

Lochleven Care Home Care Home Service

Panmuirfield
Dundee
DD5 3UP

Telephone: 01382 775 831

Type of inspection:
Unannounced

Completed on:
5 December 2025

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2005098333

About the service

Lochleven Care Home is situated on the outskirts of Dundee and is close to local amenities such as shops, a pharmacy, church and pub. The home is purpose-built, and all bedrooms have ensuite facilities. There are also enclosed garden areas, which can be used by residents and their visitors.

The care home is registered to provide nursing and residential care to 100 older people and is divided into four separate units, each with 25 bedrooms. At the time of the inspection, only three units were in use and there were 53 people staying in the care home.

About the inspection

This was an unannounced inspection which took place on 02 and 03 December 2025. The inspection was carried out by four 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 seven people using the service and six of their relatives
- spoke with seven staff and management
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents
- reviewed electronic questionnaires from relatives and members of staff

Key messages

- Where management audits had identified issues, these were not always dealt with in a timely manner
- Staff were observed to interact with people they were supporting in a warm and caring manner
- Some care plans and risk assessments contained inconsistent or inaccurate information
- Management auditing tools needed to be used more effectively
- The prolonged absence of a lift had negatively impacted on people's experiences and outcomes
- The leadership team was responsive to inspection findings and committed to implementing positive changes.

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?	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?

3 - Adequate

We made an overall evaluation of adequate, where strengths only just outweighed weaknesses.

The service had undertaken significant work to manage and reduce falls within the care home. Staff had completed falls training relevant to their roles and post fall neuro observations were being carried out in accordance with organisational policy and effectively recorded in care notes.

Medication was managed effectively and reviewed regularly. Clear guidance was available for staff regarding the administration of 'as required' medication, ensuring individuals received the correct medication at the appropriate time. Medication care plans also incorporated non-chemical interventions, such as warm baths, gentle massage, and hot/cold compresses, to support holistic care.

Where people required assistance with eating and drinking, they were supported in a dignified and compassionate manner. Feedback about the food was mixed; some people reported that the food was good, whilst others told us that meals were "not always served hot," "hit or miss" and "boarding school food". We observed that drinks were available in public areas of the care home but not in all bedrooms. This was discussed with the leadership team who agreed to ensure that all individuals have adequate access at all times to drinks within their rooms moving forward.

The service had strong links with a variety of health and social care professionals, and referrals were made promptly when people's needs changed. Because people's health and wellbeing were promoted by the service, this meant that people got the correct supports when they needed them.

Care plans were in place for wound care however, they lacked sufficient detail regarding the required frequency of repositioning. We could see from care records that people were being repositioned and photographs of wounds were being documented however specific guidance was needed to ensure staff had the necessary information to inform appropriate care delivery.

In some care files we reviewed, information regarding the monitoring of people's weights was inconsistent. This resulted in weights not being reviewed as required, with some individuals being weighed monthly instead of weekly. Because care arrangements were not monitored as required, there was potential for delayed detection of weight changes and associated health risks.

People should be able to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors. Because a lift had not been operational for approximately one year, some people living on the upper floor of the care home, had been unable to go outdoors for that period of time (please see key question 4 also). Feedback from relatives indicated that some residents had experienced a decline in their mental health directly attributable to the lift being out of service and one family member told us, "my relative feels confined/prisoner as there has been no working lift for a year and they can't leave the home to gain fresh air". At the time of the inspection, the lift was being worked on by a team of engineers and an anticipated end date for the works is proposed for the near future (please see Key Question 4 also).

Although the service had identified 25 mattresses as unfit for purpose, the replacement of these items was not prioritised, resulting in individuals continuing to use unsuitable beds that posed risks to their health, comfort, and sleep quality (please see Key Questions 2 and 4 also). When we raised our concerns with the leadership team, they acknowledged that the delay in replacing the items was not acceptable and the mattresses were replaced the following day.

How good is our leadership?

3 - Adequate

We made an overall evaluation of adequate, where strengths only just outweighed weaknesses.

Since the previous inspection a new service provider has taken over the running of the service and a new manager has been appointed. A number of relatives and people living in the home were complimentary about both the manager and staff group. Comments included: "the communication is good" and "the manager is welcoming, approachable and responsive". Other people felt communication could be better however appreciated the manager was new and it would take time for them to become fully familiar with the service.

People should feel confident that they live in a service that is safe and benefits from a culture of continuous improvement. It is important that services have effective systems in place to monitor the quality of service and the care provided. The manager had several systems and audits in place including accidents and incidents, complaints and people's health care needs including nutrition, wound care, medication and care planning. However, some of the audits were still not being used effectively to ensure that care planning and risk assessment documents were sufficiently detailed to inform staff practice. Robust auditing was required to ensure that information contained within files was being reviewed and updated regularly to enable the leadership team to be assured that the care arrangements for people continued to be safe and appropriate for them (see also Key Question 5). A requirement is made (see requirement 1).

Daily walk rounds were carried out by the manager and checks of the quality of the environment including equipment being used were part of these walk rounds. The service had identified that a large number of mattresses were needing replaced and had requested these be purchased however, this had not been progressed by the provider and almost four weeks after the request was made, new mattresses were still not in place for people to use. When internal audits identify any issues with equipment being used, the provider must make this a priority to ensure safety, dignity and adherence to best practice guidance in relation to infection prevention and control. A requirement is made (see requirement 2).

Daily flash meetings took place, with all departments represented, and staff meetings were held regularly. This meant that communication was effective within the service. The service had an improvement plan which identified actions to achieve measurable improvements and clearly evidenced the leadership team's priorities.

Regular team meetings and staff supervision took place. All staff had access to a range of relevant online and face-to-face training resources. People could therefore be reassured that staff were competent and knowledgeable and appropriately supported by their managers.

Safe systems were in place to safeguard people's finances.

The leadership team demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement, taking feedback from the inspection forward to ensure that the identified improvements continue to be sustained.

Requirements

1. By 13 February 2026, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. This must include but is not limited to ensuring that:

- a) the quality assurance systems and processes in relation to care planning and risk assessments are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

2. By 12 December 2025, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection.

In particular, you must:

- a) take prompt action to replace any equipment that is not fit for purpose without delay.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) 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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

At the time of inspection, the service was undergoing transitional changes following the introduction of a new provider. While some staff expressed positivity and a willingness to embrace the changes which were being implemented, others felt the pace of change had been challenging.

People using the service reported that staff were helpful and kind and relatives told us, "the staff work exceptionally hard and are always kind to the residents" and remarked that some staff went "above and beyond". We observed warm and caring interactions between staff and people living in the care home and staff supported people at a pace that was right for them.

The service had robust recruitment processes and records which adhered to safer recruitment guidance therefore people could be confident that the staff who supported them had been appropriately and safely recruited.

During the inspection, call bells were answered promptly, ensuring that individuals received timely support without unnecessary delays. We observed and relatives and staff members reported that staff were not always fully focused on the needs of those they were supporting. The leadership team acknowledged these concerns and expressed a commitment to fostering a culture that primarily prioritised people's needs going forward.

Dependency tools and reports were being utilised and monitored effectively by the leadership team, and we saw that staff skills mix was being considered on a daily basis. Records confirmed that scheduled staffing hours were consistently being met by either permanent staff or agency staff. As a result, people living in the care home were being cared for by the right number of appropriately skilled staff. In response to concerns from relatives about unfamiliar staff supporting individuals, the leadership team committed to ensuring greater continuity of staffing moving forward.

Staff had access to a wealth of training courses and the leadership team advised us that they were further exploring development opportunities for the staff team. A staff member told us, "I am confident in my ability to do my job". The care staff team had recently completed training in relation to falls and demonstrated a sound understanding and knowledge in this area. We were assured that the service was committed to ensuring staff had the right training to enable them to carry out their roles safely and effectively and this meant that people living in Lochleven care home could be assured that the staff supporting them were confident and competent.

How good is our setting?

3 - Adequate

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

During the inspection, engineers were present as a replacement lift was being installed (please see also Key Question 1). The installation had been delayed for a considerable period prior to the new service provider acquiring the care home. The extended lift outage, which lasted approximately one year, had a significant adverse effect on residents' quality of life. Individuals residing on the affected floor were unable to leave that level, resulting in restricted access to outdoor areas and limited opportunities to pursue personal interests and physical activity. Although a chair lift was installed, it only benefited those able to use it. An alternative option of relocating bedrooms was offered but not taken up. We raised our concerns in relation to the impact of the absence of the lift and the leadership team confirmed this will again be operational by the end of January 2025.

The care home provided a warm, homely and welcoming environment for those living there and their visitors. There were multiple accessible communal spaces within the care home and outdoor gardens and these areas provided people the opportunity to socialise or to enjoy quiet time and ensured people had enough physical space to meet their needs and wishes.

Bedrooms had ensuite facilities and people were encouraged to personalise their rooms and to bring personal items from home. Recent improvements to the building included redecoration and the application of King's Fund guidance and these had enhanced the environment and particularly benefitted individuals living with dementia.

People experienced an environment which was well looked after and clean. There was a dedicated maintenance team who promptly addressed matters raised to them. Staff carrying out housekeeping and cleaning duties were knowledgeable about infection prevention and control and the safe management of contaminated waste and linens. Domestic staff were visible throughout the inspection and told us they had enough time to do their job well. A relative told us, "the home is always clean when I visit."

During the inspection, several mattresses and mattress covers were found to be heavily soiled, damaged, and unfit for use. Although the leadership team's auditing processes had already identified these items for replacement, action had not been taken in a timely manner (see also Key Questions 1 and 2). Initially, the service planned to replace 25 mattresses over a three-month period, but upon notification of our findings, they agreed this timescale was unacceptable and replaced all mattresses within 24 hours.

How well is our care and support planned?

3 - Adequate

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

Care plans should accurately reflect individuals' outcomes and wishes and inform all aspects of their care. While some plans were detailed and personalised, information contained within these documents was not always accurate or consistent. These errors had not been identified through quality assurance processes, resulting in key information being overlooked and follow-up actions missed. There was a significant risk of people not receiving the right support if staff were unfamiliar with their care requirements. It is important that all information contained within a care plan is accurate, current, and consistent to ensure that people's care and health requirements are being met. A requirement is made (see requirement 1).

Risk assessments were in place, but some contained gaps and did not identify all potential risks. This had the potential to compromise people's health and wellbeing as the appropriate measures were not in place to keep people safe leaving people vulnerable to harm. A requirement is made (see requirement 1).

Anticipatory care plans (ACPs) were completed in collaboration with individuals, enabling staff to identify appropriate actions as people approached the end of life. This ensured that residents' wishes and choices regarding end-of-life care were respected and upheld.

Six-monthly reviews were conducted; however, these did not consistently follow a person-centred approach, and people's views were not always recorded by the service. Family members and representatives reported feeling unfamiliar with, or uninvolved in, the care planning process. As a result, there was insufficient assurance that individuals' wishes, preferences, and aspirations as well as the perspectives of their families or representatives were fully captured or acted upon. A requirement is made (see requirement 1).

Requirements

1. By 13 February 2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records.

To do this, the provider must, at a minimum:

- a. ensure care plans accurately and consistently reflect the current health and care needs of the person
- b. ensure risk assessments accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
- c. ensure people/their representatives are included in care planning reviews and decisions

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (2)(b)(ii)(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 (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and '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)

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

Requirements

Requirement 1

By 16 June 2025, the Provider must ensure that post fall protocols are established and implemented in the service. In particular the provider must:

- a. Ensure that all staff receive appropriate training to ensure they are aware of their roles and responsibilities post fall.
- b. Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- c. Ensure that post fall observations are completed and documented in line with the post falls protocol and falls care plan. Where staff are unable to complete post falls observations, this is documented clearly in the care notes.
- d. Demonstrate that management have adequate oversight of all accidents and incidents.
- e. Demonstrate that management are adequately involved in the auditing and monitoring of records.

To be completed by: 16 June 2025

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 is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This requirement was made on 18 April 2025.

Action taken on previous requirement

Since the last inspection, falls had reduced and the service had undertaken significant work in relation to managing falls risks across the care home through monitoring, effective care planning and post falls analysis.

Staff had recently completed falls training relevant to their roles and demonstrated a good knowledge of falls management.

There was a post falls pathway in place which directed staff practice, and this included neuro observations guidance. Following falls, people's neuro observations were completed in line with policy and then recorded in the care notes.

Individual falls analysis was carried out for people who presented as a high risk of falling and the information was then used to inform care planning and to identify measures to manage and reduce risks for these individuals.

The management team had an oversight of accidents and incidents and analysis was undertaken on a monthly basis which considered frequency of falls, injuries and location within the care home.

This requirement has been met.

Met - outwith 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

To keep people safe and promote their wellbeing, the service should review its system of assessing staffing requirements. The assessment should be undertaken proactively and should include an assessment of people's physical, emotional, social and recreational needs and take into account the layout of the building, contingency, staff breaks, training and supervision.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

Using the dependency tool – scheduled staffing matching actual – using agency to cover sickness. Staffing appropriate to what they need just now.

This area for improvement was made on 18 April 2025.

Action taken since then

The service used a dependency tool to assess required staffing levels and on a daily basis, the leadership team assessed staff skills mix to ensure staff were deployed appropriately across the care home. Agency staff were utilised where necessary to ensure appropriate staffing levels were achieved and rotas confirmed that scheduled and actual staffing levels matched.

This Area for Improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing, the service should ensure that cleaning processes are being carried out effectively. To ensure the control of infection, the service should carry out regular audits of staff practice.

This is to ensure care and support is consistent with Health and Social Care Standard 5.22: I experience

an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

This area for improvement was made on 18 April 2025.

Action taken since then

During this inspection, the care home was generally clean and tidy throughout other than issues we identified with the mattresses as detailed in Key Questions 1, 2 and 4. Audits were being carried out, cleaning processes were in place and the leadership team undertook daily walk rounds to monitor staff practice.

This Area for Improvement has been met but we will continue to monitor this in future inspections.

Previous area for improvement 3

To support people's health, wellbeing, dignity and choice, the manager and staff should improve communication with families. The manager should ensure that all staff are trained and aware of the company complaints procedures and how to assist people experiencing care and their families in raising a complaint or concern.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This area for improvement was made on 18 April 2025.

Action taken since then

Complaints were well managed and there was an adherence to policy. The service had received compliments and complaints in relation to the quality of the service. Staff understood and were familiar with the organisation's complaints procedures. Family members told us that there was good communication with the service and advised that they knew how to raise a concern.

This Area for Improvement has been met.

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
1.3 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?	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

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.