

Lindsay House Care Home Service

64 Cedar Avenue
Lumphinnans
KY4 9FE

Telephone: 01592 583 581

Type of inspection:
Unannounced

Completed on:
12 January 2026

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2017353223

About the service

Lindsay House is a local authority care home registered to provide a 24-hour service to a maximum of 60 older people. It is a purpose built care home situated in Lumphinnans.

The service provides accommodation within five living areas and over two floors. Each living area has a lounge/dining area, a bathroom suitable for assisted bathing and single bedrooms with ensuite shower and toilet facilities. There is a good size garden which is directly accessible to people living on the ground floor.

At the time of our inspection 54 people were living in the home.

The manager was available to support the business of inspection.

About the inspection

This was a second unannounced follow up inspection which took place on 12 January 2026 and between 10:30 - 16:00. 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 two people using the service
- spoke with 9 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were knowledgeable, caring and respectful.
- The accommodation was well presented and provided good facilities.
- Improvements had been made and outstanding requirements were met.

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

Requirements

Requirement 1

By 17 October 2025, to ensure a culture of responsive and continuous improvement which meets the health, safety and wellbeing needs of service users, the provider must evidence an up-to-date service improvement plan which is reflective of self-evaluation and outcomes of quality assurance processes.

This must include at a minimum:

- a) feedback from service users, their family and/or representatives, staff and external agencies
- b) analysis of records such as, care plans and supporting documents, incidents, accidents and complaints
- c) observations of staff practice and people's experiences of care.

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 ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: '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 3 September 2025.

Action taken on previous requirement

At this visit, we found action had been taken to embed the improvements needed to meet this requirement. There was an up-to-date service improvement plan which reflected self-evaluation rooted in the provider's routine audits and now benefitted from feedback from everyone with an interest in the service and observations of staff practice and people's experiences of care. The home had continued to benefit from practical input from the provider's Quality Assurance Team.

Analysis of records such as, care plans and supporting documents, incidents, accidents and complaints was ongoing.

The manager should continue with their efforts to evidence the impact action taken has had on improving outcomes experienced.

This requirement was met.

Met - within timescales

Requirement 2

By 17 October 2025, the provider must ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

To achieve this, the provider must at a minimum:

- a) Monitor staff practice to provide assurance that care and support meets the needs and wishes of service users and is consistent with current good practice guidance.
- b) Demonstrate oversight regarding equity of senior cover and the deployment of relief and agency staff.
- c) Ensure all staff receive appropriate training and have a clear understanding regarding their role and responsibilities.

This is to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'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 requirement was made on 3 September 2025.

Action taken on previous requirement

At this visit, we found action had been taken to embed the improvements needed to meet this requirement. The home had continued to benefit from practical input from the provider's Quality Assurance Team.

We found good oversight regarding equity of senior cover and the deployment of relief and agency staff.

The manager should continue with their efforts to evidence the impact action taken has had on improving outcomes experienced.

This requirement was met.

Met - within 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

To maintain effective infection control and a safe and hygienic environment for residents, staff and visitors, the provider should ensure equipment coverings and frequently touched areas are intact and do not compromise the effectiveness of cleaning.

This is in order 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).

This area for improvement was made on 3 September 2025.

Action taken since then

We found the home to be clean and generally well maintained. Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively.

Remedial decoration needed to ensure frequently touched areas were intact and did not compromise the effectiveness of cleaning. had been arranged.

Mattresses, soft furnishings and furniture were clean and intact.

There were systems in place to ensure regular monitoring was carried out to initiate repairs and replacement.

Staff performance was also monitored.

All of which supported good infection prevention and control.

This area for improvement was met.

Previous area for improvement 2

The provider should ensure that staff have a clear understanding regarding their role and responsibilities in relation to record keeping and that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service.

This is to ensure that care and support is consistent with 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 area for improvement was made on 18 November 2024.

Action taken since then

We found that staff had a clear understanding regarding their role and responsibilities. The senior team were confident in their understanding regarding their role and responsibilities in relation to record keeping and audit processes. As a result, audit processes were effective in identifying areas for improvement and contributing to improvement planning.

This area for improvement was met.

Previous area for improvement 3

To ensure people experience care which supports their health and well-being, the provider should ensure individual personal plans and care records, at a minimum:

- a) are person centred and reflective of people's choices and preferences
- b) use language which reflects a culture of respect
- c) provide consistent information throughout
- d) are fully evaluated to inform people's care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states 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 18 April 2024.

This area for improvement was made on 18 April 2024.

Action taken since then

We found relevant care records were in place to guide and support staff in delivering care and support. These were completed consistently and were reviewed regularly. They included people's assessed needs, choices and preferences. We found records were personalised and written by staff that knew people well. We also saw evidence of health professional inputs within plans and risk assessments. Overall, risk assessments to assess resident's care needs were carried out regularly and then used to inform the care plan. We found staff carried out regular reviews with residents and their relatives. This meant these records could guide and support staff in delivering day-to-day care and support.

The 'at a glance' summary was described by staff as a real asset in supporting them, especially when unfamiliar with the people in their care.

We found the audits carried out by management identified where information was missing. Although improvements in record keeping were identified as ongoing, we were satisfied that record keeping was sufficient to support good communication and guide staff practice.

The provider should continue to monitor the quality of record keeping as part of their service improvement plan.

This area for improvement was met.

Complaints

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