Lynedoch House
Care Home Service

Inverclyde Association For Mental Health
4 Lynedoch Street
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PA15 4AA

Telephone: 01475 729 196

Type of inspection:
Unannounced

Completed on:
13 February 2026

Service provided by:
Inverclyde Association For Mental Health

Service provider number:
SP2003000217

Service no:
CS2003001094

About the service

Lynedoch House is registered to provide a care home service to a maximum of nine adults who experience mental health problems. The provider is Inverclyde Association for Mental Health.

Lynedoch House operates from a Victorian style mansion spread over a number of levels and is set within its own grounds. The property has been maintained to a high standard and comprises of nine single bedrooms, shared bathrooms, a shared kitchen, communal areas and outdoor space.

At the time of the inspection, nine people were living in Lynedoch House. The registered manager was supported by a depute manager, senior support worker and a team of support workers.

About the inspection

This was an unannounced follow up inspection, which took place remotely on 13 February 2026, between 10:30 and 15:45. The inspection was carried out by one inspector from the Care Inspectorate. The inspection focused on the requirement made during the previous inspection which took place on 05 September 2025. We evaluated how the service had addressed this to improve outcomes for people.

In making our evaluations of the service we:

- spoke with seven staff and management
- reviewed documents.

Key messages

- Support planning had improved, giving clearer guidance on support requirements.
- Improvement was evident in all required areas made during the previous inspection. As a result, the requirement will be met.

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 is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

In relation to this key question, one requirement was evaluated from the initial inspection.

Since then, the service had put an action plan in place to manage the improvements needed. The service had updated, all care plans giving clearer information regarding support needs, which had been reviewed regularly. However, some people's support plans and risk assessments could be more detailed and explicit.

A new area for improvement will be created to continue to drive forward the ongoing development of care planning to ensure they are effective and capture support needed to enable people to achieve their goals.

Please see 'What the service has done to meet any requirements we made at or since the last inspection' for further details.

Areas for improvement

1. To ensure consistent support is provided all support plans should include clear information regarding people's strengths, how support should be provided, and risks mitigated.

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

'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 1 July 2025 the provider should ensure care plans are up-to-date and detail accurate information, to ensure that people receive the right support at the right time.

This should include at a minimum:-

a. each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach

b. they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs

c. they contain accurate and up-to-date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified

d. they are regularly reviewed and up dated with involvement from relatives and relevant others.

This is to comply with Regulation 5(2)(b) (Personal plans) 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:

'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 requirement was made on 11 April 2025.

Action taken on previous requirement

All care plans had been updated to be more strengths-based and person-centred. Most plans gave a good overview of the person and what support was required. For some there was clear strengths-based information highlighting what people were able to do for themselves. This should be consistent for all people supported.

A small number of outcomes were being identified, and being reviewed regularly to keep people motivated and engaged in support.

Care and support was being reviewed and updated regularly, demonstrating how well the staff and management team knew people. Records of reviews were detailed, using evidence-based information

giving an overview of how the previous few months had been for people and action planning for the upcoming period.

Risk assessments for most people gave clear information regarding current risks, identifying action on how to manage these both proactively and reactively.

A new area for improvement will be created to continue to drive forward the ongoing development of care planning to ensure they are effective and capture support needed to enable people to achieve their goals.

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

The provider should ensure the service is exploring opportunities to increase people's independence and develop their daily living skills.

People should be supported, encouraged and enabled to make choices which impact on their day to day lives.

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

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This area for improvement was made on 11 April 2025.

Action taken since then
Not assessed at this inspection.

Previous area for improvement 2

To further the improvement journey, the provider should continue to develop and embed their quality assurance system.

This should include but not be limited to:-

a. quality audits and action plans including finance, care planning and medication being fit for purpose, completed regularly and lead to improvement actions necessary

b. quality assurance systems evaluate and monitor service provision to inform improvement and development of the service

c. senior staff having a clear understanding of their role and responsibility with regards quality assurance activities and

d. the provider having clear oversight of the service, to enable ongoing effective support and development.

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 area for improvement was made on 7 October 2025.

Action taken since then
Not assessed at this inspection.

Previous area for improvement 3

The provider should ensure that there is a clear framework for mandatory training, to ensure all staff are equipped to carry out their role.

All staff should have access to and undertake appropriate and ongoing learning and development opportunities relevant to their role.

This should include but not be restricted to:

a. clear guidance on the frequency of all core and refresher training

b. ensuring all staff complete training opportunities as detailed by the framework, with senior staff having clear oversight

c. embedding a consistent approach to practice observations, with follow-up actions and re-checks where needed

d. maintaining regular, planned supervision for all staff to support reflection, learning, and development.

This is to ensure 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' (HSCS 3.14).

This area for improvement was made on 7 October 2025.

Action taken since then
Not assessed at this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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