

Mayfield Lodge Care Home Service

6 Mayfield Road
Inverness
IV2 4AE

Telephone: 01463 240 496

Type of inspection:
Unannounced

Completed on:
27 June 2025

Service provided by:
Crownmont Ltd

Service provider number:
SP2005007415

Service no:
CS2005094660

About the service

Mayfield Lodge is a care home located close to the centre of Inverness and within a short distance of local amenities. The service is registered to provide care to a maximum of 12 adults with learning disabilities.

The service is located in a single storey house set within well-maintained grounds. The garden area is easily accessible to the people who live in Mayfield Lodge, and it features a large lawn and outdoor furniture. Mayfield Lodge consists of 12 bedrooms with en suite wash basin facilities, two communal lounges, a kitchen/dining area, and three bathrooms.

The provider is Crownmont Ltd.

About the inspection

This was an unannounced inspection which took place between 23 and 27 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 to or spent time with 12 people using the service and eight of their relatives or representatives
- spoke with seven staff and management, and received 12 survey responses
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Improvements in the service had progressed since the last inspection.
- Staff had started to receive reflective supervision.
- The environment was warm and homely.
- People enjoyed the company of staff.
- Further time was needed to complete, sustain, and embed improvements in the service.

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.

There was a warm and homely atmosphere at Mayfield Lodge, and we saw kind and friendly interactions between staff and the people they supported.

The service had improved the knowledge and guidance for the staff team on how to support people experiencing stress and distress, this had resulted in a decrease in incidents and the use of restraint in the service. Staff were more aware of best practice guidance, and how this could be used to support positive outcomes for people. Further work is necessary to ensure that positive behaviour support plans are fully completed, and this culture is embedded in the service, this is in progress.

Food served in the service looked appetising, and people told us they enjoyed their meals; visits out for lunch were often planned which people told us they enjoyed. We encouraged the service to consider how mealtimes could be more flexible to provide variation for those who would benefit from this, and provide an opportunity to undertake a wider variety of activities through the day.

Medication was being managed appropriately, and the associated documents and protocols necessary to administer medication safely were in place and up to date. This meant people were being supported to take their prescribed medication safely.

Professionals told us communication from the service has improved recently. The management team were actively seeking professionals' inputs in relation to ongoing improvements in the service and how best to support people, particularly in relation to positive behaviour support.

The service had been responsive to feedback and support with ongoing improvements identified during the last inspection and had made progress in meeting the requirements made **(see 'What the service has done to meet any requirements we made at or since the last inspection')**.

How good is our leadership?

3 - Adequate

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

The management team had put in place processes since the last inspection to ensure all staff had access to regular 1:1 supervision, this had started to include observations of practice which was also supporting quality assurance in the service. Feedback from staff about their supervision had been positive, one staff member told us:

"Supervision is now more structured. It has been a good opportunity. Everyone is more reflective about what might be a good idea for people now."

It is important that reflective supervision continues to be developed and sustained by the management team to promote best practice in the service **(see area for improvement 1)**.

Quality assurance in the service was beginning to be developed into a more robust system, with audits being analysed to inform the service improvement plan. The management team were working on the

delegation of tasks to ensure that there were clear roles and responsibilities within the management team for this going forward.

Areas for improvement

1. The service should ensure staff supervision is offered regularly, in line with the provider's supervision policy. Supervision should promote reflective practice, identify training needs, and be supported by observations of staff practice to promote continuous improvement.

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

How good is our staff team?

3 - Adequate

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

There continued to be a longstanding staff team in place within the service, this meant people were supported by staff who they were familiar with and who knew them well. We sampled recruitment files, and safer recruitment processes were being effectively followed by the service.

Staffing levels continued to be calculated using the knowledge and discretion of the management team. During the inspection we discussed points in the day during which the management team may wish to focus on when evaluating their staffing levels, particularly during mealtimes, to ensure that care can be as responsive as possible. Work is underway to develop assessments of the staffing levels and skills mix within the service (see **"What the service has done to meet any areas for improvement we made at or since the last inspection"**).

We received positive feedback from relatives regarding the team supporting their loved ones. One relative told us:

"The staff team all know [my relative]'s needs. They're always very welcoming."

How good is our setting?

3 - Adequate

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

The environment was well-maintained and homely, we could see people clearly felt at home in Mayfield Lodge. The home is set in well-maintained grounds with a large lawn area and garden furniture. People are able to access the garden to enjoy fresh air and time outside, and we saw the outside space being used throughout the inspection

At the previous inspection we highlighted that the layout of the building and shared facilities presented challenges. The building did not offer sufficient space or options for people to be able to spend time in different communal areas without a number of other people likely to be present, which could cause stress and distress for some people. The layout of the home remains the same, as this could not be changed

without alterations to the building, however, the provider has been responsive in exploring potential options which could improve the space available to people living in Mayfield Lodge.

How well is our care and support planned?

3 - Adequate

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

Each person in Mayfield Lodge had a care plan which was well formatted and contained important information that staff needed to know. The service had started to review and update each person's care plan to ensure they were outcome focused and the language used was reflective of best practice guidance. Family members and people's legal representatives told us they had been involved in reviews, where applicable. Professionals told us the service had worked closely with them to ensure care plans were reflective of people's outcomes, one professional told us:

"Communication [with professionals] has definitely improved since the last Inspection. This has helped to shape the care for the individuals in a more tailored, person-centred approach and benefitted from different disciplines' input."

We saw improvements in the quality of both the care plans and risk assessments in place in the service, these remain under development to ensure they include all information relevant to people's care and support (**see 'What the service has done to meet any requirements we made at or since the last inspection'**).

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

Requirements

Requirement 1

By 20 June 2025 the service must ensure meaningful support is in place to meet social, physical, and psychological needs, and must, at a minimum:

- a) develop suitable strategies to support people experiencing stress and distress
- b) provide regular and equitable opportunities for meaningful activities, both 1:1 and in a group
- c) offer training and positive role modelling for staff to support a culture which promotes positive behaviour 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) and section 8(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, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

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

This requirement was made on 22 April 2025.

Action taken on previous requirement

The service had begun to develop behaviour support plans which identified appropriate strategies for staff to support people with stress and distress, and relevant professionals and legal proxies had been involved in this process. The service had not yet completed this area of work for each person, however, good progress had been made in this area.

People were being supported to access activities they enjoyed more frequently since the last inspection, and there was now more evaluation of activities to inform future planning. We encouraged the service to consider how more flexibility could be introduced to provide people with variation to their activities where this could be beneficial.

All members of staff had completed training in positive behaviour support, and feedback from the staff team was positive. Time was needed to embed the training into staff practice and evaluate its impact.

We acknowledge significant progress which has been made in relation to this requirement, which has been partially met.

This requirement has been partially, but not fully met and will be extended to 20 September 2025.

Not met

Requirement 2

By 9 May 2025 the service must ensure nobody is subject to restraint or restrictive practice unless it is assessed as being the only practicable means of supporting a person. In such situations it must be the least restrictive practice, and there must be the necessary assessments, reviews, and consents in place. This should include the removal or de-commissioning of internal CCTV cameras in the corridors.

This is to comply with Regulation 4(1)(c) 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:

'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 requirement was made on 22 April 2025.

Action taken on previous requirement

Where restrictive practice was assessed as necessary to support an individual, the appropriate documentation and consent had been put in place, with consultation from legal proxies and the professionals with their multi-disciplinary team.

The CCTV cameras which were previously in communal areas of the home had been removed.

Met - within timescales

Requirement 3

By 23 May 2025 the provider must demonstrate positive outcomes for people by having robust quality assurance systems in place across all key areas of service delivery. To do this, the provider must, at a minimum:

- a) carry out an audit of current quality assurance processes
- b) address any gaps in the quality assurance processes for key areas of service delivery
- c) establish clear roles and responsibilities for carrying out quality assurance activities
- d) ensure there is a service improvement plan including self-evaluation, with measurable timescales developed, which is updated regularly and reflects the outcomes of quality assurance activities and regulatory inspections.

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).

This requirement was made on 22 April 2025.

Action taken on previous requirement

The management team had identified gaps in the quality assurance systems in place and improvements had begun to ensure these were becoming more robust. Work had begun to analyse audits to identify patterns and inform the service improvement plan.

The service improvement plan has been updated to show more details, including who was responsible for outstanding actions.

The improvements to quality assurance processes and documents were still underway, progress had been made to date and the further work was necessary to sustain and embed these in practice in planned.

This requirement has been partially, but not fully met and will be extended to 20 September 2025.

Not met

Requirement 4

By 9 May 2025 the provider must ensure that people are kept safe and their health and wellbeing is promoted by experiencing a service which is well led and has an effective and present leadership team. To do this the provider must ensure there is an increased and sustained management presence in the service to progress and sustain improvements.

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) and section 7(1)(b) 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 use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 22 April 2025.

Action taken on previous requirement

There had been an increase in the presence of the registered manager since the last inspection, due to this there was more capacity in the management team to support with improvements in the service.

Met - within timescales

Requirement 5

By 23 May 2025 the service must have arrangements in place to ensure all staff, including the management team, have access to regular supervision which promotes reflective practice. To do this, the provider must, at a minimum;

- a) ensure staff supervision is held regularly, in line with the provider's supervision policy, to promote reflective practice and identify individual training needs
- b) ensure there is effective monitoring of staff competence through on-site observations to continuously improve staff practice.

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 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).

This requirement was made on 22 April 2025.

Action taken on previous requirement

A system had been created to enable the management team to track when staff supervision was due. The quality of recent supervisions sampled had improved, and now supported staff with reflective practice to identify their strengths and areas for development.

An area for improvement has been made under key question 2 'How good is our leadership?' in relation to sustaining this improvement.

Met - within timescales

Requirement 6

By 20 June 2025 the provider must ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time. The provider must, at a minimum, ensure:

- a) each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach
- b) personal plans contain accurate and up to date information which directs staff on how to meet people's care and support needs appropriately
- c) risk assessments, which direct staff on current or potential risks, are regularly reviewed and contain suitable information relating to risk management strategies
- d) personal plans are regularly reviewed and updated with involvement from people, those important to them, and legal proxies where applicable.

This is to comply with Regulation 5(2) 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 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).

This requirement was made on 22 April 2025.

Action taken on previous requirement

A significant amount of work had been undertaken since the last inspection to improve the quality and content of care plans and risk assessments, the service had sought input and guidance from relevant professionals to ensure care plans were meaningful and outcome focused.

Care plans and assessments were still being developed and further time was required to complete these.

This requirement has been partially, but not fully met and will be extended to 20 September 2025.

Not met

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

The management team should submit relevant notifications to the Care Inspectorate as outlined in the notification guidance.

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

'I use a service which is well led and managed' (HSCS 4.23).

This area for improvement was made on 22 April 2025.

Action taken since then

The submission of notifications from the service to the Care Inspectorate had started to improve, this area for improvement will remain in place until it can be confirmed this has been embedded in the practice of the management team.

This area for improvement has not yet been met and will be continued.

Previous area for improvement 2

The service should assess and document the staffing and dependency levels needed to appropriately support people in the service, this should include the skills mix of staff and how these are calculated.

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 area for improvement was made on 22 April 2025.

Action taken since then

The service had begun to consider how best to assess and document the staffing and dependency levels and skill mix of staff in the service, this had not yet been completed as recent focus had been on improvements relating to outstanding requirements.

This area for improvement has not yet been met and will be continued.

Previous area for improvement 3

The service should develop a training needs analysis to assess the level of training appropriate for each staff group and ensure they have the necessary skills and knowledge to meet the needs of people using the service. This document should be reviewed and updated regularly.

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

This area for improvement was made on 22 April 2025.

Action taken since then

A recent increase in staff supervisions and training have provided the management team with a good foundation to progress this improvement. This had not yet been completed as recent focus had been on improvements relating to outstanding requirements.

This area for improvement has not yet been met and will be continued.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	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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