

Fernlea Care Home Care Home Service

19 Wallsgreen Road
Cardenden
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Telephone: 01592 721 649

Type of inspection:
Unannounced

Completed on:
11 June 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000071

About the service

Fernlea House is a care home for older people situated in a residential area of Cardenden. The service is provided by Holmes Care Group Scotland Ltd.

It is close to local transport links, shops and community services. The service provides residential care for up to 36 people. It is set within its own landscaped gardens and grounds, which are easily accessed and have seated areas for people's use. There is adequate parking. All communal areas, catering and laundry services are on the lower level; a lift serves the upper floor.

About the inspection

This was a follow up inspection, further to a complaint investigation, which took place on 11 June 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 two people using the service • spoke with three staff and management • observed practice and daily life • reviewed documents

Key messages

The service had begun to work towards meeting the requirements made as a result of a complaint investigation.

Overall oversight of fall data had begun, however work was required to use the information meaningfully to direct fall prevention measures.

Work was required to ensure that appropriate care planning was in place to direct adequate fall prevention measures.

Work continued to be required to ensure safe staffing levels.

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

Requirements

Requirement 1

By 31 May 2025, the provider must make proper provision for the health, welfare and safety of residents. In particular the provider must:

- a) Ensure the accurate and consistent assessment of the risk of a resident falling, at least monthly, when needs change or when a fall is experienced.
- b) Ensure a fall prevention care plan is in place where there is a risk of a residents falling.
- c) Ensure the fall prevention care plan fully details the preventative measures required to keep the resident safe.
- d) Ensure fall prevention measures are fully facilitated by the service.
- e) Ensure each fall is subject to investigation to determine the effectiveness of prevention measures.
- f) Ensure that fall/accident audit is undertaken least monthly to determine trends and high risk areas.
- g) Ensure the auditing process is used to improve safety and outcomes for residents.

To be completed by: 31 May 2025

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 is in order 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 requirement was made on 31 March 2025.

Action taken on previous requirement

While we saw that fall risk assessments were being undertaken on a monthly basis, we did not see that the service had made the necessary improvements in accordance with the requirement. For example: We did not see that fall risk assessments were consistently reviewed following each fall experienced by the resident or when the resident's needs changed.

We did not find evidence of fall prevention care plans to direct the care team on the preventative measures required to keep individuals safe. Some fall prevention measures had been included in the "Movement" care plan. However, this was difficult to locate and could be easily missed. The Requirement clearly stated that a stand alone fall prevention care plan was required for each individual at risk of falling. This ensures clear and specific guidance to the care team.

Accidents and incidents had begun to be subject to auditing. The months of March and May 2025 had auditing information. The provider's guidance stated that auditing should be undertaken on a monthly basis

and should include a sample of 10 individual residents. Auditing had not been undertaken in accordance with the guidance.

We did not find evidence of sufficient investigation in response to falls experienced by individual residents and how preventative measures could be improved. We could not see how auditing of accidents and incidents resulted in improvements to the provision of the service and the experience for residents.

Improvements are required to develop a joined up and systematic overview of fall prevention. Improvements are required to ensure fall prevention risk assessment, care planning and record keeping is consistently completed in accordance with best practice.

We signposted the Manager to best practice guidance and information regarding fall prevention. This will enable a resource for the care team to access and develop fall prevention for those individual's at risk.

We agreed for the timescale of the requirement to be extended to 15 August 2025 to enable sufficient time for the improvements to be made.

Not met

Requirement 2

By 31 May 2025, the provider must ensure, that at all times, suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for:

- a) the health, wellbeing and safety of service users;
- b) the provision of safe and high-quality care, and;
- c) in so far as it affects either of those matters, the wellbeing of staff.

In determining what constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to:

- a) the nature of the care service;
- b) the size of the care service;
- c) the aims and objectives of the care service;
- d) the number of service users, and
- e) the needs of service users.

To be completed by: 31 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This is in order to comply with:

Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

This requirement was made on 31 March 2025.

Action taken on previous requirement

We did not find evidence of improvements to meet this requirement.

Safe staffing arrangements remained unchanged since the initial Complaint Investigation. On the day of our visit staffing arrangements consisted of two Senior Carers and three Care Assistants. Staff advised us that this was fewer than normal and that it was very difficult to afford individual residents' choice for their care and support.

Staff advised us that there were a high number of residents who required two members of staff for care interventions. This meant that there was less time to spend support people and some care was rushed. This also meant that there was less staff availability and visibility.

We did not find evidence of the development of accident and incident auditing to improve the provision of care and support and individual's safety. This process should be developed further to inform safe staffing levels.

The service's process of assessing safe staffing levels remained limited to very basic care needs and should be developed further to include the full scope of staff practice, the views of the care team and the layout of the building.

This requirement has been extended to 15 August to afford the service time to develop the process of safe staffing levels.

Not met

Complaints

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

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