

Parkholme Care Home Service

19 St. Margaret's Crescent
Lossiemouth
IV31 6RF

Telephone: 0123456789

Type of inspection:
Unannounced

Completed on:
10 December 2025

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2025000229

About the service

Parkholme is a registered care home based in Lossiemouth. The service is provided by The Richmond Fellowship Scotland and has capacity for providing care to six adults.

The service is a purpose-built bungalow with communal kitchen, dining and living room. Some bedrooms have ensuite facilities. The service benefits from an accessible, enclosed garden.

At the time of inspection, five adults were receiving care and support.

About the inspection

This was an unannounced follow up inspection which took place between 08 and 10 December 2025. The inspection was carried out by one inspector from the Care Inspectorate.

This inspection focused on requirements and areas for improvement made at, or since, our last inspection between 28 and 30 August 2025 and evaluated how the service had addressed these to improve outcomes for people.

During this follow-up inspection we re-evaluated quality indicators 1.3, 2.2, 3.3 and 4.1 from "Adequate" to "Weak". The service had not made meaningful progress to reduce risks or improve outcomes for people.

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 four people using the service and four of their family
- spoke with seven staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Requirements and areas for improvement we made at our last inspection had not been met, and we had concerns about some aspects of people's safety and wellbeing.
- People did not receive timely and consistent care and support, which left them at unnecessary risk.
- Leaders did not have sufficient oversight to improve people's experiences, the environment or health and safety within the home.
- Staff did not have the skills, training and competence to meet all people's needs.
- Staff were not deployed well, resulting in a lack of accountability for supporting people to a good standard.
- Whilst some interactions were kind, people were not consistently treated with dignity and respect.

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? | 2 - Weak |
| How good is our leadership? | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| How good is our setting? | 2 - Weak |

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We re-evaluated this key question from adequate to weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Sufficient improvement had not been made to improve people's health, safety and wellbeing. Care and support was inconsistent and sometimes unsafe, with lapses in supervision to ensure people's health and safety, outdated care plans, and staff training gaps that led to risks and distress for some people using the service. (See "What the service has done to meet any requirements we made at or since the last inspection")

People were not consistently treated with dignity and respect. They did not always experience a homely or private environment and were sometimes excluded from making choices about their own care. There were significant shortcomings in person-centred practice and respect for individual rights. (See "What the service has done to meet any areas for improvement we made at or since the last inspection" and requirement 1)

Requirements

1. By 10 February 2026, to ensure people are respected and treated with compassion, the provider must take immediate steps to ensure people experience dignified and respectful care at all times. To do this the provider must, at a minimum:

- a) Maximise people's opportunity to make choices, and where decisions are made for people, ensure there are clear care plans and permissions to support this.
- b) Ensure any restriction or restraint on a person's liberty is ethical, legal and safe. This must consider the individual person and the impact on the wider household, and be supported with clear care plans and permissions.
- c) Ensure staff and leaders have the necessary training, knowledge and competence to support people who need help to make decisions.
- d) Develop staff knowledge and competence in promoting choice, dignity and respect through increased awareness of the Health and Social Care Standards.

This is to comply with Regulation 4(1)(a), 4(1)(b), and 4(1)(c) 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:

"If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively." (HSCS 1.3)

and;

"I experience care and support where all people are respected and valued." (HSCS 4.3)

How good is our leadership?**2 - Weak**

We re-evaluated this key question from adequate to weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Quality assurance and leadership oversight had not improved. We remained concerned about missed safety checks, inadequate systems to monitor people's experiences, and ongoing concerns about staff competence in key areas. People remained at unnecessary risk. (See "What the service has done to meet any requirements we made at or since the last inspection" and requirement 1 in key question 4 "How good is our setting?")

How good is our staff team?**2 - Weak**

We re-evaluated this key question from adequate to weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Although staffing numbers had improved, ineffective staff deployment, lack of direction, and poor communication meant people's needs were not consistently met. This resulted in staff only providing basic care, limited activities, and missed opportunities for timely and appropriate support. (See "What the service has done to meet any areas for improvement we made at or since the last inspection" and requirement 1)

Requirements

1. By 10 February 2026, the provider must ensure people's needs and wishes are met by a well deployed and effective staff team. To do this, the provider must, at a minimum:

- a) Demonstrate how the outcome of people's assessments is used to inform staffing numbers and arrangements.
- b) Regularly assess and review people's care and support needs and wishes, and plan staffing accordingly. This should consider people's wishes for meaningful and stimulating activities.
- c) Review how people are allocated staff, to ensure consistency of support throughout the day.
- d) Review communication systems to ensure essential information, such as health appointments or changes in health, are shared with the wider staff team.
- e) Ensure there is a suitable contingency plan in place to ensure people's safety and wellbeing during periods of low staffing.

This is in order to comply with section 7(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 states: 'My needs are met by the right number of people' (HSCS 3.15).

How good is our setting?

2 - Weak

We re-evaluated this key question from adequate to weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The environment was not maintained to a safe, or homely standard. Leaders did not have sufficient oversight resulting in several missed safety checks, unsafe storage of hazardous materials and delays in providing a homely environment for all people. People were at unnecessary risk and the provider failed to meet their needs for safety, comfort, and dignity. (See "What the service has done to meet any requirements, and areas for improvement, we made at or since the last inspection" and requirement 1)

Requirements

1. By 15 January 2026, the provider must ensure that people are safe and live in a comfortable and clean environment. To do this the provider must, at a minimum:

- a) Ensure that all necessary health and safety checks and audits are completed regularly, by suitably skilled staff.
- b) Develop and implement an audit of the environment. This should include, but is not limited to, an assessment of people's comfort, regular checks of temperature, and infection prevention and control standards throughout the home.
- c) Ensure people benefit from a safe, clean and well-furnished home, taking individual preferences and national best practice guidance into account.
- d) Take immediate steps to reduce harm, when environmental issues are identified through regular checks and audits.
- e) Ensure a clear contingency plan is in place, to direct leaders and staff on how to keep people safe should issues arise in the home.

This is to comply with Regulation 4(1)(a), 4(1)(d), 10(c) and 10(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)

and;

"My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes." (HSCS 5.21)

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

Requirements

Requirement 1

By 10 November 2025, the provider must ensure that people experience care and support that is safe and meets their needs. To do this the provider must, at a minimum:

- a) Ensure people experience care and support at the right time, to meet their needs and wishes.
- b) Ensure care plans and risk assessments accurately reflect people's needs and wishes.
- c) Ensure staff are aware of, and follow, people's care plans and risk assessments.
- d) Ensure staff are sufficiently trained in all aspects of people's care and support needs.

This should include, but is not limited to, invasive medication. 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: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This requirement was made on 24 September 2025.

Action taken on previous requirement

People did not always benefit from care and support that kept them safe. Some people did benefit from timely support, for example, we saw two people being supported to prepare for their day service. However, there were significant lapses in care and support. Whilst the provider had updated one person's care plan and risk assessment, highlighting the need for increased supervision, several visiting professionals reported that staff did not follow this guidance consistently. People who required supervision to keep them safe, did not receive this care at all times placing them at unnecessary risk.

Care plans did not reflect people's needs and wishes. Some care plans gave staff detailed guidance for how to support people, for example, with personal care. However, when people's needs changed, care plans were not updated. This resulted in one person receiving ineffective care to support good bowel health. Some staff reported that they had not read care plans or were unaware of recent changes. Staff should know, understand, and follow people's care plans to ensure safe and consistent care.

Some improvements had been made to staff training attendance, with all staff trained in fire safety and epilepsy medication. However, records indicated training gaps in moving and handling and Percutaneous Endoscopic Gastrostomy (PEG) care and support. Many staff did not have the training, knowledge, or confidence, to provide care recommended by a health professional. This impacted on the person's health and comfort. Staff did not have the necessary training, knowledge, and competence, resulting in risk and distress for people.

This requirement had not been met, and we have agreed an extension until 15 January 2026.

Not met

Requirement 2

By 10 November 2025, the provider must ensure that people are safe, and benefit from effective quality assurance systems, audits and tools. To do this the provider must, at a minimum:

- a) Review current audit tools and processes to ensure that they result in improved safety for people. This should include, but is not limited to, health and safety and environmental audits.
- b) Ensure that audits and checks are carried out regularly, by suitably skilled staff.
- c) Ensure leaders monitor and respond when people's experiences do not meet expected standards.
- d) Develop and implement a programme of competency assessments, to ensure that the quality of care provided by staff meets people's needs. This should include but is not limited to Percutaneous Endoscopic Gastrostomy (PEG) care and 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).

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 24 September 2025.

Action taken on previous requirement

Despite increased frequency in some audits, such as finance and medication, overall improvement in quality assurance was insufficient. Leaders did not have sufficient oversight of health and safety. There was no clear system in place to make sure skilled and trained staff carried out regular safety checks. This resulted in several missed safety checks including fire alarms, bed rails, and mobility equipment. People continued to be placed at risk due to poor quality assurance.

Leaders did not have sufficient oversight of people's experiences, meaning they did not respond when these did not meet expected standards. For example, there was no system in place to regularly check people's comfort in their home. One professional told us they had to ask staff to get a person a blanket as they were cold. We observed that the environment was cold and highlighted to leaders that several radiators were not working. The provider took immediate steps to arrange a repair. However, they did not have an adequate contingency plan, such as portable heaters, to keep people warm. The provider must ensure that people live in a safe and comfortable home. (See key question 4, "How good is our setting?", requirement 1).

Some progress had been made in assessing some of the staff team's competency. Most staff had been assessed, and deemed competent, for medication and moving and handling. However, the provider had not developed competency assessments for percutaneous endoscopic gastrostomy (PEG) care and safer swallowing care. Families and professionals continued to raise concerns about staff practice in relation to PEG care. We were not assured that all staff were competent in all aspects of care and support.

This requirement had not been met, and we have agreed an extension until 10 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 ensure that people experience positive and enriching care, the provider should ensure that people are treated with dignity and respect at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience care and support where all people are respected and valued." (HSCS 4.3)

This area for improvement was made on 24 September 2025.

Action taken since then

People were not consistently treated with dignity and respect. Some observations were positive. Staff took time with one person, spoke gently with them and made the person laugh. One professional said they observed staff support a person to eat their meal in a respectful way. People benefitted from these positive interactions. However, other observations were less positive. For example, staff speaking to colleagues in the presence of a person, without involving them. Families reported variable interactions, with some staff who understood people's communication needs, whilst others lacked understanding. People should benefit from warm and caring interactions at all times.

People did not live in an environment where they could feel at home. One person's room had not been fully furnished, contradicting their written residency agreement with the provider. While the provider did respond quickly, and ordered more bedroom furniture, this delay demonstrated that the provider did not consider how a person's environment can impact their feelings of self worth and value. **(See key question 4, "How good is our setting?", requirement 1).**

People's privacy was not valued. Some people required staff to use devices, such as audio monitors. Whilst this was intended to keep people safe, leaders and staff had not considered people's right to privacy when using these devices. Care plans did not detail how to use these devices ethically. This meant that staff and leaders had not fully reflected on how such devices might impact people's dignity and autonomy.

People were not always supported to make choice or consulted when decisions were made for them. Staff changed people's menu without prior discussion. Menu's, that should be presented in a way that people can understand, were not made available to people. This did not demonstrate a culture of dignity or respect for people's personhood.

This area for improvement has not been met and will be removed. A new requirement has been made, to ensure people are treated with dignity and respect at all times. **(See key question 1, "How well do we support people's wellbeing?", requirement 1).**

Previous area for improvement 2

To ensure people receive the correct level of care and support, the provider should ensure that people have their level of capability assessed for administration of medications. This should result in medication being administered appropriately, considering best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 24 September 2025.

Action taken since then

Leaders had worked with external professionals to source medication assessments, that should detail the level of support people require with medication. At the time of inspection, these had not been received by the service, but we were assured they would be in place imminently. We agreed that we would review the quality of these assessments, and staff understanding of their content, at future inspections.

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

Previous area for improvement 3

To ensure that people have sufficient staff to meet their needs, the provider should review staff deployment. This should result in staff having clear accountability for people's care and other associated tasks needed for the day to day running of the service.

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) and; "My care and support is consistent and stable because people work together well." (HSCS 3.19)

This area for improvement was made on 24 September 2025.

Action taken since then

Leaders had completed a staffing assessment, which led to a review of shift patterns. It was positive that this highlighted that additional staff were needed until after the evening meal. However, this had not yet resulted in a staffing that consistently met people's needs. Staff did not have sufficient direction to ensure they were accountable for people's care, or other essential tasks in the service. This resulted in people being unsupported for unsafe periods of time, and vital health and safety tasks not being completed. The provider must ensure that staff have the tools to ensure they know what to do and when.

The provider had invested significant time and effort to ensure more staff had been employed. Total staffing numbers had improved, which should have resulted in people receiving consistent care from familiar staff.

While staffing numbers had improved, this did not result in people living the lives they wanted to. Records indicated infrequent activities and very few instances for some people to go outside. One family told us, "They are no longer part of their community". Lack of clear activity plans, and ineffective staff deployment, resulted in people only receiving basic care for much of the time. One professional said, "Staff seem to be so used to only achieving the very basics due to such longs spells of short staffing, that when they are fully staffed, they can only seem to achieve those same very basics". The provider must take steps to ensure that staff meet people's health, wellbeing and social needs.

Leaders had introduced new handover meetings, to support staff to plan people's care and share vital information. When leaders were in the building, they used this as an opportunity meet with staff and offer direction. While this was a positive step forward, important information about changes in people's health were not shared and essential tasks, such as health and safety checks, were not delegated to staff. This resulted in people not receiving the care they needed and vital tasks being missed.

Professionals told us that staff had been unaware of their visits on several occasions. This could result in people missing appointments, or staff being unprepared to share vital information. Communication should be improved to ensure people and staff are prepared for visits or health appointments.

This area for improvement has not been met and will be removed. A new requirement has been made, to ensure people are treated with dignity and respect at all times. (See key question 3, "How good is our staff team?", requirement 1).

Previous area for improvement 4

To ensure that people live in a safe environment, the provider should ensure cleaning products used meet best practice guidance and are stored safely.

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 5.19)

This area for improvement was made on 24 September 2025.

Action taken since then

Cleaning products were not stored securely. Rooms, and cupboards in communal areas, that contained potentially harmful cleaning products, were not locked. This could result in unintended harm through unintended exposure to chemicals.

Ineffective cleaning solutions continued to be used in sanitary areas, such as bathrooms and handwashing sinks. This placed people at unnecessary risk of cross infection. We highlighted best practice national guidance to leaders to support improvement. The provider must ensure that they provide a safe and clean environment for people.

This area for improvement has not been met and will be removed. A new requirement has been made, to ensure a safe and well managed environment. (See key question 4, "How good is our setting?", requirement 1).

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

| | |
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| How well do we support people's wellbeing? | 2 - Weak |
| 1.3 People's health and wellbeing benefits from their care and support | 2 - Weak |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement is led well | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| 3.3 Staffing arrangements are right and staff work well together | 2 - Weak |
| How good is our setting? | 2 - Weak |
| 4.1 People experience high quality facilities | 2 - Weak |

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