

Kingsacre Care Home Care Home Service

Cochno Road
Hardgate
Clydebank
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Telephone: 01414 735 500

Type of inspection:
Unannounced

Completed on:
23 July 2025

Service provided by:
Care Concern Group - Kingsacre

Service provider number:
SP2019013287

Service no:
CS2019373856

About the service

Kingsacre Luxury Suites Care Home is registered to provide care to 64 older people. The service registered with the Care Inspectorate in 2019. The provider is Kingsacre Care Limited, which is part of the Care Concern Group.

The care home is in the Hardgate area of Clydebank in West Dunbartonshire. The care home is not directly accessible by public transport and is in an elevated position with beautiful views. There are four units within the building. All the bedrooms have en-suite facilities. There is a private dining area which families can book to celebrate special events. The building is on two levels. Each unit has spacious lounge and dining areas. On the ground floor there is a cinema and a large reception area with a drinks bar. There are spacious gardens and land surrounding the service.

About the inspection

This was a follow up inspection which took place on 23 July 2025. The inspection was carried out by one inspector from the Care Inspectorate. The purpose of this inspection was to follow up a Requirement which was made on the outcome of a complaint investigation.

To prepare for the inspection we reviewed information about this service. This included previous notifications received by the Care Inspectorate, information submitted by the service and intelligence gathered since the last visit.

Key messages

The management have focussed on making improvements in falls prevention and management.

Staff have received training to support their knowledge and share best practice.

Improvements have been made in care planning and record keeping.

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 the approach to managing falls is improved to keep service users safe. To do this the provider must as a minimum:

- a) ensure that people's fall risk assessments and fall prevention plan are accurately completed and frequently reviewed, in accordance with best practice guidance;
- b) provide risk control information to all staff members to ensure they are aware, and have a knowledge of, what support is required to be provided in order to minimise the fall risks. This assessment must also consider the use of appropriate aids;
- c) ensure people experiencing care, their family and/or chosen representatives are consulted and involved in fall risk management;
- d) ensure staff are knowledgeable on fall risk assessments and of fall prevention strategies, and to be inclusive of current good practice guidance on fall prevention;
- e) ensure management is involved in the monitoring and audit of falls and falls prevention, and for action to be taken in order to minimise people's fall risk;
- f) demonstrate that appropriate advice is sought promptly from health professionals to assist in minimising the risk.

To be completed by: 18 July 2025

This is in order 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 care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This requirement was made on 14 May 2025.

Action taken on previous requirement

The service has reviewed people's falls risk by using the multi factorial falls risk assessment tool; these were found to be completed and areas of risk identified. People's 'moving around' care plan has the risk and control areas identified, and what action is required to be in place to reduce the risk of people falling. This

includes the support equipment which will assist in alerting staff when people are ambulant or trying to rise from bed or a chair.

All staff have received training on falls prevention and management, and additional training is planned over the coming months.

People and their families will be included to discuss the risk aspects of falls through 6 monthly reviews and 'resident of the day' reviews.

We observed those who have been assessed as requiring sensor mats were found to be in place.

Management have supported staff in reviewing people's care and support plans and falls risk assessments to ensure accuracy, and that staff are aware of the identified risks and how people should be supported.

Fall audits are undertaken monthly by management and falls are also discussed at the weekly clinical risk meetings with senior staff.

Falls management advice can be sought externally through a community physiotherapist.

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

The provider should ensure that the effectiveness of 'as required' medications are recorded.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 4 November 2024.

Action taken since then

This area for improvement was not followed up at this inspection. This will be carried forward to the next inspection.

Previous area for improvement 2

The provider should demonstrate that they have continued to review staffing arrangements, ensuring appropriate levels of staff across the home at all times, to fully meet people's identified care needs.

To do this, the provider should carry out regular monitoring and auditing of people's care needs to demonstrate that staffing is responsive to people's changing needs.

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

'People have time to support and care for me and to speak to me' (HSCS 3.16).

This area for improvement was made on 4 November 2024.

Action taken since then

This area for improvement was not followed up at this inspection. This will be carried forward to the next inspection.

Previous area for improvement 3

To ensure better evidence that all people continue to experience strong links with their community and the ties the service should:

- a) ensure staff accurately record the activities external to the home that people engage in
- b) assess people's abilities to use community facilities rather than receiving the service in-house
- c) make use of this information to inform future activity planning
- d) carry out regular checks of each individual's progress in this area.

What the service has done to meet any areas for improvement we made at or since the last inspection.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 4 November 2024.

Action taken since then

This area for improvement was not followed up at this inspection. This will be carried forward to the next inspection.

Previous area for improvement 4

People should be confident staff will record accurate and detailed information in the appropriate documentation. The provider should ensure staff are aware of the importance of good record keeping, in accordance with the Scottish Social Services Council Code of Practice, Section 5.2 and the Nursing and Midwifery Councils; The Code Sections 42 and 43.

This is to ensure care and support is consistent 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 14 May 2025.

Action taken since then

This area for improvement was not followed up at this inspection. This will be carried forward to the next inspection.

Previous area for improvement 5

People should be confident staff will frequently check on their welfare when in their rooms. The frequency of welfare checks should be made known to staff and recorded.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 14 May 2025.

Action taken since then

This area for improvement was not followed up at this inspection. This will be carried forward to the next inspection.

Complaints

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

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