

Kinnaird Manor Care Home Care Home Service

Brown Street
Camelon
Falkirk
FK1 4QF

Telephone: 01324 613 131

Type of inspection:
Unannounced

Completed on:
18 June 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. This included two people who were in the home for a respite stay.

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 a follow up inspection which took place on 18 June 2025. The inspection was carried out by an inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Met with the home manager and external managers.
- Observed the lunch time experience for people living in the home.
- Observed communication between key departments at the daily flash meeting.
- Reviewed the service improvement plan; falls analysis records; training records, and other key quality assurance activities.

This inspection was carried out specifically to follow up on two requirements made in the inspection report dated 01 May 2025. These related to the oversight of falls and food and nutrition in the home. We gave a timescale that these two requirements were to be met by 06 June 2025.

There are further requirements around leadership, staffing arrangements, and assessment and care planning. These are due to be met by 25 July 2025. We will report on these requirements at our next inspection of the care home.

Key messages

- Leaders and staff had responded well to the two requirements we evaluated.
- Oversight of falls in the home had improved.
- Oversight of people's weight and nutritional needs had improved.
- These improvements had reduced the risk of harm to people living in the home and contributed to better health outcomes.

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?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

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

When we inspected Kinnaird Manor Care Home in May 2025 , we made requirements around the oversight of falls and nutrition/weight management.

Oversight and analysis of falls needed to improve. There was conflicting information on the number of falls and inadequate analysis of falls. The information that was gathered was not being audited or analysed with a view to managing falls.

Oversight and analysis of food and nutrition needed to improve. 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.

During this inspection, we found leaders and staff had made significant improvements in these areas.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Weak" to "Good" in Key Question 1 - How well do we support people's wellbeing?

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for more information.

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

Requirements

Requirement 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).

This requirement was made on 16 May 2025.

Action taken on previous requirement

Leaders and staff had responded well to this requirement.

Leaders had carried out an initial audit to assess the current falls management systems in place in the home. This was used to identify areas where there were inconsistencies and improvements required, including recording and reporting systems, and equipment people needed to help maintain their safety.

Improvements had been made in several key areas. This included how data on falls was gathered. Systems had been streamlined to ensure there were no inconsistencies in the information being gathered. The data was then analysed on a daily basis to ensure its accuracy, and that all appropriate actions had been seen through to completion. These included appropriate recording, risk assessment, environmental changes, additional equipment, and referral to external agencies where appropriate.

Falls were analysed at key meetings during the month in order to identify and take appropriate action where trends were identified. There was an ongoing programme of falls awareness training for staff. Observations of practice were taking place to ensure people were being assisted to mobilise safely.

More widely, leaders had made several important changes to the environment. This included additional seating areas, moving dining areas, new flooring, and new signage.

We were reassured that falls were being treated with a high degree of importance by leaders and staff. Taken together, the improvements that had been made had reduced the risk of harm to people and contributed to improved health outcomes.

Met - within timescales

Requirement 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).

This requirement was made on 16 May 2025.

Action taken on previous requirement

Leaders and staff had responded well to this requirement.

Leaders had completed an initial audit to assess current practice around the recording of weights and access to high calorie (fortified) foods. This was used to identify areas where there were inconsistencies in recording, along with any practice and training needs staff had.

Improvements had been made in several key areas. Staff who had responsibility for completing the Malnutrition Universal Screening Tool (MUST) had received guidance on how to do so. People's weights being taken on a regular basis, with the frequency determined on an individually risk assessed basis. Weights were then analysed on a regular basis throughout the month to determine if people were at risk due to weight loss, and if further actions were required. The leadership team had a good knowledge of people's weights and were able to provide reasons and actions taken when people had lost weight.

The general dining experience had improved. It was better organised and there was a designated meal time coordinator in place. People had more choice about where to take their meals. Access to fluids had significantly improved with drinks stations located throughout the home. These were being well used by people.

Communication between care staff and kitchen staff had improved. Care staff had a good overview of people who required additional calories in their food. Foods such as butter, cheese, and fortified milk were readily available throughout the home and could be added to meals at the point of service.

Taken together, the improvements that had been made had reduced the risk of harm to people and contributed to improved health outcomes.

Met - within timescales

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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