

Lomond View Care Home Care Home Service

Lomond View Care Home
Falkland
Cupar
KY15 7AR

Telephone: 01337 857 521

Type of inspection:
Unannounced

Completed on:
9 September 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000108

About the service

Lomond View Care Home is a well established care home for people over the age of 65, situated in the residential area of Falkland, Fife. It is close to local transport links, shops and community services.

Each floor has its own communal sitting and dining areas and a passenger lift. Bedrooms are all ample size and have en-suite toilet and shower facilities. The home benefits from well kept, landscaped surrounding garden areas, with garden seating available for residents' use.

The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 2nd, 3rd and 4th September 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 11 family members
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People were supported by a regular care team that were dedicated and skilled.

Staffing levels were inadequate at times, impacting people's experiences.

Weak practice around nutrition had resulted in unplanned weight loss for some people living in the home.

Areas of quality assurance and oversight had not been sustained since our last inspection.

Immediate actions had been taken by the provider and urgent improvements undertaken throughout our inspection.

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?	2 - Weak
How good is our leadership?	2 - Weak
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?

2 - Weak

We made an evaluation of 'weak' for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Regular care staff knew people's needs well and made efforts to ensure that people's essential care needs were met. One relative told us: "Everyone's always chatting to him and keeping an eye." We observed interactions that were attentive and genuine. We saw examples of where care staff had proactively given pain relief in anticipation of pain. However, we did not see this approach being consistently applied and found examples of where pain management was not considered when stress and distress was being displayed, or for people who were receiving treatment for pressure sores. This compromised people's health and wellbeing. **(See requirement 1)**

People should receive care and support that is based on good practice guidance and standards. We were concerned to find wound care treatment plans that were inconsistently completed and that wound care reviews had not been carried out as expected. Although care and nursing staff were able to confidently confirm that wounds were regularly re-dressed, this inconsistent practice put people at risk. Systems were re-established at the time of our inspection to ensure wound care was delivered on time and in line with individual treatment plans. Improvement is needed in how the service manages and monitors clinical oversight, particularly around wound care and treatment. **(See requirement 2)** This would ensure that people's care, and treatment is effective.

We were concerned to find that some people living in the service had experienced unexplained weight loss. The quality, presentation and choice of food available to people was poor. People told us, "Sometimes I could see the food far enough" and "The meat is always tough." A relative told us, "The food is disgusting." The quality of people's experiences and concerns around weight loss had been recognised by the provider and some initial steps taken to ensure people had access to calorific, nutritious, and enjoyable foods. People who had lost weight, had been identified for weekly weight monitoring and referrals had been made to the dietician team for support, where this was appropriate. People told us they wanted more input in the food options, to help them feel valued and to have some choice and control. One person told us, "Keeping involved in food choices makes me feel a little bit more important." This inspection was carried out alongside the Care Inspectorate complaints team, who have made a requirement in this area of concern. Please see section 'Complaints' of this report for information on how to access the details of the inspection carried out by our complaints team. Continued improvement here is essential to ensure that people's meals and snacks meet their needs and preferences.

People should benefit from a robust medication management system. We saw various examples where 'as required' medication protocols were missing. This meant that essential information could be missed when administering medicines that are only required on an occasional basis. Carry forward stock balances were also missing from medication administration records. In one case, poor stock management led to a person's pain relief medication running out and multiple doses were therefore missed. These issues had been identified as part of the providers quality assurance checks, however they had not been acted on. This gave us concern that the systems which were in place to ensure people's medication management was safe, were ineffective. **(See requirement 1 and requirement 2)** A further requirement in section "How good is our leadership?" of this report also applies.

Requirements

1. By 4 November 2025, you must protect the health and welfare of people by ensuring that pain is proactively managed and without delay. To do this, the provider must, at a minimum:

a) develop, implement and regularly review pain assessment tools to ensure signs that people who are in pain are identified and their pain is addressed timeously.

b) ensure that 'as required' protocols and regular treatments consider all cases where pain can be reasonably assumed.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) and 9, (2)(b) (fitness of employees) 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. By 4 November 2025, the provider must ensure that people's health, welfare and safety needs are met, by robust practice that follows best practice guidance.

To do this, the provider must, at a minimum:

a) ensure the management team use regular clinical monitoring systems to ensure the care and treatment being provided is in line with people's needs.

b) ensure accurate recording of key information including wound care review and treatment, care handover records and 'as required' medication protocols.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our leadership?

2 - Weak

We made an evaluation of 'weak' for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People should be supported by a service that uses robust quality assurance systems to lead continuous improvement. Despite the quality assurance systems that were in place at Lomond View Care Home, the use of these to monitor standards of care and drive improvement was inconsistent. We saw that previously made improvements had not been sustained. Where the provider's wider quality assurance teams had identified areas for improvement, these had not always been actioned, and systems were not in place to follow these up on a consistent basis. Staff and relatives told us that when they had raised concerns with the immediate management team, this had not always been acted upon. We found that information about how to escalate a concern to the wider provider team was not visible. This information should be accessible to promote a culture of transparency and to help keep people safe from harm. **(See area for improvement 1)**. Overall, this meant areas of concern had gone unaddressed and, in some cases, unnoticed. This put people at risk of harm and impacted on people's experiences.

At the time of our inspection, new management arrangements were in place and thorough audits had commenced to address areas of concern and risk to people. The provider had taken immediate actions to address concerns around nutrition, wound care, and staffing levels. We were assured that any immediate risk to people had been mitigated. A detailed action plan was shared with us, by the provider, which described its immediate improvement focuses. We also discussed with the provider ways in which it should improve its systems for identifying and addressing concerns without delay when its services are not performing to the expected level. We have made a requirement. **(See requirement 1)**. Improvement in this area is essential to ensure quality of care and support for people is not compromised.

Requirements

1. By 4 November 2025, you must ensure that quality assurance systems are being utilised to ensure that the health, safety, and well-being needs of people receiving care are met, and they experience positive outcomes. To do this, the provider must at a minimum:

- a) Ensure appropriate and effective leadership of the service.
- b) Implement accurate and up-to date audits for monitoring and checking the quality of the service are in place and ensure that any areas for improvement identified are addressed without delay.
- c) Ensure effective clinical oversight is in place to monitor people's health care needs and ensure that the right care and treatment is in place, at the right times.
- d) Include feedback from all stakeholders as part of these assurance systems to measure improvement.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Sections (7) and (8) 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: '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 allow for concerns to be addressed, by the right people and without delay, the provider should ensure that staff, visitors, and people living in the service have clear and easily accessible contact information about the leadership team at all levels within the provider group.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS), which state that: 'My human rights are central to the organisations that support and care for me' (HSCS 4.1) and '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.

We saw that people were supported by a regular staff team who were dedicated, skilled and knowledgeable. Staff's knowledge of people's preferences and routines meant that people's key needs were met, and efforts made to ensure any immediate health concerns, or change to care need, were reported to the right people, for example the GP or next of kin. This supports people getting the right care and treatment, at the right times.

Staff had accessed a combination of e-learning and face to face training, both of which they felt had been helpful. People and relatives told us:

"Staff are phenomenal."

"They are lovely with [my loved one]. I think they really care about them."

"They are awfy guid."

"A gold star.....[staff member] goes above and beyond."

We saw a staff team that worked well together to get the best outcomes for people. Despite these protective factors, the staff team reported feeling unsupported and overwhelmed at times. Comments included, "Staff morale is low as we had worked so hard" and "We are burnt out to be honest." We saw that access to team meetings and supervisions had been without a regular schedule. These can be supportive forums to discuss learning, shared experiences and promote development. We have made an area for improvement. **(See area for improvement 1)**

Staffing numbers and skill mix should meet people's needs. There was a high reliance on agency staff and we saw that staffing numbers had been lower than was acceptable. Care staff told us that on these occasions they had to be 'task focussed' to ensure essential care was given to people. This meant that there was little time for any meaningful engagement. People told us they often had to wait longer than was comfortable for assistance. People also told us that they felt less assured when being supported by people that they did not know, "Imagine seeing a face you don't know when you first open your eyes" and "I feel that I don't really matter to them as much."

The Care Inspectorate complaints team have made a requirement about staffing levels. Please see section 'Complaints' of this report for information on how to access the details of the inspection carried out by our complaints team. We were able to see that the provider had increased staffing numbers. This had seen some immediate improvements to staff morale and people's experiences. A re-evaluation of the service dependency assessment tool had been undertaken during our inspection and recruitment was ongoing. The right staffing levels, at the right times, helps to ensure that people's needs and wishes are met in a meaningful and compassionate way.

Areas for improvement

1. Support staff should have regular opportunities to give feedback and discuss their learning and development needs. The provider should, at a minimum use supervision, team meetings and observations of practice to promote a culture of continuous feedback, development, and support.

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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our setting?

3 - Adequate

We evaluated this key question regarding environment and facilities as 'adequate,' indicating that while there were some strengths, these only slightly outweighed the weaknesses.

We observed that the service was generally clean and well-presented. There were no intrusive smells, and individual bedrooms were personalised and maintained to a good standard. One relative commented, "I think the facilities are clean and modern, very good size rooms." A flexible approach to room allocation was seen, with changes considered when people's preferences or circumstances changed. This demonstrated an understanding of the importance of private space tailored to people's needs and wishes.

However, some areas of the home lacked features that would have made them feel homely. Although recognised tools had previously been used to assess the environment's suitability for people with cognitive impairment, further consideration was needed. Signage was present on some doors, but its effectiveness was reduced when doors were propped open. The absence of decorative features also made navigation more difficult for some individuals.

Day-to-day maintenance issues were addressed promptly, and staff expressed confidence in the system for raising concerns. Despite this, specific areas of the home had caused concern. The kitchen had undergone an environmental health inspection which identified several issues requiring immediate attention. Additionally, a fire service inspection resulted in several recommendations, some of which also required urgent action. We were satisfied that essential safety actions had been taken and that progress was being made toward improvement in both areas.

It is important that people are supported to remain involved in decisions about their environment. This ensures that their wishes and choices are respected and that they retained control over aspects of their daily lives. However, some recent decisions made within the service did not appear to have included input from people or their relatives. These decisions had a significant impact, and it was concerning that consultation had not taken place. An area for improvement was made. **(See area for improvement 1)**

Areas for improvement

1. The provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and used to inform any changes, adaptations or improvements made to the environment.

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

'If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible' (HSCS 5.13) and 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Key areas of performance need to improve.

Overall care plans were of a good standard and had clearly been completed by staff who knew people well. This meant that, in most plans, there was a good level of detail to outline both people's wishes and their care needs. Plans showed good progress in terms of content and style since the last inspection. Staff were clear on what the plans should contain. Some notes accompanying care plans were difficult to read and this could be improved. We brought this to the attention of the manager at the time of the inspection.

Further work was required in specific areas of care planning. Plans to outline end of life care and anticipatory care did not contain enough detail. This raised concerns that people's end-of-life wishes and preferences might not be known or respected. This inspection was carried out alongside the Care Inspectorate complaints team, who have made a requirement about this. Please see section 'Complaints' of this report for information on how to access the details of the inspection carried out by our complaints team.

Care plans were regularly reviewed and updated in the areas of basic healthcare. This gave confidence that changing needs would be identified and care adapted accordingly. Reviews could be further developed by including other elements of wellbeing, such as mood, engagement, and goals. This would enable staff to evaluate people's care in a more holistic way. A previously made area for improvement remains place to allow for further development in care plan reviewing. See section 'what we have done to meet areas for improvement made at, or since our last inspection' for details.

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

In order to ensure good outcomes for people experiencing care, the manager should further develop robust systems to be able to demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS): 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

This area for improvement was made on 30 January 2025.

Action taken since then

This area for improvement has been **replaced** with a requirement made following a complaints inspection that was carried out on 21 August 2025. This inspection concluded that there had not always been enough staff working in the care home to meet people's needs, impacting on their comfort safety and wellbeing. Please see section 'Complaints' of this report for information on how to access the details of the inspection carried out by our complaints team.

Previous area for improvement 2

In order to improve outcomes for people experiencing care, the manager should ensure that personal plans reflect people's nutritional needs and how they will be met. Documentation should be accurate and sufficiently detailed to demonstrate that people's needs and choices are respected.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS): 'My care and support meets my needs and is right for me' (HSCS 1.19)

This area for improvement was made on 30 January 2025.

Action taken since then

This area for improvement has been **replaced** by a requirement. Please see section 'How well do we support people's wellbeing?' of this report for details.

Previous area for improvement 3

To support people's health and wellbeing, and ensure medication administration is as accurate as possible, the service should ensure that quality assurance processes continue to identify, and action, areas for improvement.

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 9 May 2025.

Action taken since then

This area for improvement has been **replaced** by a requirement. Please see section 'How well do we support people's wellbeing?' of this report for details.

Previous area for improvement 4

To promote responsive care and make sure that people have the right care at the right time, the provider should ensure its review processes are effective in identifying inaccuracies within care records and evaluate whether the care being provided meets peoples 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: '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 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 9 May 2025.

Action taken since then

This area for improvement remains in place. Although we saw some strengths in care planning, further work is required. See section 'How well is our care and support planned?' of this report for more information.

This area for improvement is NOT MET.

Previous area for improvement 5

To ensure good outcomes for people experiencing care, the service should engage in clear, sensitive, supportive communication with people, and their representatives. The manager should further develop robust systems to support people to stay connected with people who are important to them.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 12 August 2025.

Action taken since then

People and relatives we spoke with reported feeling informed and kept up to date. They valued the information and communication that they received from the regular care team. People were supported to remain in contact with those that were important to them.

With upcoming changes to the leadership arrangements in Lomond View, the provider should continue to practice effective communication with people to keep them informed.

This area for improvement is MET.

Previous area for improvement 6

To ensure positive outcomes for people who use this service the provider should ensure that documentation and records are accurate, sufficiently detailed and reflect the care/support planned or provided, and be able to show evidence of regular on-going monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities and can demonstrate this through their practice.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 9 May 2025.

Action taken since then

We saw that record keeping was inconsistent. Where records had been completed, these often lacked the oversight and evaluation, for example fluid charts hadn't been reviewed to ensure target intake was achieved. We saw gaps in wound care and treatment record keeping. Handwritten daily care records were often difficult to read and therefore could not be reviewed to evaluate care.

This area for improvement has been **replaced** by a requirement. Please see section 'How well do we support people's wellbeing?' of this report for details.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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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