

# Parkholme Care Home Service

19 St. Margaret's Crescent  
Lossiemouth  
IV31 6RF

Telephone: 0123456789

**Type of inspection:**  
Unannounced

**Completed on:**  
24 February 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 21 and 23 February 2026. The inspection was carried out by one inspector from the Care Inspectorate.

This service was subject to an Improvement Notice that was issued on 23 January 2026. All required improvements had been met. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Since the last inspection we carried out monitoring visits to assess progress and support improvement. Visits took place on 30 January 2026 and 04, 07, 11 and 17 February 2026.

The inspection focused on the requirements and areas for improvement made at, or since, our previous inspection on 19 January 2026 and evaluated how the service had addressed these to improve outcomes for people. Meaningful improvements had been made, and we re-evaluated Quality Indicators 1.3, 2.2, 3.3 and 4.1 from "Weak" to "Adequate".

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
- reviewed findings from 5 surveys returned to us by staff

## Key messages

- This service was subject to an Improvement Notice that was issued on 23 January 2026. All required improvements had been met. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).
- People experienced safer, more consistent care in areas such as choking prevention, nutrition, and hydration. However, improvements were needed to continence support and skin care.
- People were not subject to unjustified restrictions; however more work should be done to ensure people's ability to make choice is maximised.
- Activities had increased, with more opportunities to go outdoors, however this needed to be more personalised to suit individual needs.
- Leaders had improved oversight of people's experiences, however needed to improve their responses to concerns.
- Staffing number had improved; however, staff allocation needed to improved to ensure consistent care and support.
- The environment was more homely, however cleaning standards needed to improve.

## 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
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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 do we support people's wellbeing?

## 3 - Adequate

We re-evaluated this key question as adequate following inspection. While improvements were evident, strengths only just outweighed weaknesses.

People experienced safer, more consistent care in areas such as choking prevention, nutrition and hydration, and care prescribed by professionals. **(See "what the service has done to meet requirements we made at or since our last inspection")**

Most people were supported with their continence needs, however further work is needed to ensure planned care to support people to use to toilet, which should enhance their comfort. **(See area for improvement 1 and "what the service has done to meet requirements we made at or since our last inspection")**

People had improved privacy, with improved care plans and staff practice, in relation to audio monitors and monitoring equipment. However further work was needed to enhance people's ability to make choice. **(See "what the service has done to meet requirements we made at or since our last inspection")**

The service was in the process of reviewing people's diet. The service had reviewed the menu, which included more variety and choice. One person had been referred to the dietician, and the service was awaiting further guidance on the most appropriate food for their needs. This should result in all people eating food that meets their needs and wishes. We will review this at future inspections.

People were supported when their skin deteriorated. One person was supported to access healthcare, resulting in creams and medication to increase their comfort. However, we were not confident that one person was supported to change position frequently, which could result in skin deterioration. The provider assured us that they would work with the care home nursing team to review this person's care plan. We will review this at future inspections.

People were supported with more activities and were able to go out more often. One family told us, "People appear to be sleeping less through the day", which meant there were more opportunities for people to be engaged. However, people did not have personalised activity plans, and at times lacked structure in their day to day lives. One person was seen to spend a lot of time watching the TV or walking up and down the halls. A visiting professional told us that they were "under-stimulated during the day, which is impacting their sleep pattern". While improvement was evident, further work is needed to ensure people have regular, personalised and meaningful activities. **(See area for improvement 2)**

### Areas for improvement

1. To ensure that people are comfortable and maintain their dignity, the provider should develop clear care plans to support good continence care for all people. This should result in people being supported to use the toilet regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: "My care and support meets my needs and is right for me." (HSCS 1.19)

2. To ensure that people have a fulfilled life, the provider should ensure that people benefit from structure in their day with meaningful activities at home, and personalised activities that maximise opportunities for people to enjoy their local community.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

### How good is our leadership?

3 - Adequate

We re-evaluated this key question as adequate. While improvements were evident, strengths only just outweighed weaknesses.

Leaders had increased day-to-day oversight of the service, including people's experiences, staff competency and health and safety. This had begun to have a positive impact on people's experiences, resulting in improvements in most safety checks and led to the development of a clear contingency plan. **(See "what the service has done to meet requirements we made at or since our last inspection")**

Leaders did not always investigate concerns thoroughly. One family raised concerns about the care and support their loved one received. Appropriate actions to reduce the likelihood of reoccurrence, were not taken. **(See area for improvement 1)**

### Areas for improvement

1. To ensure that people benefit from a culture of continuous improvement, the provider should ensure that leaders investigate all unplanned events, including when concerns are raised about care and support. This should result in a recorded investigation with a clear action plan detailing how people's experiences will be improved.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

### How good is our staff team?

3 - Adequate

We re-evaluated this key question as adequate. While improvements were evident, strengths only just outweighed weaknesses.

Staffing arrangements had begun to improve. The provider had developed a detailed assessment of people's needs and increased staffing numbers at key times. However inconsistent information sharing and ineffective staff allocation continued to impact on the continuity of care. **(See area for improvement 1 and "what the service has done to meet requirements we made at or since our last inspection")**

## Areas for improvement

1. To ensure that people experience the support they need at the right time, the provider should review how staff are allocated to support people. This should result in all people's needs being met consistently.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states: "My care and support is consistent and stable because people work together well." (HSCS 3.19)

## How good is our setting?

### 3 - Adequate

We re-evaluated this key question as adequate. While improvements were evident, strengths only just outweighed weaknesses.

People experienced a safer, warmer and well-lit home. The provider had improved one person's bedroom, resulting in a more homely and comfortable environment. **(See "what the service has done to meet requirements we made at or since our last inspection")**

The service appeared clean; however we were not confident that best practice guidance for care homes was followed. Cleaning records were not clear, and there was no clear guidance to direct staff on how to clean effectively. Whilst the provider had provided appropriate cleaning products, staff did not have a consistent understanding of when and where these should be used. This could result in ineffective cleaning products being used, which could result in the spread of avoidable illness. **(See requirement 1)**

## Requirements

1. By 18 May 2026, the provider must ensure people live in an environment that is safe and effectively cleaned. To do this the provider must, at a minimum:

- a) Ensure cleaning products and chemicals, including products for sanitary areas, align with national best practice guidance.
- b) Implement cleaning schedules and standard operating procedures that guide staff on best practice guidance, and evidence regular cleaning.
- c) Ensure staff have the knowledge, competency and skills needed for effective infection prevention and control in the environment.
- d) Ensure audits of the environment evaluate the standards of cleanliness and effectiveness of infection prevention and control within the service.

This is to comply with Regulation 4(1)(a) and 10(2)(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 Health and Social Care Standards (HSCS) which states: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24)

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

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

Some people's care plans had been reviewed. Essential, and vital, care plans and risk assessments had been prioritised, resulting in clearer care plans. For example, care plans to prevent choking and reduce restraint. However, the provider acknowledged that further work was needed to ensure all people's care plans were reviewed and sufficiently detailed. **(See area for improvement 1 and "What the service has done to meet any requirements we made at or since the last inspection" )**

**Areas for improvement**

1. To ensure that people experience safe, meaningful, and planned care, the provider should ensure all care plans are reviewed and current. This should result in detailed person-centred care plans that reflect people's health and wellbeing needs, including care plans that enhance meaningful activity.

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

## 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

People, who were at risk of choking, experienced safer and more consistent care. People were not left unattended. Staff consistently demonstrated an understanding of a person's needs. Equipment used for emergency first aid was clean, well maintained, and ready to be used when required. Staff understood care plans that detailed when to administer emergency first aid. People, who were at risk of choking, were not exposed to unnecessary risk.

People experienced more consistent care. People were supported to drink enough. Staff prepared food that aligned with people's professional guidance. Records indicated that people received support with their continence needs, however staff did not support one person to use the toilet regularly, which could impact on their comfort. While people experienced safer care, further work was needed to ensure all people receive timely care with their continence needs. **(See key question 1 "How well do we support people's wellbeing?" area for improvement 1)**

The provider had begun work to update care plans; however, these did not yet support consistent care for all people. While risk assessments to keep people safe were clearer, person-centred care plans in areas such as continence, skin care and meaningful activity needed further development. **(See key question 5 "How well is our care and support planned?")**

Staff training had improved and leaders regularly assessed staff competence in key areas of practice. All permanent staff had completed training in emergency first aid, and trained staff were appropriately placed to support people. Staff demonstrated competence in supporting one individual who required nutrition through a Percutaneous Endoscopic Gastrostomy (PEG). Staff were trained, and competent, in supporting people with care directed by professionals. For example, one person was supported to regularly complete exercises prescribed by the Physiotherapist. People's health and wellbeing benefitted from the care that was delivered by trained and competent staff.

## Met - outwith timescales

### 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 most health and safety checks regularly. All fire safety checks were done, resulting in improved safety for people. For example, faulty fire doors were repaired. Safety checks for beds and bedrails had been completed, meaning people were safer in bed. We highlighted that some checks, although done, were not done as frequently as they may need to be. For example, water temperature checks. This could result in harm. The provider agreed to review this and 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 must ensure that the environment is cleaned to a safe standard, following best practice guidance.

The environment had been improved, particularly for one person's bedroom. New furniture had been purchased, ensuring their bedroom was comfortable and welcoming. This should enhance the person's enjoyment and comfort.

Leaders had developed a detailed environmental contingency plan. Staff had guidance on how to manage unplanned events such as loss of heat, fire and serious weather events. The plan successfully identified an area of concern, resulting in the purchase of power packs to power essential equipment in the event of a power cut. The provider should ensure all staff are aware of the contingency plan, which should result in people being safer in an emergency.

Most elements of this requirement had been met and has been removed. We made a new requirement to ensure safe and effective cleaning of the environment. **(See key question 4 "How good is our setting?" requirement 1)**

**Met - outwith timescales**

## 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

People were supported to make some choices. For example, one person chose their preferred outfit, and people selected breakfast options that suited them. The provider should consider how choice is communicated, to ensure that people understand the choices offered. Care plans that detailed when people needed help to make choices, were being developed. While it was positive that this contained legal information, such as when people had a welfare guardian, it did not give staff clear direction on how to support choices in people's day to day lives. The provider assured us that further detail would be added to these plans.

Monitoring equipment, that could compromise people's privacy, was used appropriately. Where restrictions were used, such as alarms or monitors, these were supported by appropriate care plans. Staff had a clear understanding of when these restrictions should be used, to keep people safe. Staff respected people's dignity and had reduced unnecessary intrusion and restrictions.

Some staff had improved knowledge about restrictive practice. Managers had attended restrictive practice training, and staff workshops had been arranged. Good practice guidance had been shared and supported through ongoing supervision and team discussions.

Staff had an improved understanding of Health and Social Care Standards (HSCS). HSCS were discussed at staff supervisions and staff were observed to be kind and respectful. However, some families felt that communication, particularly during care tasks, still required improvement. The provider should ensure that staff communication is kind and dignified, at all times. We will review this at future inspections.

### Met - within timescales

#### 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

The provider had developed a comprehensive staffing tool that effectively assessed individual needs. This was further supported by a detailed "minimum staffing" contingency plan. This resulted in increased staffing at key times, meaning people had more staff available to meet their needs. The provider continued to recruit new staff, which should ensure sufficient staff are available to meet people's needs. While there were early signs of improvement, such as planning staff to support outings, further work was needed to assess and review people's social needs and plan staff accordingly.

Staff had a written and verbal handover to share information about people's needs. However, these were not always effective. Vital information was not always shared, resulting in one person wearing inappropriate footwear for longer than was necessary. The provider agreed to review how information is shared and we will review this at future inspections.

Leaders had reviewed how people are allocated staff, with the aim of increasing staff accountability for people's care. However, this was not always effective. There was a lack of coordination resulting in some people being rushed, while others were left without sufficient staff to meet their needs. Further work is needed to ensure that staff allocation results in consistent care and support.

Most elements of this requirement had been met and has been removed. We made new area's for improvement to ensure improved consistency in care through improved staffing allocation and further development of activity plans. **(See key question 1 "How well do we support people's wellbeing?" area for improvement 1 and key question 3 "How good is our staff team?" area for improvement 1)**

## Met - within timescales

### 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

Leaders had improved oversight of people's experiences. Increased leadership presence allowed senior staff to check people's experiences daily. This resulted in improved fluid intake and people receiving medication they needed promptly. Leaders ensured that people were supported as their needs changed.

The provider had done a lot of work to ensure staff competency. Records indicated that all staff had been observed in their work, including observations of vital tasks to keep people safe. This included observations of emergency first aid and PEG support. While observations of staff interactions with people had been done, further work is needed to ensure staff are competent and confident when communicating with people. We were assured that work had already begun, with more competency assessments in communication planned. We will review this at future inspections.

Leaders conducted audits and checks, that should improve people's experiences. Finance audits were completed to a good standard, meaning people's money was safe. Medication audits were mostly effective; however more work was needed to ensure sufficient "as required" medication care plans were in place. Further work was needed to ensure that the environment was cleaned in line with best practice guidance.

Most elements of this requirement had been met and has been removed. We made a new requirement to ensure that cleaning of the environment was quality assured by leaders. **(See key question 4 "How good is our setting?" requirement 1)**

**Met - outwith timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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