

Links View

Care Home Service

Cromwell Road
Burntisland
KY3 9EH

Telephone: 01592 873 736

Type of inspection:
Unannounced

Completed on:
2 September 2025

Service provided by:
Fairfield Care Scotland Ltd

Service provider number:
SP2007009107

Service no:
CS2008183932

About the service

Links View is situated in the coastal town of Burntisland. The home is owned by Fairfield Care Scotland, part of the Carrick Care Family. The home benefits from an elevated position with views across the local 'links' and the River Forth. Accommodation is provided within an original Victorian manse building which retains many of its original features. The service is registered to provide care to a maximum of 26 people, accommodated over two floors. A large living/dining space on the ground floor provides ample seating and access to a small outdoor seating area. The service started to provide nursing care on 01 September 2025..

About the inspection

This was an unannounced inspection which took place on 02 September 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 six people using the service
- spoke with three relatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Improvements had been made to the environment to keep people safe.
- Staffing arrangements had improved to support meeting people's needs.
- Further improvement was required to meet the outstanding areas for improvement (please refer to the 'what the service has done to meet the outstanding areas for improvement' section of this report).
- The service started to provide nursing care on 01 September 2025.
- People told us they were enjoying the improved provision of activities.

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 setting?	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 setting?

3 - Adequate

We carried out an unannounced inspection of the service on 13 May 2025 and made a requirement relating to the environment because people were at risk of harm. During this inspection we were pleased to see that the necessary improvements had been made and outcomes for people were better. We have re-evaluated the grade awarded for this key question. More information can be found in the 'what the service has done to meet any requirements made at or since the last inspection' section of this report.

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

Requirements

Requirement 1

By 15 August 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) ensure effective use of a dependency rating tool to inform ongoing staffing levels within the service to ensure that they respond to the changing care and support needs of the service
- b) ensure that there are sufficient staff in place to meet people's daily health and wellbeing needs.

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 the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 13 May 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because on examination of the dependency tools, it was evident they were not accurately reflecting people's actual needs. For example, they were not taking account of the layout of the building, people's social needs, or those at risk of falling. This meant the dependency tools were calculating lower numbers of staff than actually required to meet people's needs.

During this inspection we saw dependency tools were reflecting people's needs more accurately. We saw evidence of increased staffing in accordance with changes in people's needs and numbers. A new task allocation sheet had been developed which included staff breaks. This ensured there were always adequate staff on the floor. We saw people being supported in a relaxed way and not being rushed. We also saw call alarms being answered promptly, which meant people were not having to wait for their care and support to be delivered.

Met - within timescales

Requirement 2

By 15 August 2025, the provider must ensure people are living in an environment which is well looked after with safe, clean and well maintained premises, furnishings and equipment.

This is 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 requirement was made on 13 May 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because some of the skirting boards and furnishings were damaged to the point of splintered wood showing, and some equipment such as shower chairs were rusty. This meant they could not be cleaned enough to prevent the spread of any infection. A radiator cover was displaced, bent and sharp, and a shower tray was severely damaged with exposed sharp areas; these things compromised people's safety. The cupboard housing the hot water tank was piled high with duvets, packed tightly around the tank which may have posed a fire risk. We managed to open the upstairs fire exit door effortlessly which opened onto a steep concrete staircase. This put people at risk of harm, especially those with cognitive impairment. Some parts of the flooring were very uneven which put people at risk of falling. Although the structure of the building couldn't be changed, measures could have been taken to alert people to danger and minimise risk of harm.

During this inspection we saw skirting boards and doors had been repainted so they could be easily cleaned and were clean. All damaged and/or rusty equipment had been replaced. All substandard radiators had been replaced. The cupboard housing the hot water tank had been cleared, enabling plenty ventilation. The upstairs bathroom which was accessible and had a dangerously sharp broken shower tray had been padlocked and only accessible to staff. The upstairs fire exit had a keypad fitted and could not be opened by accident. Uneven floors had appropriate tape on them, and warning signs to alert people of potential harm.

The manager carries out a walk round every day and reports any maintenance issues to a maintenance man. We saw evidence of action being taken when areas for improvement were identified.

We were pleased to see the improvements that had been made to maximise people's safety and we have re-evaluated the grade awarded to key question 4 'How good is our setting' as a result.

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

To protect people's health and wellbeing, the provider must ensure that people experience safe and effective support with medication.

In order to achieve this the provider should ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required' basis.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 13 May 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because we found a lack of recording in relation to the use of 'as required' medications. There was lack of clarity around why medications had been administered or if they had the desired effect, specifically those used for stress and distress and pain management. This meant their use could not be effectively evaluated to inform future care planning.

During this inspection the manager told us there has not been much progress made in meeting this area for improvement. He was relatively new to the post, and the service, and had been concentrating on making the necessary improvements required to keep people safe. The service started delivering nursing care on 01 September 2025 and the manager stated the nurses will be responsible for making the necessary improvements relating to medication. **This area for improvement is not met.**

Previous area for improvement 2

In order to promote activity and independence for people living in the service, the provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool, and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 13 May 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because we felt there was a lack of signage around the home to guide people to their destination and orientate them to their surroundings. This is important to people, especially those with cognitive impairment and could promote independence.

During this inspection we saw signage was placed around the home giving people direction to their bedrooms. Communal bathrooms were clearly marked. We highlighted to the manager that there would be benefits to adding a sign in the front foyer directing people to the main lounge area; he said this would be addressed.

The manager had requested one of NHS Fife's Care Home Liaison Team's nurses to complete the Kings Fund Tool which had been done. The manager intended to discuss all identified areas for improvement with people living in the service and their families. He planned to add these to the service improvement plan and keep people up-to-date with the progress being made. **This area for improvement is met.**

Previous area for improvement 3

In order to ensure individual's experience, the safe and effective administration of medication, the provider should; review medication care plans to ensure clear and detailed guidance in relation to medication administration and effective evaluation is available to the care team.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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'.

This area for improvement was made on 13 May 2025.

Action taken since then

This area for improvement was made as a result of a previous upheld complaint. It was made because there was a lack of clear and concise information available to staff in relation to people's medication. Medication care plans we sampled were written in general terms and did not inform staff of what medication people were taking or how it should be administered. When people had suffered trauma, for example a fall, we often saw the statement 'remedial action taken'. There was no explanation of what this was, therefore effective evaluations could not be carried out to inform future care planning.

During this inspection the manager told us there has not been much progress made in meeting this area for improvement. He was relatively new to the post, and the service, and had been concentrating on making the necessary improvements required to keep people safe. The service started delivering nursing care on 01 September 2025 and the manager stated the nurses will be responsible for making the necessary improvements relating to medication care plans. **This area for improvement is not met.**

Previous area for improvement 4

In order to ensure individuals experience safe and effective fall prevention and fall management procedures, the service should access and implement the best practice guidance: 'Managing-falls-and-fractures-in-care-homes-for-older-people-good practice resource (2016)' to ensure best practice is in place and individuals are as safe as possible.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: 'My future care and support needs are anticipated as part of my assessment'.

This area for improvement was made on 11 September 2024.

Action taken since then

This area for improvement was made as a result of a previous upheld complaint. It was made because there were inadequate falls risk assessments, care plans and post-falls monitoring in place for someone who had suffered injury due to falling.

During this inspection the manager told us there has not been much progress made in meeting this area for improvement. He was relatively new to the post, and the service, and had been concentrating on making the necessary improvements required to keep people safe. The service started delivering nursing care on 01 September 2025 and the manager stated the nurses will be responsible for making the necessary improvements relating to falls management. **This area for improvement is not met.**

Previous area for improvement 5

In order to support good outcomes for people experiencing care, the service should ensure that all staff delivering direct care understand their role and responsibilities in relation to monitoring people's skin integrity. There should be effective systems of reporting changes or concerns to allow appropriate actions to be taken. Individual plans of care should fully reflect proactive and preventative measures to reduce the risk of pressure damage.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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'.

This area for improvement was made on 7 February 2025.

Action taken since then

This area for improvement was made as a result of a previous upheld complaint. It was made because people should expect staff to have the skills and knowledge required to carry out wound care in line with good practice guidance. We are not satisfied that staff had demonstrated an appropriate level of skill or knowledge in relation to skin integrity and wound management.

During this inspection the manager told us there has not been much progress made in meeting this area for improvement. He was relatively new to the post, and the service, and had been concentrating on making the necessary improvements required to keep people safe. The service started delivering nursing care on 01 September 2025 and the manager stated the nurses will be responsible for making the necessary improvements relating to skin integrity. **This area for improvement is not met.**

Previous area for improvement 6

The provider should ensure that quality assurance and audit processes are effective in identifying areas for improvement and contribute to improvement planning. To do this, the provider must at a minimum:

- a) ensure that people's views, suggestions and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences
- b) have a continuous improvement plan that evidence that the care and support provided meets the assessed needs of service users and addresses areas for improvement
- c) promote comprehensive quality assurance by involving other stakeholders in the process.

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) 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 2 August 2024.

Action taken since then

This area for improvement was made as a result of the last inspection. It was made because there was a lack of evaluation of things such as complaints, accidents and incidents and falls. This meant trends and common themes could not be identified and action plans put in place to make improvements. It was also disappointing to find many of the outstanding areas for improvement remained unmet. We fed back our inspection findings to the provider and the newly appointed manager, who gave their assurance that the necessary improvements would be made.

During this inspection we were pleased to see the improvements that had been made, for example to the environment and staffing. The new manager was aware of the further improvements needed and had started to develop quality assurance systems to support this. More time was needed to make the improvements, implement the new quality assurances processes and evaluate their effectiveness. **This area for improvement is not met.**

Previous area for improvement 7

In order that people experience good outcomes and quality of life, the service should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The service should also develop the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

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) 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 7 August 2023.

Action taken since then

This area for improvement was made as a result of the last inspection. It was made because people told us they enjoyed the activities and entertainment but often got bored outwith the activity coordinator's part-time hours. One of the ancillary staff had split her full-time hours and taken on the role of part-time coordinator (afternoons). Care staff we spoke with told us they didn't have much time to interact socially with people, and we saw some people who preferred to spend time in their bedrooms were alone for long periods. We recognised the improvements since our last visit, but further improvements were necessary to meet this outstanding area for improvement. The newly appointed manager agreed and gave his assurance this would be addressed.

During this visit we learned that another member of ancillary staff had been employed which enabled the activity coordinator to spend most of her working hours supporting activity. The improved staffing meant they had more time to spend socially interacting with people and they told us this was also the case in the evenings and at weekends. People living in the service verified this. We saw evidence of increased outings such as trips to Silverburn Park in Leven, Burntisland Games, and the beach in specialised beach wheelchairs. A trip was scheduled to Blair Drummond Safari Park to meet up with people from the organisation's sister homes. Activity records had also improved. **This area for improvement is met.**

Previous area for improvement 8

To promote responsive care and ensure that people have the right care at the right time, the service should ensure that people have person-centred care plans in place, that offer clear and up to date guidance to support staff. Priority should be given, but not limited to, stress and distress, anticipatory care planning and nutrition care planning.

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 7 August 2023.

Action taken since then

This area for improvement was made as a result of the last inspection. It was made because although we saw some good examples of care planning and records of people's individual needs, wishes and outcomes, this was not consistent. The information recorded at times was contradictory.

During this inspection the manager told us there has not been much progress made in meeting this area for improvement. He was relatively new to the post, and the service, and had been concentrating on making the necessary improvements required to keep people safe. The service started delivering nursing care on 01 September 2025 and the manager stated the nurses will be responsible for making the necessary improvements relating to care plans. **This area for improvement is not met.**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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