had a relaxed, welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms. People enjoyed open visiting.

We found the home to be clean and generally well maintained. Bedrooms were spacious and residents told us that they were encouraged to personalise them. Larger rooms and tracking hoists were available as were larger bathing and toilet facilities, all of which could support staff deliver care to people with greater support needs.

The home had been open for seven years and general wear and tear had become evident within some bedrooms and on high-contact surfaces such as, handrails. While the current condition did not present immediate safety concerns, the provider should ensure surfaces are restored. This would contribute to a safe and hygienic environment for residents, staff and visitors. **(Please see Area for improvement 1)**

Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Equipment was maintained well, with safety checks being carried out at planned intervals. This helped to ensure people were safe.

Areas for improvement

1. To maintain effective infection control and a safe and hygienic environment for residents, staff and visitors, the provider should ensure equipment coverings and frequently touched areas are intact and do not compromise the effectiveness of cleaning.

This is in order 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 5.24).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, several important strengths taken together outweighed areas for improvement.

Care plans and assessments should be used to plan and effectively deliver care and support. We found the way assessments were designed meant records were predominantly limited to lists of standard statements for staff to consider. Recordings and reviews were not always evaluative nor described how effective the delivery of care had been. We found plans did not clearly identify the desired outcome of care. This made the evaluation of the effectiveness of care delivered difficult. Some appeared incomplete and contained outdated information. However, we found the audits carried out by management identified where information was missing.

Although staff had the training and skills to inform their day-to-day practice and meet people's needs and wishes, they reported gaps in the way they were informed about changes. This created a risk that staff were not working with the most up-to-date information and meant that there was greater dependency on accurate records. Overall record keeping could be more outcome focussed and evaluative. (Please see outstanding Area for improvement 6)

We did see some examples of entries that were personalised and written by staff that knew people well. We also saw evidence of health professional inputs within plans and risk assessments. This meant these records could guide and support staff in delivering day-to-day care and support. The 'at a glance' summary was described by staff as a real asset in supporting them, especially when unfamiliar with the people in their care.

Overall, risk assessments to assess residents' care needs were carried out regularly and then used to inform the care plan. We found staff carried out regular reviews with residents and their relatives. Those we sampled showed that people were encouraged to give their views and people told us that they were listened to by staff.

We found supporting documentation to monitor specific aspects of care including nutrition, safe moving and skin care were in place and generally complete. We found that the Quality Assurance Team had developed and introduced End of Life training for staff and this was being rolled out across the provider's care homes. At the time we inspected, training was ongoing and not all staff had attended. The Quality Assurance Team had also reviewed End of Life record keeping and this too was being introduced across the provider's care homes. We found inconsistency in regard to the level of detail recorded in support of future care. (Please see outstanding Area for improvement 5)

Although improvements in record keeping were identified as ongoing, we were satisfied that record keeping was sufficient to support good communication and guide staff practice. Further assurance was drawn from the recognition and action taken to address any implications for staff training.

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 appropriate staff knowledge around people's dietary needs, including adapted diets. Best practice guidance should be followed and the correct dietary needs communicated clearly with those preparing meals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 18 November 2024.

Action taken since then

We found staff had good knowledge of the people in their care, including their dietary needs. We observed mealtimes and confirmed people could choose suitably presented meals and were supported in a dignified way. Kitchen staff confirmed that care staff communicated clearly people's choices and special dietary needs.

This area for improvement is met.

Previous area for improvement 2

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful.

This should include but not be limited to:

- a) People being involved in planning how they wish to spend their time.
- b) Regular evaluation of the activities that are planned and delivered to ensure they meet people's current needs, wishes and outcomes.

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

This area for improvement was made on 18 November 2024.

Action taken since then

We found there is visible evidence of meaningful activities taking place. Residents and care staff were actively engaged with jigsaws, games on a large iPad, books and papers. The activity coordinator was well-regarded by residents, families and staff, and activities and entertainment enjoyed by those who took part.

Care staff were involved in spending quality time with residents and taking initiative in organizing birthdays and bringing in activity supplies. Residents were supported to go outside and participate in community activities.

Records we being kept and evidenced residents were asked to feedback their views. We were told Information about activities was mainly shared by word of mouth, which may exclude some residents and families expressed a desire for better communication to coordinate visits. this was discussed at feedback for the manager to consider as part of their improvement planning and on balance, **this area for improvement is met.**

Previous area for improvement 3

The provider should ensure that staff have a clear understanding regarding their role and responsibilities in relation to record keeping and that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service.

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 area for improvement was made on 18 November 2024.

Action taken since then

Staff reported a lack of confidence in their understanding regarding their role and responsibilities. A commonly reported area for improvement was around communication. We found audit processes provided information needed to complete the manager's monthly report but had yet to contribute to a development/improvement plan for the service. Recent changes within the management team were a factor in causing delays to this.

This area for improvement is not met.

Previous area for improvement 4

Records in place to guide and support staff in delivering care and support that meets the wishes and needs of people using the service should be reviewed regularly to support effective communication and guide staff. Staff should be provided with timely updates regarding any person's changing care needs to ensure they have the appropriate knowledge to inform their care delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 18 November 2024.

Action taken since then

We found care records were in place to guide and support staff in delivering care and support. There was evidence that these were reviewed regularly.

Staff reported not always feeling well informed about changes but they had the training and skills to inform their day-to-day practice and meet people's needs and wishes.

Record keeping could be more outcome focussed and evaluative. This was discussed at feedback for the manager to consider as part of their improvement planning.

This area for improvement is not met.

Previous area for improvement 5

To ensure high quality care the provider should ensure that palliative care and end of life plans reflect any identified risks as well as promoting comfort care.

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); and

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

This area for improvement was made on 18 November 2024.

Action taken since then

We found that the Quality Assurance Team had developed and introduced End of Life training for staff and this was being rolled out across the provider's care homes. At the time we inspected, training was ongoing and not all staff had attended. They had also reviewed End of Life record keeping and this was being introduced across the provider's care homes. Records sampled reflected inconsistency in regard to the level of detail recorded in support of future care.

Although action taken to meet this area for improvement had been initiated, there was not enough evidence to suggest that the process was complete or that the impact of training and service development had been assessed.

This area for improvement is not met.

Previous area for improvement 6

To ensure people experience care which supports their health and well-being, the provider should ensure individual personal plans and care records, at a minimum:

- a) are person centred and reflective of people's choices and preferences
- b) use language which reflects a culture of respect
- c) provide consistent information throughout
- d) are fully evaluated to inform people's care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is rights 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 14 May 2024.

Action taken since then

We found care records were in place to guide and support staff in delivering care and support. There was good evidence that these were reviewed regularly. They included people's choices and preferences and appropriate language.

We found some inconsistency. Plans did not clearly identify what was the desired outcome and without that, it was hard to evaluate the effectiveness of care delivered. Some appeared incomplete and contained outdated information.

As recorded under area for improvement number 5, work was ongoing to improve anticipatory, palliative and end of life care.

Staff reported not always feeling well informed about changes but they had the training and skills to inform their day-to-day practice and meet people's needs and wishes.
Record keeping could be more outcome focussed and evaluative.

This area for improvement is not 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 well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
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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