

Lancefield Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
25 March 2026

Service provided by:
Lancefield Care Home Limited

Service provider number:
SP2012011875

Service no:
CS2012309940

About the service

Lancefield is a care home registered to provide a care service to a maximum of 36 older adults. Three places are for under 65s. It is situated in the residential area of Johnstone, close to local transport links, services and amenities.

The service provides accommodation over two floors with 36 single bedrooms. All rooms have ensuite bathrooms. There is a large sitting room, dining room, and quiet lounge/dining room on the ground floor. Assisted bathrooms are also situated on each floor. There is a communal outdoor decked area which is accessible from the ground floor.

At the time of the inspection there were 36 people living in the care home.

About the inspection

This was an unannounced inspection which took place between 19 and 23 March 2026, between 09:30 and 17:30 hours. 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 12 people experiencing care and six of their relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals, and obtained email feedback from one professional
- obtained feedback from six people experiencing care, and eight relatives, from pre-inspection questionnaires.

Key messages

- People experiencing care had positive relationships with staff who knew them well.
- The care home environment lent itself to people having frequent interactions with each other.
- People influenced decisions relating to their environment.
- Consistency in quality assurance would enhance people's outcomes.
- Care plans should be improved to reflect people's needs.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, we evaluated this key question as very good.

1.3 People's health and wellbeing benefits from their care and support

We observed kind and compassionate engagement between staff and people experiencing care. One person shared "I've been here a long time, I love it, everybody is so nice, staff help if we are feeling worried."

Feedback from relatives regarding the care and support provided was positive. Relatives shared that they were kept informed of any concerns, which gave them confidence in the service. We were told "They go over and above, [my relative] is treated with respect and is well cared for."

A stable team of nurses and carers supported people and knew them well. Staff used knowledge they had to pick up on changes and concerns in relation to people's health and wellbeing. Changing needs of people were responded to and care was adapted to meet their needs. Staff made appropriate referrals to other agencies when needed and encouraged independence where possible. As a result people benefitted from a staff team that were focused on improving their health and wellbeing.

Medication was well managed with procedures that followed best practice guidelines. Staff implemented specific processes and protocols when needed and worked closely with pharmacy to review medication. People were treated with patience when distressed and 'as required' medication was used as a last resort. This meant that people experienced safe, consistent, and person centred support with medication.

People enjoyed a pleasant meal time experience and benefitted from access to a varied and well-balanced diet. Dining in the various communal areas was actively encouraged. Staff offered choices to people, and were attentive to the support that people needed. New recipes were often introduced and people had the opportunity to give regular feedback about menu preferences. We suggested people had access to written menus to maintain their skills. Overseas staff contributed to themed mealtimes, promoting inclusion, and continued learning for people experiencing care. This demonstrated that people were valued, involved in meal planning and supported to exercise choice.

People benefitted from a culture where nutrition and hydration were promoted. Monitoring of food and fluid intake took place when required. Snacks and drinks were offered throughout the day and meals were adapted to the preferences and needs of people. This gave us confidence that staff recognised that prevention was important and people's health and wellbeing was optimised.

Falls, wounds and weights were monitored and appropriate assessment tools were utilised. People were encouraged to move and those with delicate skin were encouraged to change position. This gave assurances that people's healthcare needs were recognised.

The service offered a range of activities, including quizzes, exercise sessions, and weekend entertainment. Staff targeted activities to ensure they were engaging and stimulating. People received support to access local facilities such as pub lunches, outdoor walks, and bingo. This meant people stayed connected to their wider community and benefitted from person-centred activity.

How good is our leadership?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

2.2 Quality assurance and improvement is led well

Management empowered senior staff to take part in quality assurance activities. Champion roles were allocated to staff in areas such as infection prevention and control and, dignity of people. This meant that the whole staff team were involved in building a responsive improvement plan that directed the future of the care home.

Quality assurance systems were in place and audits happened regularly. Audits relating to mealtimes and falls amongst others, identified areas for improvement, and actions taken were recorded. Although we observed that quality assurance processes were being used to drive service improvement, consistency in the quality assurance varied. For example, training needs and reviews were not clearly tracked. Some audits did not have action plans, and actions were not always signed or dated when completed. Ensuring consistency in this area would maintain the safety of people experiencing care. (See Area for Improvement 1).

Both monthly and yearly service improvement plans were in place. Shorter term improvements featured on monthly plans and were carried out promptly. The plans evidenced that a combination of feedback from people experiencing care, and auditing, assisted in detecting issues. This meant the service improvement plans were driving change where necessary.

People and their relatives told us they felt comfortable raising concerns, confident they would be taken seriously and resolved timeously. This gave confidence that the care home had a transparent and open culture, where people's rights were respected.

Managers demonstrated knowledge of the people living in the home, and we were reassured by the commitment of the leadership team to promoting positive outcomes for both people and staff.

Areas for improvement

1.
To keep people safe the provider should further develop and embed their quality assurance system. This should include, but not be limited to, improving consistency in auditing processes, and in tracking systems in relation to training needs, reviews and infection prevention and control.

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).

How good is our staff team?**4 - Good**

We evaluated this key question as good, where important strengths in how the service supported staff learning and development, impacted positively on outcomes for people and clearly outweighed areas for improvement.

3.2 Staff have the right knowledge, competence and development to care for and support people

New staff received a comprehensive induction, including key safety training, and workbooks to consolidate their learning. This helped ensure a strong baseline understanding before staff began supporting people.

People should have confidence that they are supported by staff who are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes. A range of learning opportunities were available, including face-to-face sessions and online modules. Core subjects such as dementia and stress and distress were completed by all staff. This reflected the important role every team member played in supporting people day to day.

Initial uptake of training was good, however a number of refresher courses were overdue. The current face to face training records made it difficult to see gaps or upcoming training needs. A more robust tracking system would give better assurance that all staff were up to date and competent. Please see area for improvement in section - how good is our leadership?.

Over the course of the inspection the management team began developing a clearer overview of required training and expectations for refreshers, which would improve consistency.

Observations of practice, were taking place across the team, giving assurances regarding staff practice. To support a more consistent approach, it would be helpful to introduce a template for recording moving and assisting observations. This would enable practice to be effectively recorded, tracked and followed up more easily.

A competency tool had been developed for newly qualified nurses, which supported safe professional development. Adding reflective examples would strengthen this further by demonstrating decision making and supporting reflective practice.

Team and one-to-one sessions gave staff the opportunity to discuss issues, share information and hear service updates. These were valued, enabling staff to be involved in discussions. There is now an opportunity to develop these sessions to encourage more reflective conversations about staff practice and the impact they have on people. It would also be helpful for actions arising from team discussions to be clearly recorded, tracked and included in the service improvement plan when relevant.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, we evaluated this key question as very good.

4.1 People experience high quality facilities

People experiencing care were relaxed and happy in their environment. The care home was clean, homely, and free from unpleasant odours or noises. Staff were aware of their responsibilities regarding cleaning and maintenance.

The layout was adapted to meet the needs of people living in the care home with several welcoming spaces to relax and socialise. Management considered best practice guidance on creating dementia friendly settings, in the design of the care home.

There was a large lounge, an outdoor decked area, a comfortable reception area with sofas, and two dining areas. One dining area was smaller and suited to people who preferred a small, quiet space to eat. There was also a multi-purpose area between the lounge and main dining area. This served for visits, smaller scale activities, and as a calm space to unwind. This meant choice and independence was promoted for the people living in the care home.

Bedrooms were personalised with people's belongings and provided privacy when desired. However, the majority of people spent their time in the open spaces around the care home, and moved freely from one area to another throughout the day. This supported interaction amongst people and demonstrated that people felt safe and comfortable in their surroundings. People's mental health benefitted from a setting where meaningful connection was promoted.

There was clear signage around the home to indicate location of toilets, dining area, and all other rooms used. People had name plates on their doors with photographs which served as a prompt. Pictorials were also in use for menus and activities. This meant that the needs of those requiring support with orientation were considered.

People influenced upgrades and decoration of their environment. Rooms were painted in the person's favourite colour. People were consulted and enabled to choose how they would like the communal areas to be decorated. People's views were taken into account regarding how improvements could be made. We were assured that the opinions of people experiencing care were valued, and that they were involved in making decisions relating to the care home.

Maintenance records and certificates were up to date and required checks had been completed within appropriate timescales. Suitable equipment was available to meet people's needs, and regular equipment checks were being carried out. This contributed to a safe environment for the people living in the home.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

5.1 Assessment and personal planning reflects people's outcomes and wishes

People and their relatives were involved in the care planning process from initial assessment to reviewing personal plans. They took part in decisions about their family members' changing care and support needs. Families and those with legal authority actively advocated for people experiencing care who had impaired capacity to make decisions. Their involvement helped ensure that each person's wishes remained central to the planning of their care, and that their rights were upheld.

Care plans were person centred and strengths based. Life stories, preferences, important people and how often they visited, were recorded. Details such as how many pillows one person slept with, and how someone preferred to shave were noted. Importantly, information on what people could do, was available in personal plans.

Management and staff had a current and complete knowledge of the needs, risks and changing circumstances of people. However, care plans were not kept up-to-date and did not always reflect people's changing needs. Activities people no longer participated in remained in care plans.

Information on health and medication records was held separately. This meant care plans were not purposeful in supporting the delivery of effective care and support. (See Area for Improvement 1).

Reviews of care plans took place regularly and care was adapted to the changing needs and preferences of people. More than one type of document was in use to record reviews which created inconsistencies in information gathered. This meant there was a risk of important details being missed. Using a standard document for reviews would promote the effective delivery of care and support.

Legal documentation under Adults with Incapacity legislation was in place to uphold people's rights. Anticipatory care planning was evident demonstrating that sensitive conversations were being held collaboratively between staff, people experiencing care, and those important to them. This ensured that people's wishes were documented and that stability could be maintained for them during periods of change or in emergency situations.

Areas for improvement

1. To promote positive outcomes for people, the provider should ensure that personal plans are up-to-date and reflect people's changing needs.

This is to ensure 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).

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 that staff access an induction programme and training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

Effective and regular opportunities should be created to encourage staff development and reflection including one-to-one supervision, team meetings and observations.

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 21 January 2025.

Action taken since then

An induction pack for new staff was available, with guidance in relation to what required to be completed imminently and what was expected over the duration of the probationary period. This included both practical sessions and workbooks. This gave assurances regarding baseline knowledge for new staff joining the team.

Peer and one-to-one sessions were being carried out giving staff the opportunity to discuss a variety of issues in relation to the service, developments and improvements. To support staff to continue to develop their skills in relation to reflective practice, it would be good to see the ongoing encouragement of reflections particularly within one-to-one sessions.

Observations of practice in relation to moving and assisting and medication were being carried out, across the staff team, ensuring practice was safe, current and up to date.

This area for improvement has been Met.

Previous area for improvement 2

To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service. This should include but not be restricted to monitoring charts being fully completed detailing information in relation to food and fluid charts, why they are in place, actions required and evidence of action being taken if the target is not achieved.

Communication in relation to people's health and wellbeing should be effective both internally and externally.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (4.18)

This area for improvement was made on 21 January 2025.

Action taken since then

Where people had been assessed as requiring monitoring with their food and fluid, this was being logged over the course of the day. Although the computer system didn't make it easy to see an overview, we were able to see a number of examples where it had been discussed in handovers, and notes, that intake had been low and to encourage. Recently contact had been made with other professions when this had been consistently low for a few days.

This area for improvement has been Met.

Previous area for improvement 3

To keep people safe, the provider should ensure that medication is administered safely and effectively in line with best practice guidance. This should include ensuring staff understanding their responsibilities in relation to medication administration and actions required in the event of an error being discovered. Detailed protocols should be in place to guide staff in the use of medication prescribed "as required."

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 area for improvement was made on 21 January 2025.

Action taken since then

Drug rounds were observed during inspection. Medication Administration Records (MARs) were being used appropriately; medication was checked, signed for after medication was provided. Various MARS charts were sampled and there were no gaps in signatures. As required medication protocols were in place where required as were covert medication pathways. Staff demonstrated a sound understanding of procedures.

This area for improvement has been Met.

Previous area for improvement 4

The provider should enhance the provision of activities throughout the home to ensure these are designed around people's choices and preferences aimed to support better outcomes.

This should include but not be limited to:

- a. regular and varied planned activities linked to individuals' preferences that provide stimulation and meaningful engagement
- b. creating opportunities for all people who live in the service to have access to meaningful and therapeutic activities
- c. improved availability of one-to-one support where people are unable or do not wish to be involved in group activities
- d. developing methods to evaluate activities that have been facilitated to inform future plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 21 January 2025.

Action taken since then

A range of activities were on offer, staff were able to use the knowledge they had gathered about people to vary the activities to ones that were meaningful, which helped to keep people stimulated and engaged. We could see that people were being supported to access local community facilities and go outdoors for walks, which kept people connected to the wider community beyond the home. One-to-one support was scheduled as a regular event on the events programme and feedback regarding activities was regularly elicited.

This area for improvement has been Met.

Previous area for improvement 5

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 care planning and medication being fit for purpose, completed regularly and ensuring they lead to the necessary action to achieve improvements without delay
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service and
- c. service management having a clear overview of staff registration ensuring all staff are registered appropriately
- d. senior staff having a clear understanding of their role and responsibility with regards quality assurance activities.

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 area for improvement was made on 21 January 2025.

Action taken since then

There was evidence of audits and action plans identifying actions which were progressed with assurance systems in place (refer to section above, How good is our Leadership?). There was an overview of staff registration in place and roles/responsibilities were understood in relation to quality assurance by management who were actively undertaking regular audits and delegating QA processes to senior carers/nurses.

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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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