

Linlithgow Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
31 March 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300743

About the service

Linlithgow Care Home is registered with the Care Inspectorate to provide 24 hour care for up to 80 older people. At the time of inspection 76 people were living at the service. The service is part of the HC-One Group and is situated in the town of Linlithgow, West Lothian. This is a purpose-built care facility with accommodation provided on two floors, in 80 single bedrooms with en-suite toilet facilities. The building is divided into three separate units: Cairnpapple, which is over two floors and cares for people with dementia, Cockleroy and Avonfield.

Stairs and lifts provide access to the upper floor. Bathing facilities and additional toilets are available on each of the floors. There are a selection of pleasant and comfortable sitting rooms and communal areas. There are separate kitchen and laundry facilities in the home. The home is set within attractive grounds with ample car parking facilities and places for people to sit within the gardens and courtyards.

About the inspection

This was an unannounced inspection which took place on 25, 26 and 27 March 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 14 people using the service, spent time with others, and received feedback from 38 people via our survey
- Received feedback from 26 relatives/friends and representatives via our survey
- Spoke with 20 staff and management and received feedback from 20 staff via our survey
- Observed practice and daily life
- Reviewed documents
- Spoke with three visiting professionals

Key messages

- People were treated with dignity and respect and benefitted from kind and caring interactions
- Staff knew people well and worked well together as a team
- Staff were well trained and had good working relationships with support from the management team
- Some areas of the home were in need of refurbishment and re-decoration
- Some improvement was needed to ensure that risk assessments and care plans were updated when peoples care and support needs changed

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
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?

4 - Good

There were several strengths that clearly impacted positively on outcomes for people and outweighed areas for improvement therefore we evaluated this key question as good.

People were treated with kindness, compassion, dignity and respect and their independence was encouraged. Staff knew people well and understood what was important to them. People were well cared for and there was a calm, unrushed atmosphere within the home and meaningful interactions between staff and people being supported. Staff knocked on people's doors before entering showing respect for their privacy. People told us that they felt safe, valued, accepted, independent and content within the home. People said: *"All of the staff are very kind to me, I can't fault them"*.

Wellbeing and mobility was promoted and people explored the environment without restriction, accessing lounges, communal areas and small seating areas and there were some activities and entertainment within the home which people seemed to enjoy. People who did not want to or were unable to join in activities could choose to be supported on a one to one basis. People accessed the garden to sit or walk and we discussed with the management team that more people would like to have the opportunity to do this on a regular basis. Some people had said they experienced loneliness and boredom. The service had plans in place to improve opportunities for meaningful social activity for everyone within the home. We saw people receiving one to one engagement and participating in social, recreational and physical activities. This meant that people's well being was enhanced and they were able to lead an active life.

Good communication between staff and healthcare professionals with regular assessment and review ensured good health outcomes for people. A safe and effective electronic medication management system with frequent oversight ensured medication was given in line with good practice guidance. Staff were proactive in actively seeking other professionals advice and made appropriate referrals. Skin integrity, wound care, falls and management of infections were being well managed and led. This meant people could be assured that any treatment was being received in line with their choices and wishes.

People were actively encouraged to enjoy regular drinks, meals and snacks throughout the day. People benefitted from having snacks and drinks readily available to them and this promoted choice and independence. Mealtimes were calm and relaxed with dignified support for people where required and allowed social interaction which enhanced overall well being. People living in the home, staff and relatives shared that the food could be better in terms of choice, variety and nutritional value. However, menu's were prepared without consultation with people. This meant people's preferences, cultural and dietary needs were not always being met. People said, *"I don't like the food, not very tasty and we get the same thing"*. Sometimes ingredients were difficult to obtain from the supplier, which also limited the menu options offered. We discussed this with the management team and were reassured that they had also recognised these issues. We have made an area for improvement about this (**see area for improvement 1**).

Laundry processes needed to be improved to ensure people's personal belongings were taken care of and returned appropriately. We were confident in the management's recognition of this and their commitment to resolving the issues.

Areas for improvement

1. The provider should ensure people are supported to have food and drink that meets their needs, preferences and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37).

How good is our leadership?

4 - Good

There were several strengths that clearly impacted positively on outcomes for people and outweighed areas for improvement therefore we evaluated this key question as good.

Quality assurance and audit processes were in place to monitor key areas and to direct improvements. These included falls, medication management, moving and handling and Infection prevention and control. Actions were documented with appropriate timescales and responsible person, and updated when complete. This meant that the management team, with support from the quality assurance team had oversight of various activities within the home and there was a culture of improvement.

Resident's and relative's meetings provided opportunity for meaningful discussions and suggestions on how to improve the service, wellbeing, activities and what to spend the budget on. The management team were keen to look at ways to capture the views of people who were not in attendance at the meetings or who could not communicate their wishes or ideas verbally.

Daily assurance walk arounds were being completed by the manager with actions and sign off when complete. Observations of staff practice and supervisions were also being carried out regularly so people could be assured that any training needs were identified to ensure their care and support needs were met. Communication between management and staff through meetings and written dialogue ensured good oversight of the home and there was follow up of any issues raised.

How good is our staff team?

4 - Good

There were several strengths that clearly impacted positively on outcomes for people and outweighed areas for improvement therefore we evaluated this key question as good.

Staff worked well together and there was a relaxed atmosphere with staff communicating well with and supporting one another. Staff said that on the whole, the management team were supportive and that they felt they could go to them and raise any issues and these would be addressed. The staff appreciation day held by the manager to celebrate staff achievements and allow some wellbeing time was very well received and allowed staff to feel valued for the work that they do.

Staff have responsibility and key worker roles within the home which allowed them development opportunities and staff spoke enthusiastically about the development and career progression available to them, including support with SVQ qualifications. People could be confident that staff had been well trained, with a full induction before commencing employment and a comprehensive training programme online and in person to ensure staff had the necessary skills to care and support people.

There was positive feedback in relation to the staff team. People and their relatives said: *"staff are very open, collaborative and supportive"* and *"Phenomenal team who are all excellent"*.

People could be assured that staff were recruited in line with safer recruitment guidance and there was an emphasis on competency and values based questions. Staff were clear about their roles and responsibilities and worked well together to solve any issues and demonstrated effective problem solving skills and safe practices when supporting people.

Dependency levels were calculated for each person and we could see that staffing numbers exceeded the direct care needs. This meant that there were enough staff available to support people with their social and wellbeing needs. The management team were keen to continue to reduce the amount of agency staff within the home to ensure consistency in the care and support for people and enhance the communication with healthcare professionals and families when updating them on health and well-being.

Staff and management were enthusiastic about plans to move to an electronic system for planning, co-ordinating and recording care in real-time in the near future. Staff told us they felt that people will benefit from the extra time this will create to attend to social and well-being needs.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While there were some strengths, key areas needed to improve and because these areas impacted on outcomes for people we made a requirement and an area for improvement.

People benefitted from a homely, comfortable and clean environment with space to move around and a selection of areas to sit with furniture arranged to maximise comfort. The home smelled clean and fresh with some pleasing home décor to enhance visual stimulation and encourage conversations. Staff told us about the newly appointed coffee bar and the plans for the pub room with a bar to provide more choice and activities for people to watch sport and attend pub quizzes.

People commented about being able to personalise their rooms and were complimentary about the cleanliness.

Some areas of the home were in need of refurbishment and re-decoration in particular bathrooms, toilets, kitchen serveries and people's rooms including en-suite toilets. There was a refurbishment plan in place and some of the work had already begun. We discussed this with the management team and there was a significant effort to ensure any immediate remedial work was addressed. The service improvement plan was also updated to reflect more acceptable time scales. We were assured that there were plans in place and actions around the environment. However, to ensure people benefit from high quality facilities we made an area for improvement about this (**see area for improvement 2**).

We were made aware that there was not a current maintenance person in post and that there was support from the maintenance person at another care home once per week, however a maintenance person had been newly appointed to the home. Some work and checks were being subcontracted. There were some significant gaps in the recording of fire safety checks, general maintenance and some equipment checks. As this posed a risk to health and safety of people living in the home, we asked the management team to immediately rectify this issue and made a requirement about this (**see requirement 1**).

Requirements

1. By 12 May 2025, The provider must ensure that people living in the home and staff are safe and protected and benefit from an environment which is regularly monitored and maintained. To do this the provider must, at a minimum:

(a) Ensure that all fire safety checks and records are fully completed and documented in line with fire safety regulations.

(b) Ensure that all maintenance and equipment checks are fully completed and documented.

(c) Ensure that there is governance and oversight from the management team regularly to identify any gaps or omissions in any fire, maintenance or equipment checks to ensure action is taken immediately.

This is in order to comply with:

Regulation 10(2)(b) 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 environment is secure and safe.' (HSCS 5.17);

and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. To improve the setting, the provider should ensure their planned programme of refurbishment prioritises those areas which affect IPC in order to bring the setting up to the standard needed to promote and enable people's independence and comfort.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While there were some strengths, key areas needed to improve and because these areas impacted on outcomes for people we made a requirement.

The management team told us that there had been significant work completed on people's care plans to review and streamline information to ensure consistency and ease of access to important information about people and the way they wished to be supported. Plans were in place to roll out an electronic care planning system which was a very positive step forward and the management team were working hard to ensure this was in place at the earliest opportunity. Management and staff recognised the value this would bring to the care and support of people living within the home.

Care plans were respectfully written with some good information and a profile page which featured key information around people's care and support. This ensured that there was readily accessible information for staff to enable them to provide consistent care in line with people's needs and wishes. Staff told us that they had full access to care plans to read about the people they support.

The use of 'remembering together booklets' was in place for some people providing an insight into their lives, their careers, who was important to them and information what was meaningful to them. This allowed staff to plan and direct care and support which was person centred. Not all people had these completed. The management team understood the importance of anticipatory care planning and had begun to document this information. However, not all people had their wishes and preferences documented regarding their end of life or palliative care.

A range of risk assessments were in place and being regularly updated and reviewed, however some risk assessments were not completed fully. Changes in people's care and support need's were not always updated on people's care plans and other documentation. There was also some missing personal information and dates throughout some documents. This meant there was inconsistent information which could result in a risk to health and wellbeing if staff did not know people well or if they did not routinely work within the home. We have therefore have made a requirement about this (**see requirement 2**).

Requirements

1. By 14 July 2025, the provider must ensure that people's personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider must, at a minimum, ensure:

a) Personal plans are sufficiently detailed and reflect the needs, wishes and what is important to each person including anticipatory care planning.

b) Personal plans are reviewed, quality assured and that any required changes are updated timeously.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) 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 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)

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	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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