Argyll House Nursing Home
Care Home Service

69 North Hamilton Street
Kilmarnock
KA1 2QJ

Telephone: 0131 341 4100

Type of inspection:
Unannounced

Completed on:
5 May 2026

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2007164138

About the service

Argyll House is registered to provide a care home service for up to 32 older people. At the time of this inspection, 27 people were living in the home. The service is provided by Mansfield Care Limited.

The home is situated close to Kilmarnock town centre in East Ayrshire, with good access to local shops and community amenities, including bus and train links. On-street parking is available outside the home.

Argyll House is a converted villa with a purpose-built extension. The accommodation is arranged over three floors, with access provided by both stairs and a passenger lift. Twenty-one bedrooms have en-suite toilet and bathing facilities. The remaining bedrooms do not have en-suite facilities; however, suitable shared bathroom facilities are available throughout the home.
The home has several communal lounges and a dining room, providing space for people to relax and socialise. There is also an enclosed garden to the rear of the property, which offers outdoor space for people to enjoy.

About the inspection

This was an unannounced inspection which took place from 29 April to 5 May 2026. The inspection was carried out by two inspectors from the Care Inspectorate and an inspection volunteer. 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 13 people using the service and four of their family
- spoke with 12 staff and management
- received 18 completed questionnaires
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff treated people with warmth and respect, and we recognised the significant effort made by staff and managers in recent months to improve outcomes, with increasingly positive impact for people.
- Leaders and staff engaged very positively with improvement activity, with evidence of progress in care planning, activities and quality assurance, but stronger oversight and consistency are still needed.
- People's opportunities for meaningful activity and engagement improved in some areas, led by dedicated staff, but many people still experienced limited stimulation during the day.
- The environment was comfortable and well maintained, with a well-used garden and refurbished areas supporting wellbeing, although some aspects of day-to-day use needed further improvement.
- Systems for care planning, health monitoring and quality assurance had improved, but further work is needed to ensure they are fully personalised, evaluative and consistently applied to achieve sustained positive outcomes for all people.

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?	4 - Good
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 evaluated this key question as adequate, where strengths only just outweighed weaknesses. Inspection evidence demonstrated that staff and managers had worked very hard over recent months to implement improvements. This included developing activities provision, strengthening healthcare systems and introducing ongoing quality assurance approaches. While further work was needed to ensure greater consistency and robustness in practice, we found evidence of improved outcomes for some people. Examples included more meaningful engagement and improved wellbeing. This showed a strong commitment to improvement and an increasing focus on people's personal outcomes.

Staff interactions were respectful and appropriate, which supported people to feel valued and treated with dignity. We observed staff communicating kindly and responding to people in a patient manner. This helped to promote trust and positive relationships, which are important for people's wellbeing and emotional security. However, staff knowledge of how to support people living with dementia, particularly those experiencing stress and distress, was not consistently strong. This meant that, at times, people's emotional needs were not fully understood or responded to in a consistent way, which could impact on their wellbeing and increase the risk of unmet need **(see area for improvement 1)**.

Activity staff demonstrated strengths in leading person-centred practice, creating several outcome-focused activities based on people's individual interests, preferences and life histories. Where this was in place, people experienced meaningful engagement and improved wellbeing, showing that skilled and motivated staff could achieve positive outcomes. Residents' feedback included: "we recently went to visit my childhood home. that was really nice", "It's my wish to have fish& chips at the beach and we are going next week", "I love when the nursery children come to visit. One always asks if she can take me home". However, this good practice was not yet embedded across the wider staff team, limiting consistent benefit for all people.

Further improvements were needed to ensure that people with more limited abilities are fully included in meaningful activities. We saw that, at times, many people did not benefit from structured or person-centred activity for long periods of the day. Several people spent extended time in communal dining areas without clear purpose or stimulation. This limited opportunities for engagement and could lead to boredom or reduced wellbeing. This demonstrated that, although there were examples of good practice, these were not yet embedded consistently across the service **(see area for improvement 2)**.

People's healthcare needs were generally supported, and medication was managed robustly. This reduced the risk of harm and supported people's physical health. Advance care plans were in place, which was positive, but these required further development to ensure they reflected meaningful detail about people's preferences and wishes. Pain management and clinical monitoring were less consistent. We identified a need to strengthen the use of recognised pain assessment tools and to improve the reliability of monitoring charts. Without consistent assessment and recording, there was a risk that changes in people's health could be missed or not acted on promptly. This demonstrated that while systems were in place, their effectiveness depended on consistent implementation and oversight **(see areas for improvement 3 and 4)**.

The quality of mealtime experiences was variable. At times, staff demonstrated awareness of good practice and this was supported by regular observation of mealtimes. When effective, this supported people to have a positive and dignified dining experience, contributing to their nutrition and enjoyment of food. However, inconsistency meant that this was not always achieved. Sustained focus and quality assurance were required to ensure all people experienced the same standard of care.

Infection prevention and control arrangements were generally well established. We saw that personal protective equipment (PPE) stations were well stocked, alcohol-based hand rub was readily available, and laundry processes were effective. These measures helped to reduce the risk of infection and supported people's safety. However, some practice was not consistently applied. We found variability in the use of PPE and in the cleaning of personal equipment. This inconsistency increased the potential risk of cross-infection. While planned deep cleaning processes were positive, stronger quality assurance was needed to ensure standards were reliably maintained **(see area for improvement 5)**.

Overall, the service demonstrated some positive practice, particularly in respectful care, elements of activity provision, and aspects of healthcare support. However, an ongoing need to improve leadership at all levels, staff knowledge, consistency of practice and quality assurance meant that these strengths were not experienced consistently by all people. As a result, outcomes for people were variable. This supported our evaluation of adequate, where further improvement is required to ensure people consistently experience safe, compassionate and meaningful care.

Areas for improvement

1. To support people living with dementia to experience improved wellbeing and responsive care, the provider should ensure that all staff have the knowledge and skills to meet their needs.

This should include, but is not limited to, implementing a comprehensive training plan aligned with the Promoting Excellence Framework, including supporting people experiencing stress and distress and delivering meaningful, person-centred activities. Consideration should also be given to enhanced level training for senior staff to support leadership in practice.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14)
and
'I experience care and support that is right for me' (HSCS 1.19).

2. To improve people's experience of meaningful engagement and social interaction, the provider should ensure that communal areas are used in a purposeful and inclusive way throughout the day.

This should include developing clear expectations for daily routines, regularly evaluating how communal spaces are used, and ensuring that lounges are attractive environments where people of all abilities can take part in meaningful social experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I can choose to have an active life and participate in a range of activities every day' (HSCS 1.25) and 'I am supported to make choices about how I spend my time' (HSCS 1.34).

3. To support people's comfort and wellbeing, the provider should ensure that pain is effectively assessed and managed.

This should include ensuring that people who are prescribed regular or 'as required' pain medication have their pain and the effectiveness of their treatment regularly assessed using recognised pain assessment tools.

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

'I am as comfortable and pain free as possible' (HSCS 1.32) and 'My health and wellbeing needs are met' (HSCS 1.19).

4. To support people's health and wellbeing, the provider should ensure that monitoring records are accurate, complete and used effectively to inform care.

This should include ensuring that monitoring charts, such as those relating to food and fluid intake, are consistently completed and that robust quality assurance processes are in place to review and act on this information.

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

'My personal plan is right for me because it sets out how my needs will be met' (HSCS 1.15)
and
'My care and support is consistent and coordinated' (HSCS 3.19).

5. To reduce the risk of infection and promote people's safety, the provider should ensure that infection prevention and control practices are applied consistently.

This should include strengthening staff practice in the correct use of personal protective equipment and ensuring that personal care equipment is appropriately cleaned. Effective quality assurance should be in place to monitor these practices and drive sustained improvement.

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

'I am protected from harm, including infection' (HSCS 1.20) and 'I am cared for by people who take my safety seriously' (HSCS 3.20).

How good is our leadership? 3 - Adequate

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses. The service had demonstrated a very positive commitment to improvement, with evidence of engagement in quality assurance processes and some progress since the previous inspection. However, improvements still needed to be consistently and robustly embedded to ensure sustained, high-quality outcomes for all people.

The service showed good engagement with the findings of the previous inspection, including requirements and areas for improvement. We saw that two previous requirements and some areas for improvement had been met. This demonstrated a willingness by the provider and staff team to reflect on practice and take effective action to improve outcomes. Where improvements had been made, this contributed to safer and more responsive care for people. This approach supported a culture of continuous self-evaluation and improvement, which is important for maintaining and developing positive experiences.

Action planning and self-evaluation processes were in place, which provided a structure for improvement activity. These processes indicated that the service was successfully beginning to use self-evaluation and reflective practice to identify areas for development. However, the quality of action planning would benefit from further strengthening. In particular, plans did not always clearly show how progress would be

measured. Without robust measures of success, there is a risk that improvements may not be fully evaluated or embedded, which can limit their impact on people's outcomes.

A previous requirement relating to quality assurance systems had not been fully met, despite good progress across a range of areas. In particular, clinical governance processes required further development. This meant that oversight of key areas, such as health care and monitoring systems, was not yet sufficiently robust. Weaknesses in clinical governance can increase the risk of inconsistent care and reduce assurance that people's health needs are being effectively managed. As a result, the previous requirement was extended to enable further improvement in this area within a reasonable time frame **(see requirement 1)**.

Leadership arrangements were still in transition, with a new manager yet to take up post. While there were appropriate plans in place to support leadership and improvement, we observed that leadership at all levels was not yet consistently effective. Day-to-day practice showed that further development was needed to ensure clear direction, oversight and accountability across the service. Strong and consistent leadership is essential to embed improvements and ensure that all staff deliver high-quality, person-centred care. In this service, the lack of consistent leadership limited the pace and impact of improvement in some areas of practice **(see area for improvement 1)**.

Overall, the service demonstrated a positive approach to improvement, with evidence of progress and engagement in quality assurance processes. However, systems and leadership were not yet sufficiently robust or consistent to ensure that improvements led to sustained positive outcomes for all people. This variability in practice supported our evaluation of adequate, where continued strengthening of quality assurance, effective use of data, and consistent leadership at all levels are required to drive and sustain improvement.

Requirements

1. By 26 April 2026, the provider must demonstrate that service users experience consistently good outcomes, and that quality assurance and improvement is well led.

In order to do this, the provider must ensure at a minimum:

a) implement a quality assurance system to ensure that effective evaluation and monitoring of service provision informs improvement and development of the service.

b) that clinical governance systems effectively record details of clinical risk and the measures in place to minimise risk.

c) that action plans to address issues identified are fully developed following audits.

c) that actions taken are reviewed to ensure that they effectively improve outcomes for service users.

d) that staff completing quality audits have knowledge and understanding of the scope of quality assessment.

e) develop effective communication pathways between nursing staff, heads of departments and the management team.

f) improve communication pathways between staff and the representatives of people living in the home.

g) feedback from people living in the home and their families is used to inform service development.

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 had not been met and we have agreed an extension until 24 August 2026.

Areas for improvement

1. To ensure people experience consistently safe, high-quality and person-centred care, the provider should strengthen leadership at all levels within the service.

This should include, but is not limited to, developing clear expectations for leadership roles, supporting staff to take responsibility for leading good practice in day-to-day care, and embedding effective oversight to ensure improvements are consistently implemented and sustained. This should be supported by regular evaluation of practice and the impact of leadership on outcomes for people.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)
and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 1.27).

How good is our staff team? 3 - Adequate

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses. The service demonstrated some positive approaches to staffing, particularly in training and support systems. However, variability in staffing practice and the limited use of robust assessment approaches meant that outcomes for people were not consistently achieved.

We observed that the quality of staffing varied during the inspection. At times, staff provided responsive and supportive care, which helped people feel safe and valued. However, this was not consistently maintained across all areas and shifts. This inconsistency meant that people's experiences could differ depending on when and where they received support. Reliable staffing practice is essential to ensure people experience continuity and predictability in their care. In this service, variation in staffing reduced the consistency of positive outcomes.

Managers used a regularly completed staffing tool to inform staffing decisions, and this provided a helpful baseline for assessing people's dependency levels. We also saw early evidence that managers had begun to introduce self-evaluation of staffing, which demonstrated a positive and developing approach to reviewing outcomes for people. However, this approach was not yet sufficiently comprehensive. Other relevant factors, such as people's daily experiences, environmental needs and staff skill mix, were not always formally

considered or clearly recorded. As a result, professional judgement decisions about staffing were not consistently captured or evaluated. This limited the service's ability to demonstrate that staffing arrangements were fully responsive to people's needs and to ensure sustained, outcome-focused improvements **(see area for improvement 1)**.

We saw some positive, outcome-focused decisions about staffing. For example, the increased provision of activity coordinators had supported improved engagement for some people and demonstrated an understanding of the importance of meaningful occupation. However, this approach was not consistently applied across all staffing groups. Areas such as care and housekeeping required more structured assessment and evaluation. Without a consistent, service-wide approach, there was a risk that staffing resources were not always used effectively to achieve the best outcomes for people.

The service had a clear overview of staff training, which supported effective workforce development. This helped to ensure that staff were aware of expected standards and had access to learning opportunities. A structured approach to training is important to support staff competence and confidence in delivering care. This contributed to more consistent practice in some areas, although the impact of training on outcomes was not always fully evaluated.

There was a clear schedule for staff supervision, and we noted a positive approach to developing reflective and outcome-focused practice. Regular supervision provided opportunities for staff to reflect on their practice, receive feedback and consider how to improve outcomes for people. This supported a culture of learning and professional development. However, as with other areas, the impact of supervision was not yet consistently reflected in day-to-day practice.

Overall, the service demonstrated some strengths in its approach to staffing, particularly in training and supervision systems and in targeted improvements such as activity provision. However, variability in staff deployment and limitations in how staffing was assessed and reviewed meant that these strengths were not consistently experienced by all people. This supported our evaluation of adequate, where further work is needed to strengthen how staffing is planned, deployed and evaluated to ensure consistently positive outcomes for people.

Areas for improvement

1.
To ensure staffing arrangements are consistently appropriate, transparent and sustainable, the provider should implement and embed a formal Staffing Method Framework (SMF) approach for regular, evidence based assessment and review of staffing levels and deployment, including clear recording of professional judgement and the impact of staffing decisions on activity provision and contingency arrangements.

This should include, but is not limited to:

a) establishing a structured SMF cycle that brings together evidence about people's needs, workload and risk, alongside qualitative information reflecting professional judgement, and documenting how this evidence informs staffing establishment, daily deployment and any adjustments made
b) routinely recording professional judgement decisions about staffing
c) systematically capturing and evidencing relevant inputs to staffing assessment and review, including feedback.
d) aligning contingency planning to the SMF process, so that when staffing pressures arise the service can evidence what actions were taken to mitigate impact on people's outcomes.

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

"I am confident that people respond promptly, including when I ask for help" (HSCS 3.17); and
"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).

This is also to support alignment with the Health and Care (Staffing) (Scotland) Act 2019 statutory guidance, particularly chapter 14 (Duty to Ensure Appropriate Staffing and Guiding Principles in Care Services), which describes how care service providers should meet the duty on appropriate staffing and apply the guiding principles, including openness and transparency in staffing decisions.

How good is our setting? 4 - Good

We evaluated this quality indicator as good, where several strengths had a positive impact on outcomes for people and clearly outweighed areas for improvement. The environment was generally comfortable, well maintained and supported people's wellbeing. However, some inconsistencies in cleanliness, safety and how the environment was used meant that further improvement was needed to ensure consistently high-quality experiences.

The environment was overall comfortable and had benefited from refurbishment, which created a pleasant and welcoming living space. This supported people to feel at ease in their home and contributed positively to their physical comfort and emotional wellbeing. Well-maintained surroundings can promote dignity and enhance people's daily experiences, and in this service, the improvements made to the environment were clearly valued.

We found the home to be generally clean and tidy, which supported a safe and hygienic environment for people. Cleaning schedules were in place and provided a clear structure for maintaining standards. While we identified some areas where strong odour was present at times, this was not consistent across the service. These findings suggested that, although overall standards of cleanliness were good, there was an opportunity to strengthen consistency and quality assurance processes to ensure that all areas of the home consistently promote comfort, dignity and wellbeing for people.

The garden environment provided a positive outdoor space for people. It was well maintained, tidy and used by people, which supported opportunities for fresh air, relaxation and social interaction. Access to outdoor spaces can significantly enhance wellbeing and quality of life, and it was positive that people were able to make use of this area. However, we identified that regular perimeter checks of the garden required strengthening to ensure safety. We also found that access arrangements needed to be reviewed, as it was possible for people to become unintentionally locked out. We discussed these findings with managers during the inspection, who responded positively, took immediate action to strengthen perimeter checks and were open to reviewing and improving garden access arrangements.

The day-to-day use of the environment required further improvement. While the physical environment was of a good standard, we observed that how spaces were used did not always support meaningful activity or positive experiences for people. For example, some communal areas were underused or lacked clear purpose during the day. This limited the full benefit people could gain from the environment.

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

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses. The service had made significant improvements in care planning, and these changes were beginning to support better outcomes for people. However, further work was required to ensure care plans were consistently personalised, evaluative and fully effective in guiding practice.

We found that care plans had improved significantly since the previous inspection. Plans were more detailed and included relevant information about people's needs, preferences and agreed outcomes. This supported staff to deliver more structured and informed care. Where plans clearly reflected good practice, people's care was more consistent and responsive, which contributed to improved safety and wellbeing. This demonstrated a positive commitment by the service to strengthening documentation and care planning systems.

Despite these improvements, some care plans required further personalisation to ensure they were fully effective. In a small number of records, information was more generalised and did not always provide clear, individualised guidance for staff. For example, plans did not always include detailed information about how a person's specific preferences, routines or communication needs should be met in practice. This reduced the usefulness of plans as a tool to guide staff and increased the risk of inconsistent care. Personalised care planning is essential to ensure people receive care that is truly centred on their individual needs and wishes.

We saw that care plans were reviewed regularly, which was positive and supported ongoing monitoring of people's needs. However, these reviews were not always sufficiently evaluative. In some cases, updates recorded changes but did not clearly assess whether care had been effective or whether outcomes for people had improved. Without strong evaluation, there is a risk that care plans do not meaningfully inform future care or respond to changing needs. More evaluative review processes would help ensure care remains responsive and outcome focused.

The service had advance care plans (ACPs) in place, which supported consideration of people's preferences and wishes about future care and treatment. This was a positive aspect of practice and aligned with good outcomes for people. However, these plans required further development to ensure they consistently reflected meaningful, detailed and person-centred information. Strengthening this area would help ensure that people's wishes are clearly understood and respected at all times.

We also found that the previous requirement relating to six-monthly care reviews had been met. This demonstrated improved involvement of people, and where appropriate their families, in reviewing care and support. Increased involvement supported more person-centred planning and helped ensure that care reflected people's preferences and evolving needs. This was a positive development and contributed to improved outcomes for some people.

However, further improvement was needed in specific areas of care planning, including the development of plans for medical conditions and short-term care needs. In some instances, these plans did not provide sufficient detail to guide staff effectively. Without clear and comprehensive planning in these areas, there is a risk that people's health needs are not consistently met or monitored **(see area for improvement 1)**.

Overall, the service demonstrated clear progress in improving care planning systems, with stronger documentation and increased involvement in reviews leading to improved outcomes for some people. However, inconsistencies in personalisation, evaluation and the development of specific care plans meant that these improvements were not yet fully embedded across the service. This supported our evaluation of

adequate, where continued focus on embedding personalised, evaluative and outcome-focused care planning is required to ensure all people consistently receive high-quality, person-centred care.

Areas for improvement

1. To ensure people experience safe, responsive and effective care, the provider should ensure that care plans for health needs are comprehensive, personalised and regularly evaluated.

This should include, but is not limited to, ensuring that appropriate care plans are in place for people's existing medical conditions which require ongoing monitoring of symptoms and/or treatment, and that these clearly guide staff practice. The provider should also ensure that short-term care plans are developed and implemented for acute or time-limited conditions, such as delirium, infections or the management of stress and distress, and that these are regularly reviewed and evaluated to reflect changes in people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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' (HSCS 1.15)
and
'My health and wellbeing needs are met' (HSCS 1.19).

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

Requirements

Requirement 1

By 26 April 2026, the provider must support people's wellbeing and promote good mental and physical health.

To do this, the provider must at a minimum:

a) enhance the range and access to meaningful activities, ensuring they reflect people's choices, preferences, and abilities.

b) plan training to support staff to develop their skills regarding engaging with people living with dementia.

This is to comply with Regulation 4(1) (a) and (b) 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 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)
and
'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).

This requirement was made on 22 January 2026.

Action taken on previous requirement
The provider had met this requirement. Since the previous inspection, staff and managers had made sustained efforts to improve activity provision and embed a more person-centred approach. We found evidence that staff had developed a clearer understanding of the importance of meaningful engagement and how this contributed to people's wellbeing. This was reflected in several recent examples where people experienced positive outcomes, including increased participation, improved mood and opportunities to engage in activities that reflected their individual preferences and life histories.

We also saw that activity staff played a key role in leading improvements, demonstrating good practice and supporting colleagues to develop their skills. This helped to strengthen the quality of delivery in some areas and showed a developing culture of outcome-focused care. While these improvements were evident, they were not yet fully embedded across the service, and some people continued to experience limited engagement at times.

The provider had recognised the need to sustain and further develop these improvements. Plans were in place to continue staff training, including strengthening skills in delivering person-centred activities for people with more complex needs. This provided assurance that the service had the capacity to build on recent progress and further improve outcomes for all people.

Met - within timescales

Requirement 2

By 26 April 2026, the provider must demonstrate that service users experience consistently good outcomes, and that quality assurance and improvement is well led.

In order to do this, the provider must ensure at a minimum:

a) implement a quality assurance system to ensure that effective evaluation and monitoring of service provision informs improvement and development of the service.

b) that clinical governance systems effectively record details of clinical risk and the measures in place to minimise risk.

c) that action plans to address issues identified are fully developed following audits.

c) that actions taken are reviewed to ensure that they effectively improve outcomes for service users.

d) that staff completing quality audits have knowledge and understanding of the scope of quality assessment.

e) develop effective communication pathways between nursing staff, heads of departments and the management team.

f) improve communication pathways between staff and the representatives of people living in the home.

g) feedback from people living in the home and their families is used to inform service development.

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 22 January 2026.

Action taken on previous requirement

The provider had made significant progress across most areas included in this requirement. Since the previous inspection, managers and staff had strengthened quality assurance processes, demonstrated increased engagement with improvement activity and implemented a range of systems to monitor and

evaluate the service. This was reflected in improved outcomes in several areas of the service, including care planning, activity provision and aspects of staff supervision.

Action plans and self-evaluation processes were in place, and there was evidence that these were beginning to support a more structured and outcome-focused approach to improvement.

We found that there had been positive developments in how the service identified and responded to areas for improvement. Staff showed a better understanding of quality assurance processes, and there was evidence that audits were being carried out more regularly. Where actions had been taken, these had led to improvements in some areas of practice, demonstrating an increased focus on achieving better outcomes for people.

Communication across the service had also improved in part, with systems in place to support information sharing between staff and management, and evidence of increased involvement of people and their families.

However, we identified that clinical governance systems were not yet sufficiently robust or consistently applied. While processes were in place, these did not always provide clear oversight of clinical risks or demonstrate how risks were being effectively monitored and managed. This meant that there remained a level of risk in relation to people's health outcomes.

As a result, we concluded that this aspect of the requirement required further time to be embedded and to ensure improvements were sustained. We therefore agreed to extend the timescale for this requirement to support the provider in achieving consistent and robust quality assurance and clinical governance systems.

This requirement had not been met and we have agreed an extension until 24 August 2026.

Not met

Requirement 3

By 26 April 2026, the provider must ensure that service users and their representatives have the opportunity to attend care review meetings every six months to determine that the individual's health, welfare and safety needs are being effectively managed and met.

This is to comply with Regulation 5 (2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

Since the previous inspection, there had been clear and sustained improvement in how six-monthly care reviews were organised and carried out. We found that people and, where appropriate, their representatives had been given regular opportunities to attend care review meetings. This demonstrated a stronger commitment to involving people in decisions about their care and ensuring their views were considered

when planning support.

We saw that reviews were more structured and took place consistently within appropriate timescales. Documentation and feedback evidenced that people's health, welfare and safety needs were discussed and reviewed in a more meaningful way. This helped to ensure that care plans were better informed by people's current needs and preferences. Increased involvement supported a more person-centred approach, enabling care to adapt as people's circumstances changed.

Improved engagement in care reviews had a direct impact on outcomes and reduced the risk of unmet needs and supported people to feel listened to, respected and included in decisions about their care.

Staff and managers demonstrated a good understanding of the importance of involving people in care reviews and showed a positive approach to maintaining these improvements. While there was still scope to further strengthen the evaluative quality of reviews, the progress made provided assurance that the service had embedded more effective and inclusive processes. Overall, these improvements supported better outcomes for people by ensuring their care was regularly reviewed, relevant and aligned with their wishes and needs.

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

To assure consistently good outcomes for people, the provider should develop team leaders' skills and knowledge to ensure effective day to day leadership of care staff teams.

This is to ensure that 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 22 January 2026.

Action taken since then

This area for improvement had been met. Since the previous inspection, the provider had taken positive steps to strengthen leadership capacity within the service. We found that two staff had progressed into senior roles and additional staff had been identified and supported to develop into team leader positions. This demonstrated a proactive approach to building leadership capability and succession planning.

These developments supported more consistent day-to-day leadership, which is essential in guiding staff practice and ensuring good standards of care.

While leadership practice was still developing in some areas, the increased focus on strengthening skills and responsibilities contributed to improved oversight and supported more positive outcomes for people.

This area for improvement was met.

Previous area for improvement 2

To support staff and promote best practice, the provider should re-establish the schedule of regular supervision meetings for staff.

This is to ensure that 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 22 January 2026.

This area for improvement was made on 22 January 2026.

Action taken since then

This area for improvement had been met. The provider had re-established a clear and structured programme of supervision for staff. We saw that supervision was now regular and included a wellbeing focus, which supported staff to reflect not only on their practice but also on their personal resilience and development.

Supervision had evolved to place greater emphasis on reflective and outcome-focused discussions. This provided staff with opportunities to consider how their practice impacted on people's experiences and to identify areas for improvement. As a result, this supported a more skilled and confident workforce, which contributed to improved care and more consistent outcomes for people.

This area for improvement was met.

Previous area for improvement 3

To support staff and promote best practice, the provider should re-establish the formal induction process for newly recruited staff.

This is to ensure that 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 22 January 2026.

This area for improvement was made on 22 January 2026.

Action taken since then

The provider had made appropriate and sufficient improvements to the induction process for newly recruited staff. There was evidence of a more structured and supportive approach, which helped new staff develop the necessary knowledge and skills to carry out their roles effectively.

We also found that further improvements were planned and supported through ongoing action planning, demonstrating a commitment to continuous development. A strengthened induction process supported safer and more consistent care, as staff were better prepared to meet people's needs from the outset. This contributed to improved outcomes and reduced the risk of inconsistent practice.

This area for improvement was met.

Previous area for improvement 4

This area for improvement was made following a complaint investigation.

So that people have confidence in the staff who support and care for them, the provider should ensure that staff are trained, competent and skilled in all areas relevant to their role.

This is in order to comply with: Health and Social Care Standard 3.14: 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.

This area for improvement was made on 12 September 2025.

Action taken since then

The provider had taken clear action to strengthen staff training and development, including working in partnership with external professionals to support workforce development. There was evidence that staff were being developed into more senior roles, which supported both skill development and leadership capacity within the service.

Plans were in place to deliver Promoting Excellence dementia training, demonstrating a developing focus on ensuring staff had the knowledge and skills to support people living with dementia effectively. This is particularly important to ensure staff can respond appropriately to people experiencing stress and distress.

These improvements contributed to a more skilled workforce and supported better outcomes for people, as staff were increasingly able to deliver care that reflected good practice. The provider recognised that further development was needed in this area and had identified this within a new area for improvement, demonstrating a proactive and forward-looking approach to sustaining improvement.

This area for improvement was 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	4 - Good
4.1 People experience high quality facilities	4 - Good

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.