

Marchmont Care Home Service

24 Bennoch Road
Kirkcaldy
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Type of inspection:
Unannounced

Completed on:
13 August 2025

Service provided by:
Marchmont Residential Homes a
partnership

Service provider number:
SP2017012993

Service no:
CS2018369999

About the service

Marchmont Care Home is registered to provide care for up to 46 older people. The home is a traditional two storey Victorian villa with a single storey extension. The accommodation offers single rooms with en-suite toilets and hand washing facilities. Some rooms benefit from en-suite shower rooms. There are a range of communal spaces available for use by residents.

There are well kept, enclosed and accessible gardens in the middle and to the rear of the home with a summer house available for use. The home is located in a central residential area of Kirkcaldy Fife, with easy access to a range of local facilities including a regular bus service.

About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 August 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 12 people using the service and three of their relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

People were treated with compassion

Monitoring and management of people's physical health care required improvement

Staff felt part of a good team

The home was clean and well maintained

Support plans were not sufficiently detailed to guide safe, person centred care and support

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?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We have evaluated this key question as adequate, where there are some strengths, but these just outweighed weaknesses.

We witnessed warm and respectful interactions between people and staff. We observed staff who communicated with people in a way they could understand. It was evident relationships were compassionate and trusting. People told us they felt well supported by staff and gave us examples of staff they were particularly fond of. Relatives told us they felt staff really cared. Comments included 'they (staff) are marvellous' and 'there is always someone there to help you'.

Mealtimes we observed were well organised and were an enjoyable part of the day. People were offered a variety of food and drinks to suit their personal preferences. People told us the food was appetising, and they enjoyed what was on offer. Where people required adaptations to their diet these were accommodated. People enjoyed their meals in different areas of the service dependant on their need and preferences. Where people asked for specific foods and drinks the service did well to accommodate this. Kitchen staff told us they had autonomy to order different foods and snacks at people's request. As a result people could be confident their dietary needs would be well met.

People benefitted from a variety of planned activities including group games, entertainment and interaction with local groups. People enjoyed trips within the community, including visits to cafes and local attractions. We heard of some examples where staff had organised special occasions for people in the service, including people who were important to them. Relatives benefitted from access to areas where they could celebrate special family occasions and staff provided support to facilitate these. However not everybody had the same opportunity to experience a meaningful day. At the previous inspection we asked the service to consider how it gathers feedback from people to evaluate and plan future activities. There is a previous area for improvement which reflects this area for development (**see outstanding areas for improvement section of this report**).

Medication was being managed effectively. We sampled records of administration of medication which were accurate and up to date. Medication was being audited regularly, and records were clear and comprehensive. The service had developed protocols for 'as required' medication, which included good detail to support consistent practice. People could be confident they would receive the right medication at the right time.

We observed staff supporting people to mobilise safely throughout the service. Where people were at high risk of falls, staff utilised assistive technology to alert them to the need for support. Staff communicated well with people during tasks and supported them to transfer and mobilise at a pace that was right for them. As a result people could be reassured staff would support them to maintain their safety.

People appeared to have been supported with their personal care and attention was paid to hair and nail care. However, oversight of physical health required improvement. We recognised people who were experiencing weight loss. However, there was limited evidence of the service recognising this or taking appropriate steps to monitor and manage associated risks. Where people were experiencing pain there was a lack of information about how the service was managing this. Furthermore, where people required support with continence, specifically bowel management there was a lack of oversight. Visiting professionals fed back that the service did not always provide enough information to allow them to assess risk. Where people experience changes to their physical health, they should expect the service to be aware, monitor and provide appropriate care and support in line with their role and remit. As a result, we made a requirement **(see requirement 1)**.

Requirements

1. By 4 November 2025, in order to maintain the health and welfare of people living in the service the provider should ensure people's health, including pain, bowels and weight are monitored and actions taken to minimise any risk of deterioration in health. To do this, the provider must, at a minimum:

- a) Utilise food, fluid and bowel charts where appropriate
- b) Develop systems to support information sharing across the staff team
- c) Provide comprehensive information to external health professionals to allow them to make informed decisions

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 care and support meets my needs and is right for me.' (HSCS 1.19).

How good is our leadership?

3 - Adequate

We have evaluated this key question as adequate, where there are some strengths, but these were just outweighed by weaknesses.

Staff told us they felt well supported by managers, who were visible and listened to them. Relatives told us managers were approachable, and they had confidence any concerns would be acted upon. Comments included 'I trust them'. We observed the manager engaging directly with people during the inspection and people fed back that they enjoyed her company. People could feel confident the manager would make time to listen and take action to improve individual experiences.

Processes to support staff should be effective in identifying and addressing competency and development. We sampled records associated with the oversight of staffing. Records we sampled included oversight of training, supervision, and observations of practice. We found some gaps in the frequency of supervision and observations of practice. Where observations and supervision identified areas for improvement these were not collated or used to inform future development. As a result, we made an area for improvement (**see area for improvement 1**).

We found records of accidents and incidents within the service. We sampled these and found the service was notifying relevant next of kin and seeking medical attention where required. We shared guidance with the service about when they should be notifying the Care Inspectorate of accidents/incidents and asked them to ensure they do this consistently. We found limited evidence of the service considering how they could mitigate future risk of individual incidents. The service could develop this approach further by ensuring oversight of accidents and incidents within the service. This would allow managers to identify potential patterns or reoccurrences and as a result consider further action. As a result, we made a requirement (**see requirement 1**).

People should expect managers to have audits in place to assure good practice across the service. Where audits identify areas for improvement these should be actioned. The service had a range of audits in place to monitor service provision; however, these had not been effective in improving practice. We identified areas of significant improvement associated with key aspects of service provision, including oversight of clinical risk, personal care and communication between staff. We asked the service to prioritise reviewing the effectiveness of its quality assurance systems. As a result, we made a requirement (**see requirement 1**).

The manager had taken steps to gather feedback from stakeholders. We found records of questionnaires which had been completed by relatives and external professionals. It was unclear how this feedback had been analysed or used to support future improvement. The service should ensure feedback is analysed and used to inform future planning. There is an outstanding area for improvement which directs the service to suggested improvements (**see outstanding areas for improvement section of this report**).

Requirements

1. By 4 November 2025 the provider must ensure that there are robust quality assurance systems in place to ensure that the health, safety and well-being needs of service users are met and they experience positive outcomes.

This must include, but is not limited to developing systems to support:

- a) Analysis of accidents and incidents
- b) oversight of clinical risk within the service
- c) sharing of information across the staff team
- d) sharing of relevant information with external professionals.

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 the Health and Social Care Standards (HSCS) which states that: '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. Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should use formal observations of practice of staff to monitor standards of practice and competencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our staff team?

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 were supported by a staff team who knew them well. Interactions between people and staff were warm and staff took opportunities to engage with people through the day. Relatives commented how welcoming and friendly staff were. Feedback from external professionals was that staff were professional, welcoming, and engaging.

We observed staff working well together as a team. Mealtimes were well coordinated and staff worked together to ensure people had what they needed. Staff spoke to each other respectfully and felt well supported by one and other. Newer members of the team again felt well supported by their colleagues and able to ask questions. Comments from staff included feeling part of a 'strong team' and 'everyone helps each other out'. As a result people benefited from a welcoming atmosphere.

Managers used a dependency tool to support their assessment of staffing numbers. During our visits staffing levels appeared appropriate to maintain safety. We observed daily life at various times of the day and night. Whilst staffing levels were sufficient, staff fed back that they were not always able to respond to people's needs promptly. Feedback from staff about staffing numbers was variable. Some staff felt there were enough staff on shift whereas others felt additional staff would allow them to provide better support more promptly. We asked managers to consider how effective their process for assessing staff hours, skill mix, and deployment was in order to continuously enhance outcomes for people. As a result, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. The service should ensure staffing levels, skill mix and deployment of staff contribute to supporting the emotional and physical wellbeing of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like (HSCS 2.22).

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 told us they experienced care within a homely and clean environment. During our visits, we consistently found the home to be clean, fresh and at the appropriate temperature. Relatives we spoke with told us they felt reassured that they always found the home clean and free from odours. This gave them assurances that the environment was safe and well maintained.

Maintenance records showed that equipment and utilities had been serviced and checked within recommended timescales. There was a clear process for reporting maintenance issues and these were resolved quickly. Staff told us they felt this system worked well. We could therefore be confident that people were living in a safe environment.

We saw that all staff were wearing appropriate Personal Protective Equipment (PPE) correctly and that disposal of PPE was in line with good practice guidance. Staff sanitised their hands when moving through the home and between tasks. People could be confident that staff understood the importance of infection prevention and control.

People benefitted from the use of a variety of spaces to spend time. These included busier communal areas and quieter spaces. The garden was easily accessible from different exits. People were free to access the garden independently throughout the day. The garden was well maintained and inviting. This created a pleasant atmosphere for people and their relatives to spend time in.

Furnishings were generally in good condition. However some furnishings had become worn with time. The manager should ensure quality assurance systems are effective in identifying where furnishings would benefit from replacement. Where audits identify areas for improvement these should be incorporated into an improvement plan.

How well is our care and support planned?

3 - Adequate

We have evaluated this key question as adequate, where there were some strengths, but these just outweighed by weaknesses.

We sampled personal plans across the service. The service used an electronic care planning system which provided clear and accessible information. Plans and risk assessments were clearly laid out and easy to read. Some plans included a satisfactory level of detail about individual's social history and what was important to them. The service should improve consistency of recording to ensure people across the service benefit from a staff team who know what is important to them.

People should expect their personal plan to include enough information to guide consistent care and support. Some personal plans included enough detail to ensure staff were aware of personal preferences and support could be provided accordingly. However other plans were limited and did not include enough detail to guide staff practice. As a result, we made a requirement (**see requirement 1**).

Where people have specific care needs these should be documented. We sampled plans which were not reflective of the care which was being provided in practice. We were concerned that plans associated with dietary needs, management of pain, personal care, and support with distress included incorrect information. Plans had not been appropriately reviewed and amended to reflect people's current care and support needs. Plans which are not reflective of current care and support needs puts people at risk of receiving care which is not right for them and has the potential to cause harm. As a result, we made a requirement (**see requirement 1**).

Requirements

1. By 5 November 2025 the provider must ensure that the health, welfare, and safety needs of service users are met in relation to care planning and risk assessments. To do this, the provider must, at a minimum ensure all personal plans and risk assessments:

- a) are reviewed when there is a significant change in a service user's health, welfare or safety needs.
- b) accurately reflect the assessed current health and care needs of the service user, with particular attention being given to stress and distress, pain management, bowel management and nutrition.
- c) identify the support required to meet the needs of the service user, the steps which should be implemented to address these needs, and the steps which should be implemented to mitigate any risks identified.

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: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

Areas for improvement

Previous area for improvement 1

To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, reviewed and evaluated on a regular basis.

This is to ensure that care and support is consistent with 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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 25 June 2024.

Action taken since then

We observed people engaging in group activities during this inspection. People told us about different opportunities to engage with local community groups. People we spoke with told us they enjoyed the activities they attended. However, there was limited evidence of the service considering how they involve all people across the service in meaningful experiences.

There was limited evidence of formal evaluation of activities or meaningful engagement. Whilst staff took some photographs of people enjoying events, there was limited evidence of who had been involved in what and when. The service should continue to develop how it records and evaluates experiences for people. This is in order to ensure all people are supported to engage in a way that is meaningful to them. The service should use feedback from people, relatives and staff to inform future activity planning.

This area for improvement was not met. We will reassess progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 2

In order to support health and wellbeing the service should promote a culture of responsive and continuous improvement. In order to do this the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and used to inform improvement planning.

This is to ensure that my care and support is consistent with the Health and Social Care Standards which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

This area for improvement was made on 25 June 2024.

Action taken since then

There was some evidence of the manager seeking feedback from people and relatives. Feedback was gathered via questionnaires and a relatives meeting. However, we found limited evidence of this feedback having been used to inform future practice or improvement planning.

The service should continue to gather feedback from stakeholders and use this to inform future improvement. People should expect the service to have an improvement plan which clearly identifies areas for development and sets out how improvements will be achieved.

As a result, this area for improvement was not met. We will reassess progress towards meeting this area for improvement at the next inspection.

Previous area for improvement 3

To ensure the safety of people living in the service the provider should minimise the risk of waterborne infection. In order to do this the provider should ensure they have a legionella risk assessment in place which is in line with current best practice guidance. The service should ensure all actions as detailed in their risk assessment are undertaken, recorded and auditable.

This is to ensure that care and support is consistent with 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 25 June 2024.

Action taken since then

The service had a legionella risk assessment in place at the time of inspection. Records showed the service undertaking regular water temperature checks and flushing of outlets. The service was using an external company to undertake monthly checks of the water system. Additionally the service used an external company to undertake an annual inspection including legionella testing.

As a result this area for improvement was 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?	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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