

## Springhill Care Home Care Home Service

80 Portland Road  
Kilmarnock  
KA1 2BS

Telephone: 01563 573 356

**Type of inspection:**  
Unannounced

**Completed on:**  
12 August 2025

**Service provided by:**  
Clyde Care Limited

**Service provider number:**  
SP2016012834

**Service no:**  
CS2016352761

## About the service

Springhill Care Home is a care home for older people situated in a residential area near the centre of Kilmarnock and close to local transport links, shops, and community services. The service provides care for up to 61 older people. The provider is Clyde Care Limited.

The service provides accommodation over four floors in single bedrooms, each with an ensuite toilet and shower. There are communal facilities on each floor, including lounges, dining room, shared toilets, and bathing facilities. There is a small secure garden area that can be accessed from the basement level of the building.

## About the inspection

This was an unannounced follow up inspection to monitor progress with improvements detailed in three requirements from the inspection completed on 19 June 2025.

The inspection took place on 12 August 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

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 people using the service and visiting family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Staff were kind, friendly and responsive to people's needs.

Staff teams worked well together for the benefit of the people they support.

There was a continued need to improve the management of medication to support people's health needs.

There was a need to continue the recruitment of new staff to ensure there were full staff teams across all departments.

The management team demonstrated a commitment to working collaboratively with partner agencies.

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

### Requirements

#### Requirement 1

By 28 September 2025, the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices.

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

- a) personal plans are developed in consultation with the individual and their representative to reflect a responsive, person centered approach taking account of choices and preferences;
- b) personal plans accurately record the management of health, welfare, and safety needs and how these will be managed;
- c) personal plans fully reflect that advice from healthcare professionals has been followed;
- d) measures identified in personal plans are being implemented in practice to meet the individual's health, welfare, and safety needs;
- e) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices;
- f) records of care accurately reflect care delivered;
- g) staff should be supported to develop their skills regarding developing personal plans and record keeping.

This is to comply with Regulation 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

To ensure 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 are to be met, as well as my wishes and choices' (HSCS 1.15).

**This requirement was made on 19 June 2025.**

#### Action taken on previous requirement

This requirement was not assessed at this inspection as it is within timescale for completion.

#### Not assessed at this inspection

**Requirement 2**

By 10 August 2025, the provider must ensure that medication is managed safely and in line with best practice guidance.

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

- a) that all staff involved in medication management undertake relevant training and competency assessments regarding safe medication management;
- b) formally assess the impact training has on staff practice to determine learning and understanding of their responsibilities to manage medication safely;
- c) directions for the administration of medication prescribed to be given 'as needed' are accurate and regularly reviewed;
- d) topical medication is managed in line with current best practice guidance;
- e) ensure that effective systems are in place to assess and monitor medication management.

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 :

'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 requirement was made on 19 June 2025.**

**Action taken on previous requirement**

During this inspection, we noted continued issues with medication management. There was a failure to consistently adhere to best practice guidance regarding medication management.

Although we note some improvements had been made, we have concerns that there are continued issues regarding the management of medication. This does not safeguard people or support their health needs.

This requirement has not been met. We have agreed an extension to 28 September 2025 to allow time to progress with improvement.

**Not met**

**Requirement 3**

By 28 September 2025, the provider must demonstrate that service users are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

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

- a) quality assurance systems continually evaluate and monitor service provision to inform improvement and

development of the service;

b) that action plans to address issues identified are fully developed following audit;

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

d) use the feedback from people living in the home and their families to inform service development;

e) ensure that outcomes of audits, feedback from stakeholders and the outcome of adverse events inform a service improvement plan that is specific, measurable, achievable, relevant and time bound.

This is to comply with Regulation 4(1) (d) 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:

'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 19 June 2025.**

#### Action taken on previous requirement

This requirement was not assessed at this inspection as it is within timescale for completion.

#### Not assessed at this inspection

### Requirement 4

By 10 August 2025, the provider must demonstrate that service users are safeguarded by reporting significant incidents to partner agencies.

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

a) staff receive appropriate training regarding reporting process for adult protection issues in line with local area guidance;

b) notification to the Care Inspectorate about adult protection issues are made without delay in line with current guidance.

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:

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

'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 requirement was made on 19 June 2025.**

#### Action taken on previous requirement

The service have been reporting significant incidents in line with Care Inspectorate and the local area guidance.

Staff have been attending appropriate adult protection training to improve their knowledge and understanding of reporting responsibilities. This helps to ensure that people living in the service are safeguarded.

#### Met - within timescales

### Requirement 5

By 10 August 2025, the provider must ensure that there are suitably qualified and competent staff working in the service in such numbers and skill mix to effectively meet the health, welfare, and safety needs of residents.

This is to comply with section 7 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:

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

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

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

**This requirement was made on 19 June 2025.**

#### Action taken on previous requirement

There was an ongoing need to maintain appropriate staffing levels to meet people's health, welfare, and safety needs. Support is needed to ensure staff are consistently and effectively directed, promoting positive outcomes for people.

The provider should continue to develop and implement a staffing assessment tool that takes account of the staffing method framework for adult care homes guidance and current statutory staffing guidance. This would support decisions regarding the staffing levels and skill mix needed to fully support people's health, welfare, and safety needs.

Recruitment efforts were underway for nursing and care staff. There was a need to ensure that there were sufficient housekeeping staff available to ensure that acceptable standards of cleanliness in the home were maintained.

This requirement has not been met. We have agreed an extension to 28 September 2025 to allow time to progress with improvement.

**Not met**

## 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 improve communication pathways between staff teams to support the health, welfare and safety needs of people. This should include ensuring that staff are aware of their role and responsibilities regarding effective communication within the home in line with their codes of practice.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

'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 19 June 2025.**

#### Action taken since then

We will assess progress with this area for improvement at the next inspection.

#### Previous area for improvement 2

The provider should develop policies and procedures to support people's right to access timely treatment for minor ailments. This should be in line with the Care Inspectorate practice note 'Homely remedies in care homes' which was published December 2024.

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

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

**This area for improvement was made on 19 June 2025.**

#### Action taken since then

We will assess progress with this area for improvement at the next inspection.



### Previous area for improvement 3

To improve connections and communication between people, their families and staff, the provider should develop a keyworker system in the home. Staff assigned as keyworkers should have clear guidance regarding their role and responsibilities.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.61).

'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 19 June 2025.**

#### Action taken since then

We will assess progress with this area for improvement at the next inspection.

### Previous area for improvement 4

To promote transparency and support learning from adverse events the provider should ensure a consistent approach to application of the duty of candour process.

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

I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions. (HSCS 4.4)

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

**This area for improvement was made on 19 June 2025.**

#### Action taken since then

We will assess progress with this area for improvement at the next inspection.

### Previous area for improvement 5

The provider should improve the measures in place to support staff learning and development.

This should include the following as a minimum;

a) develop the supervision programme with the aim of ensuring that staff are supported, motivated and helped to develop their skills and knowledge through reflective practice;

- b) providing opportunities for advancement and encourage effective role models within staff teams;
- c) develop effective systems to assess the impact training has on staff practice and how this improves outcomes for people.

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 19 June 2025.**

#### Action taken since then

We will assess progress with this area for improvement at the next inspection.

#### Previous area for improvement 6

To ensure that the right staff are in the right place, with the right skills, at the right time to fully support people's needs the provider should develop an assessment tool which will consistently and effectively inform staffing within the service.

They should take account of the staffing method framework for adult care homes guidance & current statutory staffing guidance.

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).

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

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

**This area for improvement was made on 19 June 2025.**

#### Action taken since then

We will assess progress with this area for improvement at the next inspection.

#### Previous area for improvement 7

To ensure that people benefit from an environment that has been designed or adapted for high quality care and support the provider should continue to assess and plan improvements and refurbishment of the home. The care home would benefit from a comprehensive self-assessment that refers to the good practice guidance such as the King's Fund 'Is your care home dementia friendly?' assessment tool.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6).

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21).

**This area for improvement was made on 19 June 2025.**

#### Action taken since then

We will assess progress with this area for improvement at the next inspection.

## 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).

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