

Larkfield View Care Centre

Care Home Service

207 Burns Road
Greenock
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Telephone: 01475 637 100

Type of inspection:
Unannounced

Completed on:
16 December 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379124

About the service

Larkfield View Care Centre is a care home in Greenock, Inverclyde. The service is registered to provide care for up to 90 people. The provider is the Holmes Care Group Scotland Ltd.

The care home is purpose-built with accommodation over three floors and divided into four units. There is car parking available on site. Bedrooms are single, with a few that can be converted to a double. All rooms have ensuite facilities including showers. Each unit has dining rooms, lounges, and adapted bathrooms. There are other areas, such as a hairdressing salon and two enclosed garden spaces that residents can use.

There were 88 people living in the home at the time of the inspection.

About the inspection

This was an unannounced follow-up inspection which took place on 16 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate to inspect on progress made with two requirements, previously issued in August 2025. The two requirements had due dates of 23 October 2025 and were in relation to staff training and the care home environment. The findings from the inspection are detailed in the section "What the service has done to meet any requirements made at or since the last inspection".

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 evaluation of the service we:

- spent time with people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Improvements were evident, two requirements being followed up have now been met.
- Improved oversight of staff training ensured staff were trained, knowledgeable and skilled.
- Standards of cleanliness in the service have improved and domestic staffing levels increased.
- One new area for improvement has been made for the service to develop an environmental improvement plan ensuring continued focussed environmental improvements allow people to benefit from high quality facilities.

How good is our setting?

The service had made improvements within the care home environment to increase safety and support individuals' wellbeing. The service had improved standards of cleanliness across all four units within the care home. The required improvements had been made in relation to communal bathrooms, equipment and fire risk assessment. This allowed the service to meet the requirement around environmental improvements within the the setting. Please see 'What the service has done to meet any requirements we made at or since the last inspection'.

The service could further strengthen these practices through the development of an environmental improvement plan. This would allow the service to prioritise and track further environmental improvements, providing assurance and oversight of the completion of improvements to benefit people supported.

See area for improvement 1.

Areas for improvement

1. To ensure people's safety and wellbeing the provider should develop and agree a SMART (smart, measurable, achievable, relevant and timebound) comprehensive environmental improvement plan. This should address the required areas of improvement, including appropriate timescales for completion and regular measurements of progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 is safe and secure" (HSCS 5.19).

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

Requirements

Requirement 1

By 23 October 2025 the provider must ensure that accurate and up to date training information is in place for all staff. This must include, but is not limited to:

- a. An electronic training tracker document.
- b. Clear recording of all mandatory training, as well as all additional and specific training for staff.
- c. The name and role of the staff member.
- d. When training was completed and when refresher training is due.
- e. What training is still outstanding for individual staff.
- f. Was training e learning or face to face. If face to face who was the provider.

This is to comply with Sections (7) and (8) of The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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' (HSCS3.14).

This requirement was made on 30 August 2025.

Action taken on previous requirement

To ensure staff are trained, competent and skilled the service has developed an electronic training matrix to record and track training information for all staff. This was well completed and differentiated mandatory and additional training for staff.

The training matrix displayed the names and job roles of each member of staff and all of the training they had completed. We could see that e-learning completed for staff was regularly updated. The training matrix showed any training that remained outstanding, the date staff had completed the training and dates the training was due for renewal. It also highlighted any staff training which was outstanding and whether staff had been issued with a letter around compliance of training as a result of this. This provided assurance that staff were receiving training relevant to their job role and contributed to people supported receiving safe and competent care.

A variety of training had been delivered for staff including management of choking risks, stress and distress, diabetes awareness and diet and nutrition training further ensuring people's care and support meets their individual needs and is right for them.

We also spoke to staff within the service. We heard from staff there had been an increased focus on training. Staff reported a good range of mandatory and additional training was offered to them and if additional training was requested by staff this would be sourced by management. Staff reported this allowed them to feel appropriately skilled within their roles.

Met - within timescales

Requirement 2

By 23 October 2025 the provider must ensure that the care home environment is clean, safe, and promotes people's dignity and wellbeing. To do this, the provider must, at a minimum:

- a) Create an environmental improvement plan, that addresses essential repairs and maintenance, with dates for completion clearly set out with those most urgent prioritised.
- b) Ensure communal bathrooms are accessible and fit for purpose.
- c) Ensure all equipment stored in the home is safe, appropriately maintained, and stored securely.
- d) Ensure an annual fire risk assessment is completed in line with Fire safety guidance for care homes. This should identify any areas for improvement, actions required and taken.
- e) Improve standards of cleanliness across all units, including regular deep cleaning. Domestic staffing levels should be sufficient to maintain hygiene standards throughout the day.

This is to comply with Regulation 10(2)(a)(b)(c)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and is consistent with the Health and Social Care Standards:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24)
and

'As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people' (HSCS 5.28).

This requirement was made on 30 August 2025.

Action taken on previous requirement

The service was clean, the environment was calm and free from any odours. The standards of cleanliness had improved across all units within the service. There was increased domestic staffing levels, with domestic staff present from 07:00 to 21:00 within the service ensuring there were domestic staff available most of the day.

People supported should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. Previously communal bathrooms had been used as

storage areas. We could see these had been completely emptied of equipment and laundry ensuring increased safety and comfort for people supported. The service had purchased a large, fit-for-purpose storage container to securely store furniture not required within the home. Older and broken equipment had been safely disposed off. We were able to see equipment currently in use within the home had been checked and serviced within the required timeframes allowing people to access good quality equipment.

The service had taken action to identify and prioritise internal decoration and upgrading required within the home in relation to both communal areas and people's bedrooms. We heard of room decoration being prioritised dependent on the level of upgrading required. People supported and their families had been involved in choosing new flooring options, upgrading carpets to flooring within bedrooms. This will support infection prevention and control measures ensuring people experience a high quality care environment.

An annual fire risk assessment had been completed by the service, detailing relevant actions required in relation to fire safety. This aligned with findings from the Scottish Fire and Rescue Service's report and much of the identified improvements had been completed. There were some outstanding actions for example 'Kings Communication' are to review all emergency exit signage however the service has taken steps to ensure these outstanding actions are completed as soon as possible.

The service manager had prepared a document that showed the different areas of environmental action required, however the main focus of this was specific to people's bedrooms within the service. We discussed the need for the plan to be developed further and all of the areas that should be covered within this. Overall this requirement has been met but with further improvement needed on the environmental improvement plan. See Area for improvement one within 'How good is our setting?'

Met - within timescales

Requirement 3

By 5 January 2026, the provider must ensure staff are competent when completing records relating to people and their risk of falls, To do this, the provider must, at a minimum:

- a) ensure that staff are aware of their responsibility to complete records, such as Falls Incident Records, accurately each time after a person has a fall;
- b) ensure staff undertake observations and record those observations each time after a person has a fall;
- c) ensure staff update personal plans and risk assessments to reflect concerns or changes regarding a person and their falls' history;
- d) ensure staff are aware of their responsibility to inform the management team if a person has a fall(s). This would allow the management team to monitor and assess the ongoing risks for each person.

To be completed by: 05 January 2026

This is in order to comply with:

Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 3 December 2025.

Action taken on previous requirement

This requirement was not assessed due to the requirement date and will therefore be followed up on a subsequent inspection.

Not assessed at this inspection

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 people receive support in line with their current needs, the service should ensure that old information in people's personal plans that is no longer relevant is removed. If this cannot be taken out then it must be very clearly indexed at either the start or the end of the personal plan. This will prevent any confusion for unfamiliar staff when following the support plan.

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 area for improvement was made on 30 August 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Previous area for improvement 2

To ensure that people's care is responsive to their ongoing and changing needs the provider should improve oversight, monitoring and communication systems to ensure that:

a) Completion of accurate daily records and health monitoring records. This would ensure that decisions can be made as to when further action should be taken. For example, when input is required from external health professionals or referrals made regarding an individual's number of falls.

b) ensuring that staff at all levels are clear of their roles, responsibilities and accountability to maintain organisational standards.

Inspection report

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 30 August 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Previous area for improvement 3

People's health and wellbeing should benefit from safe infection prevention and control practice and procedures. Cross contamination should be minimised by:

- a) The safe transfer of linen and clothes from the laundry area to each unit.
- b) The safe transfer by staff of the right clothing into people's rooms. Staff should comply with the safe systems of work set out in the National Infection Prevention and Control Manual: (NIPCM) for care homes.

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).

This area for improvement was made on 30 August 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Previous area for improvement 4

To promote a calm and responsive care environment, the service should review how the nurse call system is used across the home. This includes reducing unnecessary alerts, ensuring alerts are prioritised appropriately, and supporting staff to respond in a timely and coordinated way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18),

and

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

This area for improvement was made on 30 August 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Previous area for improvement 5

To ensure that people receive responsive care and support, the provider should ensure that detailed care and support plans are available when a person has a specific health condition, which requires daily staff intervention to help manage this.

This should include, but is not limited to, providing detail on the techniques that staff need to use to safely and effectively manage the condition, and recording when this intervention has taken place.

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

This area for improvement was made on 18 July 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Previous area for improvement 6

If a UTI is suspected for a person experiencing care, staff should record all efforts made to procure a urine sample, including the unsuccessful attempts. This would help identify any barriers, but also what was successful, when procuring a sample from a particular person.

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 area for improvement was made on 3 December 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Previous area for improvement 7

Staff should ensure that charts and tools, such as ABC charts, requested by an external health professional are completed fully and made available to assist in the overall assessment of a person's well-being.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 3 December 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Inspection report

Previous area for improvement 8

Staff should ensure that they record any visit made by an external visitor. The record should state who the person was, their purpose and the outcome of the visit. It would be good practice to ensure that families were made aware of any visits by external health professionals to their relative.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 3 December 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Previous area for improvement 9

The service should ensure that when a complaint is received, the correct complaint handling policy and procedure is followed and the complainant receives an outcome.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 3 December 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at subsequent inspection.

Complaints

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

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