

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:
28 January 2026

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 inspection which took place on 28 January 2026. The inspection was carried out by one inspector from the Care Inspectorate Complaints Team. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, complaint findings and information submitted by the service including an action plan.

This follow up inspection was to review progress with a Requirement made following a complaint investigation on 17 October 2025.

In making our evaluations of the service we spoke with nursing staff, care staff and the manager and we reviewed relevant documentation.

Key messages

- Improvement was noted with the recording of falls and staff understanding of falls management. The requirement has been met.
- Three Areas for Improvement relating to the management of suspected UTIs, the protocol for visiting professionals and complaint handling have been met.
- One new area for improvement has been made for the service to continue to develop and update the 'Movement' personal plans.

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?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We sampled the personal plans for people at a high risk of falls. The information within the 'Movement' care plans was variable. Some plans gave thorough, person centred information relating to how to support a person with their risk of falls. Others did not contain the same level of information and required to be updated.

Areas for improvement

1. The service should ensure that each personal 'Movement' plan is updated when needs change or a person has sustained a fall.

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

Requirements

Requirement 1

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 a 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:

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 care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required

This requirement was made on 17 October 2025.

Action taken on previous requirement

To ensure staff were aware of the importance of good record keeping in relation to falls management, they had all attended training and supervision sessions. We could see the content of the training and the evaluations. Staff told us this training had been 'really helpful'. Staff had also been issued with a 'prompt sheet' which guided them on the steps to take if someone had a fall.

We sampled the falls management records for four people at high risk of falls. We could see improvement in the information recorded and the information passed on to the management team. This meant there were more accountable systems in place to monitor people and their falls.

We sampled the personal plans for people at a high risk of falls. The information within the 'Movement' care plans was variable. Some plans gave thorough, person centred information relating to how to support a person with their risk of falls. Others did not contain the same level of information and required to be updated.

See Area for Improvement 1.

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

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 area for improvement was made on 3 December 2025.

Action taken since then

We reviewed the personal plan for a person who had recently had a Urinary Tract Infection (UTI). The daily notes showed the efforts made by staff to procure a urine sample and the communication between them when it was initially unsuccessful.

Any suspected infections were discussed at the daily Flash meetings to ensure action was taken. This Area for Improvement has been met.

Previous area for improvement 2

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 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 inspections.

Previous area for improvement 3

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 area for improvement was made on 3 December 2025.

Action taken since then

There was a 'memo' at the front door prompting professional visitors to introduce themselves to the person in charge. All staff had been reminded of the importance of ensuring they sought feedback from any professional visitor to ensure any advice and guidance was recorded. This had been discussed at a Clinical Governance meeting held on 8 January 2026. This practice was confirmed with the staff we spoke with on the day of our visit. This Area for Improvement has been met.

Previous area for improvement 4

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 area for improvement was made on 3 December 2025.

Action taken since then

There had been one complaint since our last visit. Staff had been made aware of the importance of informing the management team if a family had a concern or a complaint. The records in place for the one complaint showed the action taken and the outcome, including speaking with the family concerned. This Area for Improvement has been met.

Previous area for improvement 5

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 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 inspections.

Previous area for improvement 6

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.

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 inspections.

Previous area for improvement 7

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 co-ordinated way.

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 inspections.

Previous area for improvement 8

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 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 inspections.

Previous area for improvement 9

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 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 inspections.

Previous area for improvement 10

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 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 inspections.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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