

# 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:**  
19 November 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 19 November 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the 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 management, and reviewed documents.

## Key messages

Peoples health and wellbeing benefits from their care and support

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

### Requirements

#### Requirement 1

By 04 October 2025 the provider must be able to demonstrate that people receive well balanced, nutritious meals and snacks in line with their individual needs and preferences. In order to achieve this the provider must:

- (a) carry out regular meaningful mealtime experience audits that incorporates feedback from people and their representatives. To ensure people can contribute to menu planning;
- (b) be able to demonstrate actions taken where improvements are needed;
- (c) ensure that nutritional care plans and monitoring records are fully completed and up to date;
- (d) ensure that daily menus are clearly displayed and that meals and snacks are suitably presented and healthy, including fresh fruit and vegetables.

**This requirement was made on 2 September 2025.**

#### Action taken on previous requirement

The service has put an action plan in place to be able to demonstrate that people are receiving well balanced, nutritious meals and snacks in line with their individual needs and preferences. We had a walk around two floors of the home and spoke informally with the people who live here and staff. There was a calm, relaxed atmosphere and people appeared to be well supported. We could see progress has been made to address the improvements required. This included a nutritional oversight record of people's dietary requirements and weight monitoring. Questionnaires have been introduced to capture peoples feedback about the meals being served and the outcomes are shared with catering staff so that people can contribute to menu planning. Staff have undertaken nutrition training and post learning assessments have been completed to evaluate people's understanding and knowledge. A monthly mealtime experience audit has been implemented with areas for improvement identified and who will be responsible for actioning the improvement within an agreed timeframe. People we spoke with told us that the food in the home was "a lot better, there was a choice, and alternatives are available if you didn't like what was on the menu". People also told us that they were looking forward to tonight's evening meal as it was macaroni and cheese which is a particular favourite.

**Met - within timescales**

## 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

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).

**This area for improvement was made on 3 September 2025.**

#### Action taken since then

Not assessed

#### Previous area for improvement 2

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).

**This area for improvement was made on 3 September 2025.**

#### Action taken since then

Not assessed

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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