

Lunardi Court Care Home Service

Lunardi Court Nursing Home
39 Robertson Road
Cupar
KY15 5YR

Telephone: 01625417800

Type of inspection:
Unannounced

Completed on:
5 November 2025

Service provided by:
Lunardi Court Care Limited

Service provider number:
SP2024000329

Service no:
CS2025000183

About the service

Lunardi Court care home is a purpose built property situated in a residential area of Cupar. The home offers 24-hour care for a maximum of 40 older people. The registered provider is Lunardi Court Care Ltd. Although a well-established care home for older people, this was our first inspection following a change in provider on 23 April 2025.

The registered manager had been in post for a few days. They were available to support the business of inspection alongside the deputy and regional support manager.

The home provides accommodation on two floors, in single occupancy rooms with en-suite facilities. Each floor has a communal lounge/dining area. There is a large, enclosed garden and patio area for residents use.

About the inspection

This was an unannounced inspection which took place on 30 and 31 October and 5 November 2025, between 9:00 - 19:30. 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 registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with five people using the service and five of their family
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People enjoyed good care and support.
- Staff were knowledgeable and caring.
- The changeover to new provider systems was a work in progress.
- The provider should improve how they communicate with people and involve them when managing change.

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?	4 - Good
How well is our care and support planned?	4 - Good

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

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

It is important that people experience warm, nurturing relationships with the staff who support them. People were cared for by a staff team who knew them well. Although there had been a number of staffing changes, the nursing and senior care staff were well established. The presence of agency staff meant there were sufficient staff to meet people's assessed needs. It was evident that relationships were warm, caring and, in some cases, well established. This meant staff recognised and could deliver support that was right for the people in their care. All interactions were patient, kind and polite. When asked about whether they were treated respectfully, one person described staff as, "kind and helpful" another said, "it could'nae be better" others said they were, "well looked after". Relatives felt involved in their loved one's care and described the communication with staff as 'very good'.

Two dedicated activity staff provided a range of group and one-to-one activities for people to participate in. We observed people leaving the home on trips and outings. People told us how much they looked forward to these and their connection to community groups. The staff made efforts to ensure that the opportunities for meaningful engagement were available to everyone in the home. Further development of the activity programme would help focus on individual goals and outcomes for people living in the service.

There was good evidence of people being assisted to remain in touch with families, friends and their local community. People described how comfortable they felt visiting. Everyone said they were made to feel welcome.

One area for improvement repeatedly identified was in regard to small items of clothing being lost. It is important that people have confidence in the way their personal property is looked after. (See Area for improvement 1)

People's health and wellbeing should benefit from their care and support. We found systems in place for recording and analysis of accidents and incidents including appropriate actions taken to mitigate risk and keep people safe. Management used information about falls and other indicators to assess outcomes experienced by people. Prompt referrals were made to health professionals meaning that people had the most appropriate health care at the correct time. This, alongside the way staffing was arranged meant people experienced responsive care where possible. Clinical information was effectively shared and analysed, thanks to good oversight and a range of management tools and meetings. This gave confidence that staff would be alert to people's changing health needs.

We found care plans and supporting documentation well written, relevant and generally complete. This meant record keeping could guide and support staff to meet people's needs and wishes. Relatives confirmed their involvement in reviews and reported very good communication which meant they felt confident about their loved one's experience of care and support.

It is important people benefit from prescribed treatments. We found good management and administration of medication. There was regular audit which provided oversight and assurance that any discrepancies could be easily identified and addressed. We observed safe administration, proper storage and good record keeping, all of which meant medication was well managed and people were kept safe. Protocols were in place for 'as required' medication, but these should be reviewed to ensure they provide clear guidance for staff. (See Area for improvement 2)

People were happy with the food and drinks available. Mealtimes were calm and unhurried and made use of the communal spaces to encourage social contact. People were offered choice and were encouraged to give their feedback when able. When people required assistance with their meal this was done respectfully. People were highly satisfied with the food. One said, "meals are well made and well presented". Catering staff were aware of which foods are included in any modified diets being provided to people and said information was readily available to them. This meant all staff could contribute to an enjoyable, safe and dignified mealtime experience.

All areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment, such as bed mattresses, bed rails and shower chairs, were cleaned regularly. As a result, we could be confident that the risk of infection was being reduced and people were kept safe.

Areas for improvement

1.

To support people's wellbeing and dignity, and mitigate the risk of lost property, the provider should ensure accurate inventory records are maintained.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2.

To support people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that:

- a) 'as required' medication protocols provide clear guidance for staff
- b) when these medications are administered that the effectiveness of them is assessed.

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).

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

All of the areas for improvement identified as part of our inspection were received positively and we recognised this meant the service had the desire and capacity to improve.

We found that the provider had in place a range of policies, audits and other quality assurance systems. These included infection prevention control, environmental checks, medication audits and monitoring of falls. We could see that areas for improvement were identified and follow-up checks carried out. This could help to maintain standards and improve all aspects of the service.

The provider had an environmental improvement plan in place. This contained areas for development and recorded where action had been completed. The service had also taken initial steps to support self assessment. This meant that quality assurance measures available could, over time, monitor standards and support improvement.

The transition following a change in provider was ongoing. There had also been changes in management and leadership. Relatives and staff expressed concern about the impact changes had had. We found the provider recognised the challenges they and staff faced in maintaining people's confidence in all aspects of the service. We were reassured that the day-to-day quality of care and support was good. To provide assurance and improve communication regarding the management of change, the provider should ensure the people who are receiving care are central to driving improvement. (See Area for improvement 1)

We found staff felt confident that they could take any concerns to the leadership team. Staff told us that changes in management had impacted on their confidence around maintaining a person-centred approach to their delivery of care. To support effective communication, the provider should ensure staff can participate in driving improvement. (Area for improvement 1 applies)

Areas for improvement

1. The provider should ensure that communication, quality assurance and audit processes are effective, identify areas for improvement and contribute to self evaluation and improvement planning.

To do this, the provider should at a minimum:

- a) ensure that service user, family and staff views and suggestions are gathered on a regular basis and that this information is used to improve people's outcomes and experiences
- b) have a continuous improvement plan that can evidence that care and support provided meets the assessed needs and wishes of service users and address areas for improvement.

This is to ensure that care and support is consistent with 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); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

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

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Detailed recruitment checks were undertaken to ensure staff were recruited safely and continued to remain suitable for working with people. We found the provider was continuing their efforts to recruit the right staff to provide care and support.

We observed staff in practice at different points of the day throughout the service. We saw examples of staff responding to people's needs promptly in a way that demonstrated positive values in line with the Health and Social Care Standards. People could feel confident they would be supported by staff who were kind and caring. Staff were held in high regard, with everyone we spoke to describing most staff as, "excellent" and that when communication was about their loved one, it was "very good".

We found staff compliance with mandatory training was good. Management had identified staff supervision as an effective route to supporting staff adapt to change and improve performance. During our inspection, action was taken to improve standards and support consistent practice in relation to laundry care. Management recognised the challenge in maintaining improved performance to support good infection control and mitigate the risk of misplaced items.

Staffing arrangements should be right, and staff should work well together. The service was using a dependency tool, which was regularly reviewed. We found this was rooted in individual service user assessed need, took account of the layout of the home and was related to the planning and review of staff numbers and deployment. We were reassured by immediate action taken as part of the provider's clinical oversight to update individual assessments and the overall dependency tool. This meant good staffing was maintained.

Staff described working well together and we saw respectful and professional working relationships during the inspection. We were satisfied staffing levels were sufficient to maintain safety and provide people with necessary care and support. Where needed, the deployment of agency staff was a considered process in recognition of the risks should they be unfamiliar with the home and the people in their care. We would recommend the provider communicates effectively with everyone with an interest in the home to allay any anxiety regarding staffing. (Area for improvement 1 recorded under 'How good is our leadership?' applies)

How good is our setting?**4 - Good**

We evaluated this key question as 'good', where there are a number of important strengths which, when taken together, outweigh areas for improvement.

Overall the environment was of a good standard, with a homely feel. Equipment and furnishings were in a good state of repair. The maintenance of the home was overseen by a dedicated maintenance worker who kept well organised and accurate records.

The environment within the service was clean and pleasant. We found some people benefitted from shared seating and dining areas. The garden grounds were well kept. When asked, people highlighted the value in getting out into the garden and their desire for more opportunity to do so. They also said ideally, additional space out with bedrooms, dining areas and lounges would be of benefit and reduce the risk of people spending all day in their room. This was discussed with the provider at feedback for their consideration.

Private bedrooms were decorated individually and families commented that they were always clean and well presented. There was evidence that people had been consulted when furnishings had been replaced.

Domestic staff were visible within the home and were clear on their tasks and priorities.

The provider had produced a feasibility assessment and improvement plan as part of their conditions of registration. During our inspection, the improvement plan was updated to reflect progress made with work needed to improve facilities. Further registration work is expected and we will monitor improvements at our next visit.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which, when taken together, outweigh areas for improvement.

We found reviews and risk assessments to assess residents' care needs and wishes were carried out regularly and then used to inform the care plan. Those we sampled showed that people were encouraged to give their views and people told us that they felt staff listened to them.

People benefitted from detailed assessments of their needs both prior to and on admission to the home. Full care plans were then developed in the immediate weeks following admission.

Recordings of care, specific support such as skin care and health assessments were mostly in place. Where risks were identified, specific risk assessments and care plans were in place. This helped people to be supported safely by staff. We asked the leadership team to review protocols in place to support 'as required' medication. (Area for improvement 1 recorded under 'How well do we support people's wellbeing?' applies)

We found records were designed around activities of living which supported a systematic approach to assessment and delivery of care. There were clearly efforts to ensure records were completed consistently and that person-centred care was being delivered. This meant that the majority of records sampled could guide staff in delivering and recording care and support that met people's wishes and assessed needs.

The service was in the process of transferring care records onto new documentation and plan to move to electronic care planning in 2026. It is important that all information is fully up to date to ease this transition, and to ensure accurate guidance on how to support people well remains in place.

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?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.