

Parkholme Care Home Service

19 St. Margaret's Crescent
Lossiemouth
IV31 6RF

Telephone: 0123456789

Type of inspection:
Unannounced

Completed on:
19 January 2026

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 to provide 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 17 and 19 January 2026. The inspection was carried out by one inspector from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made at, or since, our previous inspection on 10 December 2025 and evaluated how the service had addressed these to improve outcomes for people.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 23 January 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

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

Key messages

- Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.
- Care and support to meet people's health and wellbeing needs continued to be inconsistent and sometimes unsafe.
- Despite some early improvements to provide a safe environment, gaps in safety checks, environmental standards, personalisation, and emergency planning continued to place people at risk.
- Leaders had ensured people had medication assessments that reflected their needs.

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

Care and support continued to be inconsistent and sometimes unsafe. People who needed close supervision to remain safe were at risk because they were times when they were left unattended. People did not experience care and support at the right time to meet their health and safety needs.

Health records were not well kept, and we were not confident that monitoring tools were used effectively. For example, fluid charts, which should show how much people were drinking, raised concerns about fluid intake. These concerns had not been followed up by leaders. We were not confident that leaders had clear oversight of people's health and experiences.

People were not enabled to make choices about their daily routines. One person was woken up early, without being asked, resulting in them appearing tired and withdrawn. Another person was not supported to get up in time, impacting on their usual routine and resulting in them missing a meal. People did not experience care at times that met their needs and suited their wishes.

Care plans were unclear, which meant people received inconsistent care and support. For example, plans did not detail the support people should receive to maintain good bowel health, or when they may need support to use the toilet. This lacked dignity and could lead to pain and discomfort. Care plans lacked key information, meaning people did not consistently receive the care prescribed by health professionals. Staff had not confirmed they had read all care plans, meaning we could not be assured that people received consistent care and support.

Staff had attended more person specific training, however training records for care prescribed by a health professional for one person, continued to show poor staff attendance. One family told us they were not confident that their loved ones prescribed care had been done, and records indicated this was not done as frequently as it should be. Some people did not receive consistent care from trained and competent staff, which impacted on their health and comfort.

Although people were going out for more walks and some activities had been introduced, one family told us there had been "no changes to people's enjoyment". Another family member told us they had not been involved in developing their loved one's activity plan. Staff did not know about people's individual activity plans, meaning people did not always get to do what they wanted. One person missed an opportunity to go on their daily outing, while another was not enabled participate in an activity they had chosen at home. Instead, people spent long periods in front of the TV with very little engagement from staff, leaving them bored and unstimulated.

This requirement was not met, and some areas are now subject to an Improvement notice.

Not met

Requirement 2

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)

This requirement was made on 6 January 2026.

Action taken on previous requirement

Leaders and staff completed many health and safety checks more regularly, however, gaps remained. Fire safety checks, including fire door audits and checks of the sprinkler system, were not recorded. Fire checks are essential to ensure people's safety in the event of a fire. Safety checks for beds and bedrails had still not been completed, meaning people were still at risk of potential injuries in bed. We highlighted these concerns to the provider and were given assurances these would be completed. We will review this at future inspections.

Leaders completed a daily environmental audit. This ensured the home was warm, that lighting was appropriate and that chemicals were stored safely. However, the audit did not assess cleanliness or staff's understanding of infection prevention and control procedures. Staff did not follow national best practice guidance, using ineffective cleaning products for sanitary areas (such as toilets) within the home. The provider agreed that the environmental audit required further development. We agreed to review this at future inspections.

Leaders had done some work to personalise bedrooms. However, the provider agreed that progress had been slow, meaning one person's bedroom still had very little furniture. We were assured that more furniture had been ordered. This should enhance the person's enjoyment and comfort.

Leaders had begun to develop an environmental contingency plan. For example, staff had guidance on how to manage a loss of power or heat. Temporary radiators were purchased, so people could remain warm in an emergency. However, the contingency plan remained incomplete and lacked essential guidance for foreseeable risks. It did not give staff the clear, practical instructions needed to keep people safe in the event of a foreseeable emergency. The provider agreed to revisit environmental contingency plan. We will review this at future inspections.

This requirement has not been met, and we have agreed an extension until 10 February 2026.

Not met

Requirement 3

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)

This requirement was made on 6 January 2026.

Action taken on previous requirement

This requirement was made on 06 January 2026 and the timeframe given for improvement had not yet passed. We will review this at future inspections.

Not assessed at this inspection

Requirement 4

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)

This requirement was made on 6 January 2026.

Action taken on previous requirement

This requirement was made on 06 January 2026 and the timeframe given for improvement had not yet passed. We will review this at future inspections.

Not assessed at this inspection

Requirement 5

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

This requirement was made on 24 September 2025 and was not met at our last inspection between 08 and 10 December 2025. The timescale for improvement was extended until 10 February 2026 and the timeframe given for improvement had not yet passed. We will review this at future inspections.

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 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

Medication assessments, that detailed the amount of support people needed, were in place. Leaders sought support from the community nursing team, ensuring the assessments were clear and met people's needs. This resulted in people receiving the correct level of support to take medications.

This area for improvement has been 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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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