

Fernlea Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 December 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000071

About the service

Fernlea House is a care home for older people situated in a residential area of Cardenden. The service is provided by Holmes Care Group Scotland Ltd.

It is close to local transport links, shops and community services. The service provides residential care for up to 36 people. It is set within its own landscaped gardens and grounds, which are easily accessed and have seated areas for people's use. There is adequate parking. The lower level benefits from a large dining area, as well a large lounge area, plus a quieter, smaller lounge. Catering and laundry services are also on the lower level. A lift serves the upper floor where in addition to more private rooms, is a small lounge.

About the inspection

This was an unannounced inspection which took place on 16 and 17 December 2025. The inspection was carried out by two 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 11 people using the service and four of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People benefit from activities and events that are meaningful.

The staff team are consistent and dedicated.

Leaders of the service are effective and support improvement.

Care plans are person-centred and effectively direct care and support.

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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
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

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

We saw strengths in how the service facilitate people to have meaningful days. People living in the service met monthly to discuss and agree the program of activities and events for the following month. This was facilitated by the activity team and care staff, who then tailored activities to people's outcomes. We saw how people's individual needs and wishes were accounted for, for example, coffee mornings and baking groups to encourage calorie intake for those where this was a concern. Efforts were made to engage with people on a 1:1 basis. We saw people being supported to go swimming and to walk to the shop to purchase Christmas cards for their loved ones. We observed a whole team approach to engagement. People we spoke with said, "There's life in this place" and "We are lucky here with the things we do." The service had recognised the need to employ additional members of staff to the activity team. This meant people benefited from dedicated attention to meaningful days, across the whole week. Overall, we found people's mental, emotional, and physical health was benefiting from the level of engagement at Fernlea Care Home.

Medication was well managed, with clear systems in place to ensure that people received the correct medication as prescribed. We observed safe storage and administration. Staff clearly knew how to support people, and any special arrangements were recorded within records. Management carried out regular audits and had oversight of staff performance and compliance. We identified some discrepancies with stock control which should have been picked up as part of quality assurance. An area for improvement is made. Please see area for improvement 1 in section 'How good is our leadership?' of this report.

People should benefit from regular healthcare assessments and access to community healthcare. The service manager described a positive working relationship with the local health care team who visited daily to support with nursing care. Comments from visiting professionals included, "Good team dynamics, providing good quality care" and "The service has improved since the last inspection. The home are open, honest, and transparent." Our review of care documentation saw regular communication with health professionals to review people's care and treatment needs. We were assured of people being supported with the right health care and treatment, at the right times.

It is important that people are supported with a flexible and healthy approach to their nutritional needs and wishes. We received positive feedback from people about the quality of the food at Fernlea Care Home. Comments included:

"This place is wonderful, especially the food."

"The soup is always very good."

"They know what I like."

"Oh aye, a like it."

We found that the kitchen team were well informed of people's needs, including any concerns with weight loss and would tailor the meals accordingly. We saw each floor had tea/coffee and snack stations available for people to access. Regular drinks and additional snacks were offered to people out with the main mealtimes. This benefited people's health and wellbeing.

Mealtimes were observed to be unhurried, pleasant experiences for people. Care staff knew people's needs well. We gave feedback to the service at the time of inspection around insuring that people who are being supported to have their meal in bed, are in a safe and upright position. This approach promotes independence and comfort, whilst supporting good nutritional intake and reduces risk of choking. We were satisfied that the service would promote better practice in this area.

We found gaps in care records, specifically around bowel care. Where people had bowel charts in place, some of these indicated large gaps. Supporting care plans and records did not include clear information about people's bowel care needs. Clear recording helps to reduce risk, promotes good health and maintain people's dignity. We have made an area for improvement. See area for improvement 1.

Areas for improvement

1. To promote positive outcomes for individuals, the provider should ensure that care records are accurate, sufficiently detailed, and clearly reflect the care and support planned and delivered. This should include bowel care monitoring, for those who require this.

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).

How good is our leadership?

4 - Good

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

Quality assurance should be well led and drive improvement. We saw a robust and structured system in place for monitoring standards of care. This included review and analysis of falls, weights, and care planning. All audits carried out recorded clear actions for improvement and had been followed up to ensure that the improvements were undertaken. This evidences quality assurances that impacts change.

We saw evidence of people's experiences being captured within audits or as part of monthly meetings. Although the service had an improvement plan, it could have been further enhanced by ensuring that the voices of people living in Fernlea Care Home, and other stakeholders, were captured. This ensures that the improvements being made are responsive to the needs, wishes and expectations of people using the service. We discussed this with the service during formal feedback and were confident in their ability to further improve in this area.

We found medication stock recordings were not accurate, and this was not captured within internal audits. We have made an area for improvement. See area for improvement 1.

Leaders of the service should be responsive to feedback and use learning to improve. Staff and visiting professionals told us that the leaders of the service were approachable and supportive. This supports capacity for further improvement. Their comments included:

"Management are extremely supportive."

"Management staff are always on hand to help if needed."

"Dynamic and full informed leadership"

We noted observations of staff practice, supervisions and staff team meetings had not been conducted as frequently as expected. The service manager and deputy manager evidenced their plan to address this, of which elements had already commenced. These forums play a vital role in ensuring that staff practices, skills, and knowledge align with the needs of the individuals living in the service. We were reassured the service understood the importance of these and we had confidence in their plans to improve frequency.

Areas for improvement

1. To support people's health and wellbeing, the service should ensure that medication is managed in line with the policy of the service and ensure that there is effective oversight of stock levels.

This is to ensure 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).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefited from a staff team that worked well together. Staffing numbers were sufficient and skill mix and deployment across the service worked well to support positive outcomes for people. We observed positive relationships and interactions between staff and people.

We observed a staff team that were flexible and dedicated. A whole team approach, with input from kitchen, housekeeping and care staff meant that people's needs were well observed and accommodated. People told us:

"They are gid to me."

"Hae a gid laugh."

"I can honestly say they are great."

"Lassies are nice."

Consistent staffing levels and deployment that matched both the needs of people and the building's layout ensured that staff were familiar with each person's wishes. We observed on multiple occasions staff being able support people on a 1:1 basis to reduce anxiety or support with a task. For example, one person was supported to the shop twice in one day, another supported to a hospital appointment. Staff told us they were able to rely on each other to ensure people's needs were being communicated and met. This benefited the experiences of people living in Fernlea Care Home.

How good is our setting?

4 - Good

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

The environment was homely and welcoming, safe, and secure. There was a choice of communal areas for people to spend their time in. This included smaller quieter areas which we saw several people enjoying. The larger communal lounge and dining area was well-used. Access to a secure garden was unrestricted and we saw people making regular use of this. The home was well looked after with clean, tidy, and well-maintained furnishings. The overall environment was of a good standard of upkeep which helped to ensure people were safe and enjoyed a pleasant home environment. A program of re-decoration was underway at the time of our inspection, addressing areas of general wear and tear. Comments on the environment included, "It's got a lovely atmosphere" and that its location meant people had maintained some connections with community-based activities.

We observed that many people had chosen to have 'safety gates' across the threshold to their bedrooms to keep their private spaces safe. Not all of these were captured in the services restrictive practice audit. We gave feedback to the service around ensuring that all restrictions to movement are fully and regularly assessed, using a 'least restrictive' approach.

Staff were clear about their responsibilities associated with their specific role, including food hygiene and Personal Protective Equipment (PPE). We found safe management of laundry, including bedding. They described their training and easy access to equipment as "making their job easier."

In relation to the environment and upkeep of care equipment, we found proper arrangements for safety checks, servicing, and maintenance. There was a clear system to report daily issues and records verified remedial action was requested and/or carried out, promptly.

The home was clean, fresh, and tidy, with no evidence of intrusive noise or smells. There was good housekeeping and infection prevention control measures, all of which meant people could be kept safe. Comments from residents and relatives included, "It's always clean, including (their) room and ensuite". We saw frequently touched surfaces being cleaned throughout the day. We could be confident that the risk of infection was being reduced, and people were kept safe. Visitors confirmed that the home was always clean and free from unpleasant smells.

How well is our care and support planned?

4 - Good

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

Assessment and personal planning should reflect people's outcomes and wishes. We reviewed support plans that were person-centred, with a strengths-based narrative. Plans we sampled referred to risks such as falls, or weight loss; with actions required to mitigate risks clearly documented.

Stress and distress plans reviewed detailed clear guidance on how to support the person, promoting non-pharmaceutical interventions first. We observed staff using the techniques detailed in plans to reassure people, with good success. This supported effective care delivery.

Monthly reviews had been carried out in most cases. Regular reviews are important as they ensure that plans reflect any changes to people's outcomes. We saw examples of where some reviews had not been carried out monthly. We identified instances where the 'health and wellbeing summary' displayed in peoples' rooms was not up to date. We have made an area for improvement. See area for improvement 1.

We reviewed pre-admission assessments that were detailed and had involved the person and their next of kin. We saw further examples where relevant family members had been meaningfully involved in formal reviews of care and support. We were encouraged the service recognised the importance of involving appropriate family in future planning and decision making.

We saw that anticipatory care planning (ACP) would benefit from further development. Enhancement to the information recorded with peoples ACP helps to ensure that staff are familiar with people's and their family's preferences for palliative and end of life care. See area for improvement 2.

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the provider should ensure that support plans and assessments are subject to regular review, involving the relevant people. Where people's needs have changed all associated care documentation should be updated to reflect this.

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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

2. To support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and anticipatory care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

This is to ensure 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 1.5) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

Requirements

Requirement 1

By 31 May 2025, the provider must make proper provision for the health, welfare and safety of residents. In particular the provider must:

- a) Ensure the accurate and consistent assessment of the risk of a resident falling, at least monthly, when needs change or when a fall is experienced.
- b) Ensure a fall prevention care plan is in place where there is a risk of a residents falling.
- c) Ensure the fall prevention care plan fully details the preventative measures required to keep the resident safe.
- d) Ensure fall prevention measures are fully facilitated by the service.
- e) Ensure each fall is subject to investigation to determine the effectiveness of prevention measures.
- f) Ensure that fall/accident audit is undertaken least monthly to determine trends and high risk areas.
- g) Ensure the auditing process is used to improve safety and outcomes for residents.

To be completed by: 31 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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)

Extended to 15 August 2025 to enable sufficient time for the improvements to be made.

This requirement was made on 31 March 2025.

Action taken on previous requirement

We found good oversight in place around the risk of falls and post falls monitoring. This included regular analysis of any falls that had occurred to establish any patterns or further actions required to mitigate further risks to people.

We found some people's plans were overdue monthly reviews. This review includes an oversight of any falls and if falls plans and assessments are up to date. We have made an area for improvement in section 'How good is our care and support planned?'

We concluded that the oversight of falls was strong, with both proactive and reactive measures effectively implemented to reduce risks for individuals.

Met - outwith timescales

Requirement 2

By 31 May 2025, the provider must ensure, that at all times, suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for:

- a) the health, wellbeing and safety of service users;
- b) the provision of safe and high-quality care, and;
- c) in so far as it affects either of those matters, the wellbeing of staff.

In determining what constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to:

- a) the nature of the care service;
- b) the size of the care service;
- c) the aims and objectives of the care service;
- d) the number of service users, and
- e) the needs of service users.

To be completed by: 31 May 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This is in order to comply with:

Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

This requirement has been extended to 15 August to afford the service time to develop the process of safe staffing levels.

This requirement was made on 31 March 2025.

Action taken on previous requirement

We found significant improvement to the consistency of staffing at Fernlea Care Home. See section 'How good is our staff team?' for details.

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

In order to promote people's health and welfare, the provider should ensure medication administration records clearly recorded where medication has not been administered, why this decision has been made and by whom. This should then accurately be reflected in medication stock recordings.

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).

This area for improvement was made on 14 April 2025.

Action taken since then

We found medication administration records clearly recorded where medication has not been administered, why this decision has been made and by whom. Staff provided a good account regarding the management of medication including working with pharmacy and GP to mitigate the risk to people if medication could not be administered. We found stock recordings were not accurate and have recorded a new area for improvement section 'How good is our leadership?' of this report.

This area for improvement is MET.

Previous area for improvement 2

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organization uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 14 April 2025.

Action taken since then

We saw that the service held monthly resident meetings. Minutes from these meetings evidenced the service having gathered people's opinions on the support given, including the range of activities on offer and quality of the food. We were able to see that people's experiences and wishes were used to inform future planning.

This area for improvement is MET.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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