

# Kinnaird Manor Care Home

## Care Home Service

Brown Street  
Camelon  
Falkirk  
FK1 4QF

Telephone: 01324 613 131

**Type of inspection:**  
Unannounced

**Completed on:**  
29 July 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 48 people were staying in the home.

Accommodation is over two floors, with lift access to the first floor. There are a variety of lounge and dining areas throughout the home. 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 29 July 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 area director.
- Met with nursing and care staff.
- Sat in on a daily 'flash' meeting.
- Observed staff practice and daily life in the home.
- Observed the lunch time experience for people living in the home.
- Reviewed a variety of documents including the service improvement plan, personal plans, and key quality assurance documents.

This inspection was carried out specifically to follow up on three requirements made in the inspection report dated 01 May 2025. These related to quality improvement, staffing levels, and assessment and care planning. We gave a timescale that these three requirements were to be met by 25 July 2025.

We carried out a previous follow up inspection in June 2025 where we checked progress on requirements we made around falls and nutrition. We evaluated that those requirements had been met at that inspection. Please refer to the inspection report dated 18 June 2025 for further details.

## Key messages

- Leaders and staff had responded well to the three requirements we made.
- Quality assurance had improved and was being used to drive improvement in the home.
- The assessment of staffing levels had improved. People could be more confident that staffing levels were appropriate to meet their needs and wishes during the day and overnight.
- The pre-admission assessment process had improved. Oversight of personal plans (care plans) had improved and contained more accurate information about people's current health needs.
- 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 good is our leadership?	4 - Good
How good is our staff team?	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 good is our leadership?

4 - Good

### Quality indicator 2.2. Quality assurance and improvement is led well

When we inspected Kinnaird Manor Care Home in May 2025, we made a requirement around quality assurance activities in the home.

Improvement activities were not being carried out effectively. There was a lack of analysis of incidents and health concerns. There were limited efforts to learn from adverse events. Key internal meetings to discuss clinical needs or learning from incidents were not taking place. Records did not contain enough detail about the improvements that were needed. There was a lack of clarity regarding roles and responsibilities among leaders in the home.

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 2 - How good is our leadership?

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

## How good is our staff team?

4 - Good

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

When we inspected Kinnaird Manor Care Home in May 2025, we made a requirement around leaders using professional judgement to ensure the home had appropriate staffing levels at all times.

The assessment of staffing levels was not taking into account factors such as the physical layout of the building or people arriving in the home for a respite break. Staff reported that care was compromised at key times. We were also concerned that night time staffing arrangements were placing people at risk of harm.

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 3 - How good is our staff team?

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

## How well is our care and support planned?

3 - Adequate

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

When we inspected Kinnaird Manor Care Home in May 2025, we made a requirement around assessment and personal planning (care plans).

Pre-admission assessments did not always contain enough information to guide staff on people's current health and care needs. People sometimes moved into the home without staff having the right information to safely support them. There was no established process for when respite pre admissions should be completed.

Some support plans 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. Some 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.

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

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Weak" to "Adequate" in Key Question 5 - How well is our care and support planned?

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 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).

**This requirement was made on 1 May 2025.**

#### Action taken on previous requirement

Leaders and staff had responded well to this requirement.

Quality assurance activities had been audited to identify areas where improvements were required. This included introducing key quality assurance processes that were not previously taking place, along with improving the standard of existing quality assurance activities.

Leaders were using a detailed development plan to support the improvements that were required. This plan included additional training for staff and the introduction of key internal meetings. Most of these improvements had been seen through to completion.

Staff had designated roles in an on going cycle of quality assurance activities. The manager retained overall oversight of quality assurance through their own activities. These included chairing daily 'flash' meetings. We sat in on a flash meeting during our inspection. It was detailed and led to clear actions for staff around people's health needs, including linking in with external health professionals.

Monthly learning meetings had been introduced. This gave the manager an oversight of people's health needs and generated on-going actions to support improved health outcomes for people. The manager also carried out a daily walk-round of the home in order to get feedback from people and staff, and to respond to issues as soon as they arose. Staff we spoke with gave very feedback on recent improvements in the home.

Taken together, these improved quality assurance activities had reduced the risk of harm to people living in the home and supported improved health and wellbeing outcomes.

### Met - within timescales

#### Requirement 2

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).

**This requirement was made on 1 May 2025.**

#### Action taken on previous requirement

Leaders had responded well to this requirement.

Following our inspection in May 2025, leaders immediately increased overnight staffing levels. This had been sustained, even when the number of people living in the home had reduced.

Leaders were adapting staffing levels on an on going basis in response to situations arising. This included bringing in additional staff to support people to attend health appointments, activities in and out with the home, along with bringing in additional staff when needed for people arriving for a respite stay. Dependency analysis tools were accurate and captured people's current health needs. Leaders had also made several environmental changes to ensure staff were better deployed.

Taken together, these improvements in the oversight of staffing levels had reduced the risk of harm to people.

## Met - within timescales

### Requirement 3

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).

**This requirement was made on 1 May 2025.**

### Action taken on previous requirement

Leaders and staff had responded well to this requirement.



Improvements had been made to the pre-assessment process in anticipation for people being admitted to the home. There was limited evidence of the improved process being used in practice as the home was not currently taking new referrals at the time of this inspection.

Improvements had been made in the assessment of people's needs who regularly came to the home for respite. There were agreed timescales to speak with people or their representative before they arrived, to ensure their personal plan was up to date and contained accurate information about people's current health needs.

The standard of personal plans had generally improved. An ongoing cycle of quality assurance was being used to ensure personal plans were accurate and contained up to date information on people's health needs. Personal plans were handwritten. This made it more challenging to ensure plans were updated as soon as people's needs changed. The provider was in the process of introducing an electronic care planning system. This will support better oversight of plans to ensure they contain up to date information. We will check progress at our next inspection.

The improvements that had already been made to assessment and personal plans had reduced the risk of harm to people.

**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](http://www.careinspectorate.com).

## Detailed evaluations

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
3.3 Staffing arrangements are right and staff work well together	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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 cànan eile ma nithear iartras.

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 ਵਿੱਚ 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.