

Marchmont Care Home Service

24 Bennoch Road
Kirkcaldy
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Telephone: 01592 260 465

Type of inspection:
Unannounced

Completed on:
11 March 2026

Service provided by:
Marchmont Residential Homes a
partnership

Service provider number:
SP2017012993

Service no:
CS2018369999

About the service

Marchmont Care Home is registered to provide care for up to 46 older people. The home is a traditional two storey Victorian villa with a single storey extension. The accommodation offers single rooms with en-suite toilets and hand washing facilities. Some rooms benefit from en-suite shower rooms. There are a range of communal spaces available for use by residents.

There are well kept, enclosed and accessible gardens in the middle and to the rear of the home with a summer house available for use. The home is located in a central residential area of Kirkcaldy Fife, with easy access to a range of local facilities including a regular bus service.

About the inspection

This was an unannounced follow up inspection which took place on 11 February 2026. 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 three people using the service and two of their relatives
- spoke with three staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

Managers had been receptive to feedback at the last inspection and made necessary improvements

Managers had developed systems to support clear oversight of key aspects of service delivery

Charts were being utilised consistently to monitor physical health

Support plans were accurate and up to date

The service demonstrated a clear commitment towards improving outcomes for people

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

Requirements

Requirement 1

By 4 November 2025, in order to maintain the health and welfare of people living in the service the provider should ensure people's health, including pain, bowels and weight are monitored and actions taken to minimise any risk of deterioration in health. To do this, the provider must, at a minimum:

- a) Utilise food, fluid and bowel charts where appropriate
- b) Develop systems to support information sharing across the staff team
- c) Provide comprehensive information to external health professionals to allow them to make informed decisions

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: **My care and support meets my needs and is right for me.** (HSCS 1.19).

This requirement was made on 13 August 2025.

Action taken on previous requirement

We sampled a variety of charts for different people. The charts we reviewed contained enough detail to support monitoring of nutritional intake and bowel movements. We noted some gaps in the fluid charts; however, discussions with staff showed that these charts were no longer required for ongoing care. Staff agreed to review the use of these charts more routinely and discontinue them when they were no longer needed. The service introduced several systems to strengthen information sharing across the team, including more structured handover records that were accessible to staff. Documentation relating to individuals' health needs also improved, resulting in clearer and more organised records that allowed staff to track changes over time. Staff reported that these updates supported better communication and oversight. Information shared with external professionals was clear and comprehensive, and feedback showed that they received the detail they needed to carry out their assessments and provide support.

As a result this requirement is met.

Met - within timescales

Requirement 2

By 4 November 2025 the provider must ensure that there are robust quality assurance systems in place to ensure that the health, safety and well-being needs of service users are met and they experience positive outcomes.

This must include, but is not limited to developing systems to support:

- a) Analysis of accidents and incidents
- b) oversight of clinical risk within the service
- c) sharing of information across the staff team
- d) sharing of relevant information with external professionals.

This is in order to comply with Regulation 4(1)(a) (Welfare of Users), (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 states 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 13 August 2025.

Action taken on previous requirement

Managers demonstrated improved oversight of key aspects of service delivery. The service had developed an overview of accidents and incidents, which they reviewed monthly. Managers had developed a falls management checklist, which gave clear oversight and analysis of falls. They also used a falls safety cross to support the identification of any patterns. There were clear systems in place to support oversight of nutrition, including weight monitoring, and we were able to triangulate information for individuals. A nutritional audit was now in place and updated monthly. The format was clear, easy to read and managers, described benefits of this in helping to ensure any concerns were identified quickly. The service had further developed systems to support information sharing across the staff team. Systems were effective in highlighting any key changes or concerns staff needed to monitor.

As a result, this requirement is met.

Met - within timescales

Requirement 3

By 5 November 2025 the provider must ensure that the health, welfare, and safety needs of service users are met in relation to care planning and risk assessments. To do this, the provider must, at a minimum ensure all personal plans and risk assessments:

- a) are reviewed when there is a significant change in a service user's health, welfare or safety needs.
- b) accurately reflect the assessed current health and care needs of the service user, with particular attention.

being given to stress and distress, pain management, bowel management and nutrition.

c) identify the support required to meet the needs of the service user, the steps which should be implemented to address these needs, and the steps which should be implemented to mitigate any risks identified.

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: '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 13 August 2025.

Action taken on previous requirement

All plans we sampled accurately reflected the care and support which we observed being given in practice. Risk assessments were in place and were informed by relevant recognized assessment tools.

Managers had a system in place to audit care plans and identify where updates were necessary. Records indicated plans were being updated promptly by senior care staff following audits. As a result, people could feel confident their plans contained relevant detail to guide their care and support.

As a result, this requirement is 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

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should use formal observations of practice of staff to monitor standards of practice and competencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 13 August 2025.

Action taken since then

The service expectation was for all staff to receive 6 monthly supervision. However, this was not happening consistently. Staff did benefit from consistent supervision relationships, which made it easier to build supportive working relationships. The service had developed oversight of supervision practice and continued to work towards improving consistency. We will review further progress at the next inspection.

This area for improvement had not been met.

Previous area for improvement 2

The service should ensure staffing levels, skill mix and deployment of staff contribute to supporting the emotional and physical wellbeing of people living in the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like (HSCS 2.22).

This area for improvement was made on 13 August 2025.

Action taken since then

We found that the manager had good knowledge of staff skills and of the needs of the people they supported. Systems to support effective deployment were in place, and staff told us that the skill mix and deployment generally worked well. Managers continued to monitor how deployment worked in practice to make sure people were supported in a timely way. There had been recent discussions with some staff about expectations in order to best the overall running of the service. We saw that ancillary staff hours were allocated well, which helped ensure the service operated well as a whole.

As a result, this area for improvement was met.

Previous area for improvement 3

To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, reviewed and evaluated on a regular basis.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: '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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 25 June 2024.

Action taken since then

We observed activity staff supporting people to play dominos and make crafts during our inspection. There was evidence of opportunities and meaningful engagement, with group events and outings being organised. The service used noticeboards, newsletters and social media to keep people and their relatives informed about what was planned or had taken place. The manager agreed that there was still a lack of formal evaluation of activities, and that feedback was not yet being fully used to shape future planning.

As a result, this area for improvement was not met.

Previous area for improvement 4

In order to support health and wellbeing the service should promote a culture of responsive and continuous improvement. In order to do this the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and used to inform improvement planning.

This is to ensure that my care and support is consistent with the Health and Social Care Standards which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

This area for improvement was made on 25 June 2024.

Action taken since then

We found limited evidence at this inspection of feedback from stakeholders being used to drive change. The service has been working towards other essential improvements which have been met. The service will work towards gathering feedback and using this to inform improvement planning.

This area for improvement was not 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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