

# Parkholme Care Home Service

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Lossiemouth  
IV31 6RF

Telephone: 0123456789

**Type of inspection:**  
Unannounced

**Completed on:**  
1 September 2025

**Service provided by:**  
The Richmond Fellowship Scotland  
Limited

**Service provider number:**  
SP2004006282

**Service no:**  
CS2025000229

## About the service

Parkholme is a registered care home based in Lossiemouth. The service is provided by The Richmond Fellowship Scotland and has capacity for providing care to six adults.

The service is a purpose-built bungalow with communal kitchen, dining and living room. Some bedrooms have ensuite facilities. The service benefits from an accessible, enclosed garden. At the time of inspection, four adults were receiving care and support.

## About the inspection

This was an unannounced inspection which took place between 28 and 30 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 four people using the service and three of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed the results of 16 surveys returned to us prior to inspection.

## Key messages

- People appeared well, comfortable in their home and were enabled to be clean and dressed how they liked.
- Staff treated people with kindness and compassion; however, some interactions could have been more positive.
- Staff were knowledgeable about people's health needs, but people did not always receive the care they needed at the right time.
- Leaders had begun making a service improvement plan; however, quality assurance audits and checks required improvement.
- Staff had undertaken most of the training they required to meet people's needs; however, service specific training required improvement.
- Leaders had done a lot of work to create care plans; however, risk assessments were not always clear.

## 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?	3 - Adequate
How good is our setting?	3 - Adequate
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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People appeared well, comfortable in their home and were enabled to be clean and dressed how they liked. One person was very content and relaxed following being supported to bathe. Care plans had detailed step by step guides to support personal care and records indicated that personal care was supported well.

Staff treated people with kindness and compassion, most of the time. Staff interacted well, speaking softly and smiling with people. However, some interactions could have been more positive. We saw some interactions where people tried to engage with staff, but staff did not respond. On one occasion, a person in a wheelchair was moved without warning or discussion. These types of interaction can result in less enriching experiences for people. **(See area for improvement 1)**

Food was prepared to meet people's dietary needs, for example one person was supported with a gluten free diet. People with swallowing difficulties were supported with altered textured food and drink that met their needs. Food smelled appetising and the menu was being reviewed to ensure that this met people's individual tastes. Staff monitored people's fluid intakes to ensure they remained hydrated. However, families and professionals were not confident that people who required specialist support for nutrition, such as Percutaneous Endoscopic Gastrostomy (PEG) feeding, were supported well. Staff training records and competency observations of PEG support did not reassure us that staff were skilled or competent in this area. **(See requirement 1)**

People received medication at the right time and medication was stored safely. Staff kept good records, and medication stock was audited regularly. However, we were not assured that staff were sufficiently trained in supporting an invasive medication procedure for one person. This could result in unintended harm. 'As required' medication was given as prescribed, however care plans for 'as required' medication would benefit from more person-centred detail. People did not have clear medication assessments, meaning they may not receive the correct level of support. **(See requirement 1 and area for improvement 2)**

Staff were knowledgeable about some people's health conditions, for example, epilepsy. Staff maintained good records of seizure patterns, allowing for the person's treatment plan to be reviewed to meet their changing needs. However, another person's care plan did not give clear guidance on the level of supervision they required to keep them safe. This resulted in the person being left unsupported for a prolonged period of time, posing a risk to their safety and wellbeing. The provider must ensure that staff have clear guidance to ensure people receive the right care at the right time. **(See requirement 1)**

People benefitted from regular healthcare assessments and access to community healthcare. Records indicated people were enabled to attend various appointments such as the GP, nurse, optician, dentist and physio. Appropriate referrals were made when people showed a decline in health. The provider had arranged training with the local authority nursing team, to improve staff skills in monitoring people's health. We will review the impact this has on people's experiences at future inspections.

## Requirements

1. By 10 November 2025, the provider must ensure that people experience care and support that is safe and meets their needs. To do this the provider must, at a minimum:

- a) ensure people experience care and support at the right time, to meet their needs and wishes
- b) ensure care plans and risk assessments accurately reflect people's needs and wishes
- c) ensure staff are aware of, and follow, people's care plans and risk assessments
- d) ensure staff are sufficiently trained in all aspects of people's care and support needs. This should include, but is not limited to, invasive medication.

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: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

## Areas for improvement

1. To ensure that people experience positive and enriching care, the provider should ensure that people are treated with dignity and respect at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience care and support where all people are respected and valued." (HSCS 4.3)

2. To ensure people receive the correct level of care and support, the provider should ensure that people have their level of capability assessed for administration of medications. This should result in medication being administered appropriately, considering best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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, where strengths only just outweighed weaknesses.

Leaders had begun to develop a service improvement plan (SIP). As the provider had only recently been commissioned to provide care at the service, this document was new. It was positive that this had some input from people, families and staff. Leaders should continue to develop the SIP to inform service improvement. We will review this at future inspections.

Quality assurance was not always effective. Finance audits were done frequently, resulting in protected finances. However, other audits were not as effective or were not being carried out. For example, health and safety audits had not been done regularly, which should have highlighted that safety checks were not completed regularly. Leaders did not audit the environment, or infection prevention and control practices within the home. This resulted in inappropriate cleaning products being used. We were not assured that leaders assessed staff competency in all expected areas, such as invasive medicine, safer swallowing and PEG feeding.

The provider should ensure effective quality assurance, that reduces risks and improves people's experiences. **(See requirement 1)**

Unplanned events, such as accidents, incidents and medication errors, were recorded consistently by the service. Leaders investigated these events. Leaders should now consider how they share learning from unplanned events with the wider staff team. Appropriate notifications following unplanned events were not always reported to the Care Inspectorate. We highlighted our guidance for 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. We will review improvements to making notifications at future inspections.

Team meetings took place, and it was positive that staff practice issues were discussed at team meetings. This should contribute to improved standards of care. The provider should consider discussing staff professional codes and the Health and Social Care Standards (HSCS) to support continuous improvement within the staff team.

The service had not received any formal complaints. However, the complaint policy guided leaders to keep a record of informal concerns, with an aim of resolving these quickly. This should allow the provider to respond to concerns quickly, improving people's experiences.

## Requirements

1. By 10 November 2025, the provider must ensure that people are safe, and benefit from effective quality assurance systems, audits and tools. To do this the provider must, at a minimum:

- a) review current audit tools and processes to ensure that they result in improved safety for people. This should include, but is not limited to, health and safety and environmental audits
- b) ensure that audits and checks are carried out regularly, by suitably skilled staff
- c) ensure leaders monitor and respond when people's experiences do not meet expected standards
- d) develop and implement a programme of competency assessments, to ensure that the quality of care provided by staff meets people's needs. This should include but is not limited to Percutaneous Endoscopic Gastrostomy (PEG) care and support.

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: "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, where strengths only just outweighed weaknesses.

Staff did not appear rushed and were able to support people at their own pace. Staff knew people well and could respond when people became distressed. For example, during a noisier period, staff recognised one person was upset and supported them to a quieter space.

Staff were kind and interacted well with people.

The provider had worked hard to recruit staff, resulting in several new 'bank' staff. The service did not use agency staff, meaning people were supported by staff who were familiar to them. However, records indicated that shifts were often uncovered, resulting in less than optimum staffing. This could result in people experiencing less support than they need. The provider should ensure that staffing numbers allows for people to experience the care and support that meets their needs and wishes. We will review this at future inspections.

We were not confident that staff were deployed well. Dependency assessments did not translate into staff hours or inform shift patterns. Families reported that senior staff were on site more frequently, which should result in improved staff direction. However, handovers and mid-shift meetings did not give staff the direction they needed. Staff told us that they did not have clear accountability on shift and were not always clear who they should be supporting, or what tasks they should complete. This resulted in both care and health and safety tasks being missed. **(See area for improvement 1)**

Staff had completed most of their core training, including moving and handling, epilepsy and first aid. However, service specific training and competency assessments were not completed for all staff. This included training for invasive medication and competency observations for PEG care. This could result in people experiencing care and support that does not reflect best practice guidance. **(See requirement 1 in 'How well do we support people's wellbeing?' and requirement 1 in 'How good is our leadership?')**

### Areas for improvement

1. To ensure that people have sufficient staff to meet their needs, the provider should review staff deployment. This should result in staff having clear accountability for people's care and other associated tasks needed for the day to day running of the service.

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) and; "My care and support is consistent and stable because people work together well." (HSCS 3.19)

### How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service was a comfortable temperature and decorated to a nice standard in most of the building. Some rooms had chipped paintwork, however, the provider assured us this would be repaired. Communal areas were clean and well presented. There were no unpleasant odours and the service appeared clean. People had their own bedrooms, which were personalised and to individual tastes. People were comfortable in their home environment.

People benefitted from sufficient aids and facilities. Baths and bathroom facilities were spacious and accommodated additional mobility needs. A new tracking hoist was being installed, to ensure people could move from bed safely and comfortably.

Whilst the service appeared clean, cleaning products were not stored securely, which could result in unintended harm. Cleaning schedules were not completed consistently. Records indicated that hoists had not been cleaned as often as they should. Ineffective cleaning solutions were used in sanitary areas, such as bathrooms. This could result in the spread of infectious illness. **(See area for improvement 1)**

People could move freely around their home and there was signage to support people to get to where they wanted to be. However, some corridors in the building were poorly lit, which could result in disorientation or falls. The service should regularly review lighting, as part of a regular environmental audit, within the home. (See Requirement 1 in 'How good is our leadership?').

The provider had arranged regular maintenance, such as electrical appliance testing and gas safety checks. However, some checks were not done regularly, such as fire alarm testing and water temperature checks. Bed rails, that keep people safe in bed, had not been checked regularly. This could result in people becoming trapped and injured. **(See Requirement 1 in 'How good is our leadership?').**

The garden was well appointed and accessible, meaning people should be able to enjoy this freely. Some people were supported to access the garden for short periods of time. Woodwork in the garden, such as planters, sheds and benches required painting, which will enhance people's enjoyment of their outdoor space. We will review this at future inspections.

The activity room and 'snoezelen', a relaxation room for people, were under-utilised. One person clearly benefitted from the snoezelen, listening to music and relaxing; however, their enjoyment would be enhanced if this was not used for storage. The activity room was also used for storage. This was a missed opportunity to create spaces that people and their families could benefit from. The provider should review this, to maximise the spaces available to people. We will review this at future inspections.

## Areas for improvement

1. To ensure that people live in a safe environment, the provider should ensure cleaning products used meet best practice guidance and are stored safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe." (HSCS 5.19)

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

As a new provider, leaders and staff had done a lot of work to create care plans for people. Care plans contained step by step guides to support people's health and personal care. Guidance from external professionals, such as speech and language therapy and the epilepsy team, were easily accessed within the care plan. This should result in people's health needs being met.

Risk assessments were not always clear, resulting in inconsistent care and support. For example, one person's risk assessment did not give clear and accurate guidance on how long they may be left unsupervised. This has the potential to cause harm.

The provider should ensure that care plans and risk assessments keep people safe. (See requirement 1 in key question 'How well do we support people's wellbeing?')

People enjoyed some meaningful activity such as walks, complementary therapy and chair aerobics. However, care plans lacked the detail required to support people to plan and enjoy meaningful activities regularly. Feedback from staff, families and some professionals indicated that meaningful activity does not always meet people's individual needs. One professional told us "The person used to get out daily; this seems to be a backward step." The service should continue to develop care plans, ensuring that they result in people getting the most out of life.

Care plans identified when people needed help to make decisions. Restrictive practice risk assessments were in place, however, would benefit from more detail. When people had a welfare guardian, legal documentation was present in most care plans. However, there were no delegation agreements within the care plan, detailing when the service could support people to make decisions. The provider assured us they are in discussion with guardians and will ensure care plans reflect these discussions. We will review this at future inspections.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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