Kinnaird Manor Care Home
Care Home Service

Brown Street
Camelon
Falkirk
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Telephone: 01324 613 131

Type of inspection:
Unannounced

Completed on:
1 May 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300741

About the service

Kinnaird Manor is a care home based in the Camelon area of Falkirk. It is registered to provide a service to a maximum of 57 older people who may have dementia. At the time of this inspection 49 people were residing in the home.

Accommodation is over two floors, with lift access to the first floor. The home is split into three 'communities,' which have their own lounge and dining areas. All bedrooms have en-suite toilet facilities. Bath and shower facilities are located throughout the home. There are large, accessible and well-maintained garden grounds.

The provider of the service is HC-One Limited. The service registered with the Care inspectorate in October 2011.

About the inspection

This was an unannounced inspection that took place on 28 and 29 April, and 01 May 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with managers and staff from a variety of roles within the home.
- Visited the home early in the morning to meet with night staff.
- Spoke informally with people who lived in the home.
- Observed staff practice and interactions with people.
- Evaluated questionnaire feedback we received from staff.
- Checked health records and support plans.
- Looked at quality assurance systems including oversight of nutrition and falls.
- Evaluated staffing levels and staff training.

Key messages

- Oversight of falls needed to improve.
- Oversight of nutrition needed to improve.
- Quality assurance activities needed to improve.
- Oversight of appropriate staffing levels needed to improve.
- Assessment and care planning 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing? 2 - Weak

We made an overall evaluation of weak for this quality indicator. This meant strengths could be identified but these were outweighed or compromised by significant weaknesses.

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

People's health was well supported in several areas. Medication management procedures were good. We saw evidence of people's medication being reviewed, including medication to support people with periods of stress and distress. However, this was not underpinned by strong care planning. Please see the section of this report titled 'Assessment and personal planning reflects people's outcomes and wishes' for more details.

Staff in the home had well established relationships with a variety of external health professionals. We were generally confident that that health concerns were escalated to the appropriate people, ensuring people had access to the right health care at the right time.

Nursing and care staff generally knew people well. They were attentive to people's needs and it was clear that staff cared about people. Staff responded promptly to any personal care needs people had. During the inspection there were enough staff to ensure people who needed assistance to eat and drink received support at the right time.

The management of people's skin integrity had improved. A new depute manager had recently taken up post and had prioritised this as a key development area. We were satisfied that people living in the home would receive appropriate support with pressure care or if they experienced a skin breakdown. This supported good health outcomes for people.

The management of falls in the home needed to improve. It is vital that leaders and staff have a strong overview of falls in order to recognise any patterns, particular areas of vulnerability, or identify further measures they could take to reduce falls or reduce the risk of injury when people fall. There was no analysis of falls in the home. Although data was gathered on the number of falls, we were not confident in its accuracy as there was conflicting information in different recording systems. Further, although data was being gathered, it was not being audited or analysed with a view to managing falls. This placed people at risk of harm. We therefore made a requirement about falls management.

See requirement 1

Oversight of food and nutrition needed to improve. It is essential that there is an ongoing assessment of people's weight in order to determine if they would benefit from a high calorie diet. This was lacking in the home. Leaders and staff did not have oversight of which people living in the home were currently assessed for a high calorie (fortified) diet. Calculations of people's weight loss were not always accurate and so did not provide the right information to inform practice.

There was confusion between care/nursing staff and kitchen staff around access to fortified food and drink. Some care staff reported it was challenging to get access to fortified foods. Kitchen staff reported they made fortified foods available but they tended to return to the kitchen unused. Some staff were confused about different types of food, mistaking specialist build-up drinks for fortified milk.

Practice around textured and modified food needed to improve. We were concerned by the lack of choice people had when they needed textured or modified food. People usually had one option which kitchen staff chose, depending on what was cooked last. This practice was poor and discriminated against people with specific dietary needs.

Taken together, poor analysis of people's weights along with poor practice around access to fortified and textured/modified foods placed people at risk of harm. We therefore made a requirement about weights and nutrition.

See requirement 2

The general dining experience could be enhanced. Menus on display were not always accurate. Menus for lunch were displayed on tables when people were eating breakfast. This practice could disorient people living with cognitive decline. We observed staff offering a choice of meals to some people. This was not always done in a person-centred manner and we were not confident people were given the time to make a meaningful choice. Staff put aprons on people while they were asleep. This did not demonstrate dignified or respectful practice. We discussed this with external managers who were in the home during our inspection. They assured us that dignity around dining would be addressed as a priority. We will check progress in this area at our next inspection.

Although people had access to drinks, we evaluated that this could be enhanced by taking a more person centred and individualised approach. Each morning, everyone got a jug of water (with no lid) delivered to their rooms, which they kept for the day. We discussed this with leaders and advised this practice did not encourage people to have a good fluid intake. Leaders agreed and discussed other ways people could be encouraged to drink enough. We will check progress at our next inspection.

Requirements

1. The provider must ensure that leaders and staff have oversight of falls in the home and have an appropriate falls management plan in place.

By 06 June 2025 the provider must ensure that people living in the home are supported by leaders and staff who understand their roles and responsibilities in the management and prevention of falls.

In order to achieve this, the provider must, as a minimum:

a) Carry out an audit of current falls management systems and practice in the home.
b) Ensure falls are recorded consistently, with appropriate information on the time, location, any other factors contributing to the fall.
c) Ensure data is analysed at key meetings including but not limited to daily handovers, flash meetings, clinical review meetings, and organisational learning meetings.
d) Implement a falls management programme using intelligence gathered from the above activities and include this within quality assurance processes.

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, 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. The provider must ensure that leaders and all staff (including kitchen staff) are aware of people's current nutritional needs.

By 06 June 2025 the provider must ensure that people living in the home are supported by leaders and staff who understand their roles and responsibilities in supporting nutrition.

In order to achieve this, the provider must, as a minimum:

a) Audit current practice in the home in relation to the recording of weights, high calorie (fortified) foods and foods that require to be textured or modified.
b) Use this audit to develop an action plan to address any areas of concern and ensure accurate and up to date information is shared about people's weight loss or nutrition needs.
c) Ensure all staff (including kitchen staff) are aware of procedures to ensure people have ready access to high calorie (fortified) diets when needed.
d) Ensure that people's nutrition and weight are included within a cycle of quality assurance.

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, 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our leadership? 2 - Weak

We made an overall evaluation of weak for this key question as there were significant weaknesses in the service that substantially affected people's experiences and outcomes.

Quality indicator 2.2. Quality assurance and improvement is led well

The provider had allocated external quality managers to work alongside managers in the home. They had identified areas for improvement including medication management, health charts, and staff training. Other areas identified by external managers included making the environment more appropriate for people living with dementia, and supporting meaningful connections for people. Some of these activities were in their earlier stages while others had already led to improved outcomes for people living in the home.

Internal leaders in the home were not carrying out improvement activities effectively.
There was a lack of analysis of incidents and health concerns including falls and weight loss. There were limited efforts to learn from adverse events. Key internal meetings to discuss clinical needs or learning from incidents were not taking place. This had contributed to the registered manager not having a clear overview of current issues in the home.

Those quality assurance activities that were taking place were largely ineffective. Records did not contain enough detail about the improvements that were needed. There was limited or no detail on actions required including agreed roles, responsibilities or timescales for seeing improvements through to completion. There was a lack of clarity regarding roles and responsibilities among leaders in the home. Taken together, these issues placed people living in the home at risk of harm. We have made a requirement about quality assurance and improvement.

See requirement 1.

Requirements

1. The provider must ensure quality assurance activities are used effectively to drive improvement.

By 25 July 2005 the provider must ensure people experience support in a service where leaders use a cycle of quality assurance and improvement activities to reduce risk and support positive outcomes.

In order to achieve this, the provider must, as a minimum:

a) Carry out an audit of current quality assurance and improvement activities taking place in the home. This must include key internal meeting including, but not limited to, staff handovers, flash meetings, clinical review meetings and organisational learning meetings.
b) Use information gained from the audit to implement an improvement plan to address areas where quality assurance activities are not being carried out to the required standards or frequency.
c) Establish clear quality assurance roles and responsibilities among the leadership and larger staff team, while ensuring the registered manager retains overall oversight of quality assurance and improvement in the home.
d) Ensure improvement plans contain sufficient detail on how the improvement will be made, persons responsible for the improvement, and dates for completion.

This is 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) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team? 3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses.

The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

Quality indicator 3.3. Staffing arrangements are right and staff work well together

Staffing levels during the day were generally sufficient to meet people's needs and wishes. There were enough staff to ensure people received the right support at the right time with personal care needs or when they needed support with eating and drinking. The home benefitted from having a designated activity coordinator. People spoke highly of this person and felt they enhanced their experiences living in the home.

Interactions between staff and people living in the home were generally positive although there were occasions where staff were not immediately responsive to people's requests. There were also several missed opportunities for engagement. We discussed this with internal and external leaders. They were currently working with staff on meaningful connections with people. We advised leaders that meaningful connections needed to be underpinned by strong person centred support planning. Please see the section of this report titled 'Assessment and personal planning reflects people's outcomes and wishes' for more details.

At our last inspection we made an area for improvement around using professional judgement to ensure the right staffing levels were in place at all times. Leaders in the home were continuing to use people's dependency levels to assess staffing levels. However, they were still not taking into account factors such as the physical layout of the building or people arriving in the service for a respite break. Staff reported that care was compromised at key times. Particular issues occurred when people were awake during the night. Staff stated they had to encourage people to come with them when they had carried out checks in other areas of the home in order to keep them safe.

Other issues occurred when people arrived for respite. Staffing levels were not adjusted to reflect the increased number of people in the home, or the additional duties staff had to carry out when people arrived for respite. Inadequate staffing levels at key times were placing people at risk of harm. We made a requirement about this.

See requirement 1.

Requirements

1. The provider must ensure that leaders exercise professional judgement to ensure the home has appropriate staffing levels at all times.

By 25 July 2005 the provider must ensure people experience support in a service where leaders assess staffing levels across on the home on a 24 hour basis and when occupancy levels increase to ensure appropriate staffing levels are in place at all times.

In order to achieve this, the provider must, as a minimum:

a) Implement a staffing method that enables the manager to exercise their professional judgement when assessing required staffing levels, taking account of factors including, but not limited to, the physical environment of the home, respite or long term admissions, and planned appointments that require staff to support an individual.

This is in order to comply with section 7 (1) (a) (Duty on care service providers to ensure appropriate staffing) 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 state that:

'My needs are met by the right number of people' (HSCS 3.15) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our setting? 4 - Good

We made an overall evaluation of good for this Key Question as there were a number of important strengths which clearly outweighed areas for improvement.

Quality Indicator 4.1. People experience high quality facilities

People generally benefited from high quality facilities. During the inspection an external manager was carrying out an assessment using the King's Fund tool for people with dementia. This had identified several areas where the environment could be improved to support people living with dementia, including more appropriate signage. We will check progress with this work at our next inspection.

The provider was carrying out an ongoing programme of environmental improvements. We noted the improvement in the environment since our last inspection. The provider had an environmental improvement plan in place which included further refurbishments and changes to the laundry area.

People benefited from having access to a variety of communal areas along with the privacy of their own rooms. Bedrooms had en-suite toilet facilities. There were adequate communal bathrooms throughout the home. Staff commented that people would benefit from having an additional shower facility in the home. Leaders were receptive to this feedback. We will check progress at our next inspection.

The service employed a maintenance person. Records we checked were up to date, including maintenance and fire safety checks. People benefited from having access to a well maintained and secure garden. Although leaders told us that people were encouraged to access the garden whenever they chose, an intrusive alarm sounded when the door was opened. This discouraged people from using it. We discussed this with leaders and they assured us steps would be taken to make the garden more accessible during the day, including having the door open during warmer weather.

How well is our care and support planned? 2 - Weak

We made an overall evaluation of weak for this key question as there were significant weaknesses in the service that substantially affected people's experiences and outcomes.

Quality indicator 5.1. Assessment and personal planning reflects people's outcomes and wishes

The standard of assessment and support planning was inconsistent and not supported by strong leadership or quality assurance processes. Pre-admission assessments were completed to a variable and sometimes poor standard. They did not always contain enough information to guide staff on people's current health and care needs.

This meant people sometimes moved into the home without staff having the right information to safely support them. Some assessments were not signed or dated. There was no established process for when respite pre admissions should be completed. During our inspection, staff reported that a person had arrived for respite and they were not able to find their assessment.

Some support plans were completed to a good standard, while others were basic and did not contain enough person-centred information on people's likes and dislikes. Some were incomplete with important details such as consent, emergency information and anticipatory care plans missing.

Guidance to support people who experience periods of stress and distress was often inadequate or incomplete. When people's health or support needs changed this was not always captured in support plans. Some care plans stated people were not at risk of falls or not at risk of malnutrition when they were currently experiencing these health concerns. Taken together, issues with assessment and care planning were placing people at risk of harm. We made a requirement about this.

See requirement 1.

Requirements

1. The provider must ensure that people being admitted to the home have an appropriate assessment of their needs and wishes and that all residents have a care plan that identifies their current health and general care needs.

By 25 July 2025 the provider must ensure that pre-admission assessments are carried out appropriately and everyone residing in the home has a care plan. The care plan must include information on people's current health needs including, but not limited to, falls and nutritional risks, positive behaviour support needs, and person centred information to support meaningful connections between staff and people.

In order to achieve this, the provider must, as a minimum:

a) Carry out an analysis of current arrangements around pre-admission assessments. Identify issues and implement an action plan with agreed timescales.
b) Ensure care plans contain accurate person centred information about people's health and support needs and how to support people's meaningful connections.
c) Implement quality assurance processes to ensure care plans are checked and updated within agreed timescales or when people's needs change.

This is in order to comply with regulation 4 (1) (a) (welfare of users) and 5 (2) (b) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12) and '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

To ensure staffing levels are appropriate to meet people's needs and wishes, the provider should ensure that leaders can exercise professional judgement to consider environmental factors when assessing staffing levels.

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

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 12 July 2024.

Action taken since then

No improvements had been made in this area. Leaders were not exercising professional judgement to ensure adequate staffing levels were maintained in the home. We evaluated that the risk of harm to people living in the home had increased. This area for improvement has been closed and is superseded by the requirement made in this report. Please see the section titled 'Staffing levels are right and staff work well together' for more details.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak
5.2 Carers, friends and family members are encouraged to be involved	2 - Weak

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