

Strathview Care Home Care Home Service

Carswell Wynd
Auchtermuchty
Cupar
KY14 7FG

Telephone: 01337 827 480

Type of inspection:
Unannounced

Completed on:
8 December 2025

Service provided by:
ARIA HEALTHCARE GROUP LTD

Service provider number:
SP2013012090

Service no:
CS2013318123

About the service

Strathview Care Home is registered to provide care and support for a maximum of 25 older people. The home is a ground level property situated in the rural village of Auchtermuchty. All rooms are single occupancy, 24 rooms have ensuite shower and toilet facilities, and one room has an ensuite toilet only. The home enjoys attractive views across open farmland towards the Lomond Hills. There is adequate on-site parking for visitors and good access to the local community.

About the inspection

This was an unannounced inspection which took place on 08 December 2025. The inspection was carried out by one inspector from the Care Inspectorate.

This was a follow-up inspection to evaluate the progress made to meet the improvements we had told the provider to make at our inspection of 24 September 2025.

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:

- observed daily life and spoke informally with three residents
- checked the environment
- spoke with six staff and managers
- reviewed documents.

Key messages

- Staff and leaders were clear about their roles and responsibilities for escalating and reporting significant events, such as head injuries and adult protection concerns.
- Health and wellbeing assessments were being completed regularly and supporting good care decisions.
- Planned and structured improvements were still needed within the environment.
- Processes to escalate, report and address environmental or equipment faults needed to improve.
- Protocols for medication prescribed on an 'as required' basis needed to be more detailed to support good health and wellbeing outcomes.

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

Requirements

Requirement 1

By 07 December 2025, the provider must ensure that people experiencing support receive care that meets their health, safety and wellbeing needs and protects them from harm. To do this, the provider must, at a minimum, ensure that:

- a. staff and leaders understand their responsibilities in seeking medical advice or emergency assistance following a potential head injury and adhere to this at all times
- b. staff and leaders understand their role in protecting people from harm including identifying, escalating and reporting protection concerns and
- c. accurate records of significant events are maintained demonstrating clear analysis and actions taken to prevent further harm from occurring.

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

To be consistent with the Health and Social Care Standards (HSCS) which state that:

"I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This requirement was made on 24 September 2025.

Action taken on previous requirement

During our last inspection of 24 September 2025, we found that staff and leaders were not consistently clear about their responsibilities in recognising, escalating and reporting significant events. We identified instances where incidents had not been escalated and reported in the way we would expect.

We found staff now had access to clear written guidance in relation to managing head injuries and escalating protection concerns. Staff confirmed to us that they had received training to support the introduction of this guidance and had confidence in managing such events. Records demonstrated that staff had consistently taken the right action to escalate and report significant incidents, supporting safer outcomes for people experiencing care.

Records of incidents and accidents, alongside care and support records, demonstrated a lessons-learned approach. This way of working supported a responsive and proactive culture, which sought to protect people from future harm, supporting good health and wellbeing for people.

We suggested records of incidents and accidents could be further strengthened by providing greater detail, supporting accountable record-keeping. The provider was responsive to this feedback.

This requirement had been fully met.

Met - within timescales

Requirement 2

By 07 December 2025, the provider must ensure that records consistently work to support decisions and practice that enhance the health and wellbeing of people living in the home. To do this, the provider must, at a minimum, ensure that:

- a. any relevant support and risk management plans are updated following any significant event
- b. health and wellbeing assessments reliably direct care decisions, ensuring that the outcome of each assessment results, where necessary, in clear and expected outcomes, such as specialist referral or enhanced monitoring and
- c. all relevant staff are fully trained and competent in the expected actions which may arise from health and wellbeing assessments.

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

To be consistent with the Health and Social Care Standards (HSCS) which state that:

"I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) 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).

This requirement was made on 24 September 2025.

Action taken on previous requirement

During our last inspection of 24 September 2025, records were not consistently reviewed following significant events, such as falls, and risk assessments were not always supporting care decisions in the right way.

We found that care and support records were now consistently reviewed following significant events. This approach supported good outcomes for people, as staff were alert to any changes needed to promote safer experiences.

We heard that staff had received coaching and mentoring to build their confidence in completing health and wellbeing assessments and in taking any required actions. During this inspection, we found that these assessments were being completed regularly. This included monthly screenings and relevant reviews following significant events, such as falls. Where necessary, the outcomes of these assessments had led to appropriate medical support being sought. This gave us confidence that records were supporting good care decisions and that people were receiving the right specialist input at the right time.

One record-keeping lapse identified during the inspection was highlighted and addressed during our visit. The provider was working to fully embed procedures and strengthen oversight to ensure greater consistency and effectiveness. This included daily flash meetings, care plan trackers and weekly risk meetings. These processes should be used to ensure all expected actions leading from health and wellbeing assessments, such as enhanced monitoring, are completed consistently.

This requirement had been fully met.

Met - within timescales

Requirement 3

By 07 December 2025, the provider must ensure that the health, welfare and safety needs of people receiving care are met in relation to the environment. To do this, you must ensure:

- a. that a full environmental audit is undertaken in all areas of the care home which, in addition to décor, fixtures and fittings, considers the specific needs of people living with dementia and
- b. the findings of this audit are used to develop an environmental improvement plan detailing timescales for completion.

This is in order to comply with 4 (1)(a)(Welfare of Users) and 10 (2)(b)(d)(Fitness of Premises) 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 environment is secure and safe" (HSCS 5.17) and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

This requirement was made on 24 September 2025.

Action taken on previous requirement

During our last inspection of 24 September 2025, we found structured improvements in the physical environment were needed to enhance both infection prevention and the overall experience of people living in the home.

We heard a full environmental audit had been completed with property services following our previous inspection. Alongside this, the registered manager had completed a Kings Fund assessment. This resource supports providers to create environments that are supportive for people living with cognitive impairment, such as dementia.

Whilst an environmental improvement plan was shared with us, it did not provide enough detail to assure us that the required improvements to the care home environment would be made. Further work was needed to ensure all areas of the care home are fully audited, with improvements clearly identified and timescales for completion included in the plan.

This requirement had not been met and we have agreed an extension until 08 February 2026.

Not met

Requirement 4

By 07 December 2025, the provider must ensure that the health, welfare and safety needs of people receiving care are met in relation to the environment. To do this, the provider must ensure:

- a. there is a clear written procedure, shared with relevant staff, which sets out how and when repairs should be escalated
- b. that this procedure details the expectations for risk management planning and escalation to other appropriate agencies, including the Care Inspectorate
- c. that maintenance and housekeeping records are accurately completed and
- d. the registered manager has full oversight of these records.

This is in order to comply with 4 (1)(a)(Welfare of Users) and 10 (2)(b)(Fitness of Premises) 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 environment is secure and safe" (HSCS 5.17) and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

This requirement was made on 24 September 2025.

Action taken on previous requirement

During our last inspection of 24 September 2025, we found that issues identified through regular maintenance checks had not always been addressed.

Maintenance records we reviewed during this inspection continued to show that water temperatures in areas such as ensuite and shower facilities were below the minimum acceptable range. This could significantly affect people's experiences during personal care.

Although external contractors had attended following our last inspection, further concerns about water temperature checks had not been escalated in the right way. To ensure people experience care in a safe, comfortable, and well-maintained environment, it is essential the provider has a clear and effective process for reporting, escalating, and resolving repairs promptly.

The provider should review the written repair escalation procedure to ensure it gives all staff sufficient guidance. This should include how repairs should be reported, when issues should be escalated to the registered manager, and when external agencies, such as the Care Inspectorate, should be notified.

The provider was responsive to these findings and immediate action was taken to source external contractors.

This requirement had not been met and we have agreed an extension until 08 February 2026.

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

To support people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that detailed 'as required' medication protocols are in place. In particular, people experiencing stress and distress should have protocols which detail how staff are to support the person prior to the medication being administered. This information should also be recorded in their support plans.

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).

This area for improvement was made on 2 May 2023.

Action taken since then

Whilst 'as required' protocols were in place, they did not consistently provide sufficient guidance on when these medications should be administered. This included medication to relieve feelings of distress or reduce pain.

We recognised the knowledge staff had about each person they provided care and support for, and how this familiarity was used to support medication decisions. This knowledge should be used to develop person-centred medication protocols which provide clear guidance on when each 'as required' medication should be administered.

This area for improvement was not met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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