

## Mayfield Lodge Care Home Service

6 Mayfield Road  
Inverness  
IV2 4AE

Telephone: 01463 240 496

**Type of inspection:**  
Unannounced

**Completed on:**  
2 December 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 follow up inspection which took place on 27 November 2025. 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 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 or had interactions with 11 people using the service and three of their relatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Improvements had continued to progress in the service.
- The quality of care plans had improved.
- People enjoyed the company of staff.
- Support for people experiencing stress and distress had become more person-centred.

## 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?	3 - Adequate
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

There was a warm and homely atmosphere at Mayfield Lodge, and staff were seen to be respectful and caring in their approaches with people. The staff team were knowledgeable about people's needs and demonstrated that they knew them well.

People were supported with timely referrals to professionals or specialists, and the service was working closely to ensure that professional advice and guidance was followed to enable people's outcomes to be met.

Where people were likely to experience stress and distress, staff knew there were clear plans in place with strategies they could use to effectively support with this. Relatives told us they felt assured their loved ones were receiving good care and support, one relative told us:

"I cannot praise Mayfield enough for their care and attention."

Requirements relating to people's care and support had been met, please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

This key question has been re-evaluated to a grade of '4 - Good' to reflect improvements in the service.

## How good is our leadership?

3 - Adequate

Quality assurance within the home had improved since the last inspection, and regular audits were being undertaken. Some audits highlighted the potential need for further action, such as additional staff training or observations of practice. The service should continue to develop the robustness of their quality assurance systems and use the outcome of these to inform the service improvement plan, along with self-evaluation of the service (see area for improvement 1).

A new registered manager is in place in the service, and staff feedback was that they have found them to be approachable and available. Professionals told us that during their recent visits or contact they have found the management team to be proactive and knowledgeable in relation to the people they support.

A requirement relating to quality assurance systems had been met, please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

We have not changed the evaluation of this key question.

### Areas for improvement

1. To ensure people receive responsive care and support, the service should use their quality assurance systems and self-evaluation aligned to the quality framework for care homes for adults and older people, to understand where efforts to support improvement should be targeted. Improvements should be recorded and monitored within the service improvement plan.

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).

### How well is our care and support planned?

4 - Good

The quality of care plans in the service had improved, and documents included up-to-date and important information relating to people's outcomes and life stories, this meant staff had access to the information needed to effectively support people. Legal documentation was found to be in place, where applicable.

People benefitted from care plans which were regularly reviewed, these included input from relevant professionals and legal proxies, and took into account best practice guidance. One relative told us:

"I am regularly involved in discussing [my relative]'s care plan, either formally during regular reviews or informally."

Risk assessments had been undertaken, where appropriate, and were used to ensure people were kept safe and able to enjoy activities that were important to them.

Requirements relating to care plans had been met. Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

This key question has been re-evaluated to a grade of '4 - Good' to reflect improvements in the service.

## 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 continued to improve 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 had undertaken training in positive behaviour support, and were more aware of best practice guidance, and how this could be used to support positive outcomes for people.

Strategies for how to support people experiencing stress and distress were clearly documented, and had been recently reviewed.

There was a warm and homely atmosphere at Mayfield Lodge, and we saw kind and friendly interactions between staff and the people they supported during the inspection. People were supported to attend activities they enjoyed, and the service was reviewing activities offered more frequently.

One professional told us:

"I find the staff to be consistent in their approach and it provides those who live there with an environment that is both safe and homely."

### Met - outwith timescales

#### Requirement 2

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 continued to improve the level of quality assurance systems in place and these were becoming more robust. The delegation of future quality assurance tasks amongst the management team was being planned to ensure these could be undertaken effectively.

The service's improvement plan had been updated to show more details, including high level improvements and who was responsible for these.

Monthly audits were highlighting areas of development within the service, which showed they were working as intended. The service should now use these as part of their own self-evaluation and to further inform future improvements in the service (see 'How good is our leadership?', area for improvement 1).

The service was now working on reviewing accidents and incidents, such as falls, to identify patterns and triggers which can be addressed to further improve outcomes for people.

### Met - outwith timescales

#### Requirement 3

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

Work had continued since the last inspection to improve the quality and content of care plans and risk assessments. Care plans were of good quality, and the service had sought input and guidance from relevant professionals to ensure the contents were meaningful and outcome focused. Professionals told us communication from the service had been good.

There was a clear plan in place to update any remaining documents, and review these as necessary.

**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

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).

**This area for improvement was made on 25 July 2025.**

#### Action taken since then

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 were supporting quality assurance and promoting reflective practice.

This area for improvement has been met.

#### Previous area for improvement 2

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

Since the last inspection relevant notifications had been submitted to the Care Inspectorate in line with the notification guidance.

This area for improvement has been met.

#### Previous area for improvement 3

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 not yet developed a tool or document to assess and evidence dependency and staffing levels, this had been recognised in the service's improvement plan.

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

#### Previous area for improvement 4

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

The service had not yet developed a training needs analysis for staff.

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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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