Lunan Court
Care Home Service

Albert Street
Arbroath
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Telephone: 01241 430 041

Type of inspection:
Unannounced

Completed on:
27 August 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

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CS2011300751

About the service

Lunan Court is a purpose-built care home providing accommodation over two floors, located near the centre of Arbroath. The service is registered to care for up to 44 older people, including people living with dementia. Nineteen people live on the ground floor and there is lift access to the upper floor which is a Memory Care unit for 25 people. All bedrooms have an en-suite WC and wash hand basin. Each floor has a combined lounge and dining area as well as accessible bathroom and shower rooms. The home benefits from views over the sea with an accessible garden with a summer house.

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 10 people using the service and three of their relatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The atmosphere in the home had improved since our last visit and was warm, homely and calm.
- Staffing arrangements had been reviewed and this meant that staff had more time for meaningful connection with people.
- Staff were working well together as a team and felt supported by the management, which meant morale had improved.
- Quality assurance processes used a whole team approach and identified areas for further improvement.
- The service should ensure that people are consulted regarding the suitability of activities and that these are planned with people's goals and outcomes in mind.
- Further training is required to aid staff's understanding of the use of restrictive practice in line with current guidance.

How well do we support people's wellbeing?

At our inspection we followed up an outstanding requirement under this key question. This requirement has, on the whole, been met. Please see 'What the service has done to meet any requirements we made at or since the last inspection' section.

However, during our inspection, we carried out formal observations which did not result in positive outcomes for everyone. A group observation during a visit from the local nursery evidenced that staff engaged very well with the nursery children who were visiting, but less so with residents. At least one resident was uncomfortable with the visit and expressed concerns to us afterwards. It wasn't clear what the process had been to ensure that people were asked if they would like to participate in this activity or if it was appropriate and enjoyable for everyone. There wasn't a plan or specific outcome identified for people for this activity. We discussed this with the manager and have therefore made an area for improvement. We will follow this up at our next inspection.

Areas for improvement

1. To ensure people are supported to have a meaningful day, the provider should ensure people have opportunities to take part in activities based on their preferences. The service should have a clear plan in place for all activities, highlighting the potential goals, expectations and outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and '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).

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

Requirements

Requirement 1

By 4 August 2025, you, the provider, must ensure that people's physical and mental health and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. This means putting people at the centre of their care, identifying what is important to them, and ensuring that everyone is working together to support positive outcomes. In particular you must:

a) ensure that staff are given adequate time away from carrying out their duties to receive training relating to people's specific health conditions and that all staff have time planned to engage people in meaningful connection out with care tasks throughout each day

b) ensure people are provided with and assisted with the prescribed diet in line with guidance given and that people have access to fluids in bedrooms and are assisted with these as required

c) ensure people receive responsive care. This includes, but is not limited to, answering buzzers promptly within reasonable timeframes.

This is in order to comply with regulations 3, 4(1)(a), and regulation 5 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).

This requirement was made on 26 May 2025.

Action taken on previous requirement

There was a marked improvement in the overall atmosphere in the home since our last inspection. It felt calmer, cleaner and more organised, with life stations now in place offering additional activities for people, such as cleaning and music therapy. Feedback we received from people, staff and relatives was on the whole positive.

Staff told us that there had been improvement with the time they had allocated to spend with people for meaningful connection. Staff had completed group sessions regarding the importance of meaningful connection, which had been positive and informative. Rotas and daily allocation sheets reflected that staff were allocated specific time to spend with people on each shift and this was proving to be successful. During our inspection, this was evident as staff were engaging with people throughout the day. Staff were sitting chatting with people, there was lots of dancing and laughter, a visit from the local nursery school and a planned outing. Staff spoke positively about the changes and said that people were benefitting from this. Staff told us, 'Their faces light up. It's great to see'.

Staff told us that the culture in the home had improved, that they were under less pressure and were now more able to spend time engaging with people and completing necessary training. Staff told us that people were given more opportunity to spend some time out of the home if they wished. Staff also enjoyed time in the garden with people during our visit.

Staff were visible in communal areas throughout the day and people told us that they did not have to wait long for support. There were increased levels of engagement with people at different points throughout the day, although this was in the main, task focussed, in one area in the home.

Two formal observations carried out resulted in unsatisfactory outcomes for one or two people. A group observation during a visit from the local nursery evidenced that staff engaged very well with the nursery children who were visiting, but less so with residents. At least one resident was uncomfortable with the visit and expressed concerns to us afterwards. An individual observation demonstrated that one person slept for most of the time frame, with food and fluids in front of them. A staff member engaged with them for a very short time trying to persuade them to drink, but after a few sips the drink and snack were removed. We discussed this with the manager, who had already taken action to improve the issues discussed. We had confidence necessary improvements would be made to prevent reoccurrence.

There were some very good interactions between staff and residents outwith the periods of our formal observations. Where people experienced stress and distress, this was managed calmly and sensitively by staff. A new process had been implemented to support new admissions to the home. This involved a specific member of staff being allocated to facilitate a smooth transition into the home for all admissions. During our inspection, this had resulted in a very positive outcome for one person. They were welcomed and supported in a caring manner into their new home and were on hand to offer reassurance when required, at this sometimes difficult time.

There were plenty of drinks and snacks around the home, freely available for people to help themselves. People had access to fresh fluids in their bedrooms and one person told us that staff popped in and out to check they were remembering to have a drink and to invite them through to the lounge at cup of tea time. Fluid charts sampled, were well recorded and consistent. This helped people maintain a good fluid intake each day.

Staff were knowledgeable regarding people's specific dietary requirements and told us what support people required at mealtimes. An information sheet was in place in the dining room for all staff to refer to regarding people on staged diets and fluids as a point of reference. Staff told us that this was a really helpful tool to have in place for them and also for any new staff. Staff told us they had more time to ensure people were assisted in line with their needs for food and fluid intake at mealtimes, since an increase in staffing levels. This meant people were being assisted appropriately and timeously at mealtimes to maintain a healthy, nutritional balance.

Recording in food charts was inconsistent. For example, documentation stated that people had eaten a 'half portion', 'full portion' or 'all'. There was no benchmark in place as to what this meant, such as measured serving spoons or pictures of what a large, medium and small portion looked like. This would aid consistency in recording and ensure accurate evaluation of people's intake. We discussed this with the manager and will follow this up at our next visit.

People's care plans reflected their nutritional needs, and people were receiving their prescribed care. One person had conflicting information in their eating and drinking care plan, which was confusing. We discussed this with the manager, who took prompt action to review this information, and this was promptly updated to reflect the person's current need.

Communication within the staff group was good. Handover meetings took place each day where people's clinical needs and any changes/actions required were discussed. This kept staff up to date regarding any changes and ensured appropriate, prompt action was taken in order to keep people well.

There was a marked improvement in responsive care during our visit. Buzzers were less frequent and the environment was calmer. When buzzers sounded, they were answered promptly. The manager advised of a new system being implemented soon which would allow her to run reports on how long each buzzer took to be answered. Meantime, they had been completing call bell audits, at varying different times, in order to monitor these responses. These audits evidenced that since the additional staff had been implemented, answer times had reduced and people had received more responsive care. People we spoke to stated that they did not have long to wait for staff to assist them at any time. This benefitted people's overall wellbeing.

This requirement has been met. However, an area for improvement will be made under Key Question 1, with regards to planning of visits/activities to ensure everyone is happy and consenting to this, and the service to be clear about the overall outcome or goals for people when arranging activities (please see under Key question 1: How well do we support people's wellbeing?).

Met - within timescales

Requirement 2

By 4 August 2025, you, the provider, must ensure people have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

a) ensuring a comprehensive service improvement plan is developed to incorporate issues identified through quality assurance processes and reflects all stakeholder's feedback

b) ensuring robust auditing processes are identifying areas for improvement across all key areas of the service. Where areas for improvement are identified through audit, putting in place and implementing action plans which set out specific, measurable, achievable, and timely actions

c) ensuring all staff are accountable for and carry out the required remedial actions set out within action plans and reviewing the effectiveness of actions put in place to ensure positive outcomes for the health, safety, and welfare of people experiencing care.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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: '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 26 May 2025.

Action taken on previous requirement

Staff told us they had confidence in the manager and that she was supportive and a good leader. Staff still had some understandable anxieties around the impending appointment of a new, permanent manager to the service, when positive changes had now been made and the service stabilised. We discussed with the manager and senior management, that the importance of maintaining and developing existing processes, would be key to supporting people and the overall stability of the home, moving forward.

A comprehensive service improvement plan was in place (project plan). This contained some issues identified through the internal quality assurance processes that had been followed up appropriately. The plan also reflected some feedback from some relatives. Staff told us they were consulted regarding service development and asked for their feedback regularly. Adding people's feedback to the overall service improvement plan, would strengthen this further and ensure a culture of continuous development.

A variety of different audits were being carried out and identifying areas for improvement. Staff told us they now felt involved in the service development and had been involved in quality assurance and also other processes such as pre-admission assessments. Staff demonstrated a good understanding of their responsibilities and accountability, with regards to these processes and the importance of completing these to improve outcomes for people.

People's personal plans had been audited on a regular basis. However, these audits hadn't always identified some of the issues noted at the time of the audit, where record keeping was poor. For example, information contained in people's six-monthly reviews was scant at times and did not reflect people's views nor had clear action plans in place, where changes to care was required.

However, where areas for improvement had been identified by the provider, this was on the whole recorded, tracked and actioned appropriately. We discussed this with manager and had confidence these issues would be addressed promptly. We will follow this up at our next visit.

This requirement has been met.

Met - within timescales

Requirement 3

By 4 August 2025, you, the provider, must ensure that people's care, and support needs are met and that staffing arrangements are safe and effective. To do this, the provider must, at a minimum:

a) regularly assess and review people's care and support needs

b) demonstrate how the outcome of people's assessments are used to inform staffing number and arrangements

c) implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are fair and effective in providing responsive, person-centred support and that staff wellbeing is considered.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019).

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 26 May 2025.

Action taken on previous requirement

People had a dependency assessment completed in their care documentation, which had been reviewed on a monthly basis to reflect any changes. Care plans were also reviewed monthly and informed staff of the current level of need.

All dependencies were collated into one tool in order to inform overall staffing arrangements. The manager monitored this closely and had good oversight of all staffing levels.

The manager reviewed dependencies as a minimum monthly and had recently increased the staffing levels in the home by one extra carer each day. This person worked flexibly across both units, where dependencies were the greatest. This had improved outcomes for people and was having a positive effect on everyone in the home.

Staff told us that the extra staff had made a significant difference to people they were supporting, as care was more organised and responsive. Breaks had been reorganised and this was improving time staff could spend with people.

There were currently three vacant rooms in the home. We therefore discussed with the manager the importance of all new admission dependencies being discussed in addition to existing people's dependencies in the home, to ensure current staffing levels would continue to support good outcomes for people.

Staff felt more supported since our last visit and were happy. We were told that staff received regular supervision and growth conversations and that their overall wellbeing had improved because they were being listened to by the management team.

Staffing arrangements were fair as staff worked across both units and this had been recognised by staff and improved staff morale.

This requirement has been met.

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

Where it is assessed as necessary and appropriate to restrict a service user's freedom of movement, choice and control, you the provider, should ensure that the reasons for such restrictions are clearly documented, that any representative of the service user is consulted and that such decisions are made in accordance with the Mental Welfare Commission for Scotland Good Practice Guide on 'Rights, risks and limits to freedom.'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ' I can independently access parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11); and 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

This area for improvement was made on 26 May 2025.

Action taken since then

The majority of people's bedroom doors were now unlocked and people were able to access their rooms freely.

Where one or two people had requested to have their doors locked when they were not in the room, they had risk assessments in place. Risk assessments were reviewed monthly to ensure this was still required or if any changes needed.

Some documentation regarding discussions with families and residents around the risks and why restrictive measures may be required was in place but was not detailed or prescriptive. We were unable to therefore evidence people's understanding of the restrictive process such as locking doors and the impact on people this may have.

Although there had been some improvement noted since our last visit, some staff's understanding of restrictive practices was still limited and there appeared to still be an existing culture of outdated practice in the home at times. We discussed this with the manager who was keen to make improvements. We discussed the importance of people's/staff's understanding of the rights, risks and limits to freedom good practice guide from the Mental Welfare Commission and how this should be applied accordingly, in order to keep people safe whilst being mindful of their human rights. Discussions and training regarding restrictive practice should be put into practice and embedded in the service moving forward.

This area for improvement has not been met and we will follow this up at our next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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