

## Kingsacre Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 September 2025

**Service provided by:**  
Care Concern Group - Kingsacre

**Service provider number:**  
SP2019013287

**Service no:**  
CS2019373856

## About the service

Kingsacre Care Home is registered to provide care for up to 64 older people. It is situated in the Hardgate area of Clydebank, West Dunbartonshire, in an elevated position that offers panoramic views of the Campsie Hills.

While the home is not directly accessible by public transport, its scenic location provides a peaceful and picturesque setting for residents and their families.

The purpose-built home is arranged over two levels and comprises four self-contained units, each with spacious lounge areas designed to promote comfort and social interaction. The ground floor features a welcoming reception area with a drinks bar and a dedicated cinema room, both of which are well-utilised by residents and visitors.

The home is surrounded by extensive landscaped gardens and green space, enhancing the overall sense of tranquillity and wellbeing.

## About the inspection

This was an unannounced inspection which took place on 16, 17 and 18 September 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 13 people using the service and four of their family
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People experienced kind and compassionate care delivered by staff who mostly demonstrated a strong understanding of individuals' needs, preferences, and personal histories.
- Activities and outings had improved with the extra addition of a lead activities co-ordinator; however, this continues to be an improvement journey.
- There was robust and effective management oversight across all areas of care and support, ensuring high standards were maintained.
- The management team fostered a positive working culture, where most staff felt valued, well-supported, and confident in their roles.
- A few staff felt they could be better supported when mistakes had been made as they perceived some responses from managers as unhelpful.

## 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
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

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

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager maintained a clear overview of key operational areas through regular audits, flash meetings, and clinical risk meetings. Audits are conducted transparently, with action plans developed and followed up to ensure they are meaningful and lead to service improvements.

The service liaised appropriately with external health professionals as needed. However, as previously noted, improved internal communication is essential to prevent duplication and delays in referrals and follow-up actions. The manager was aware of this and working towards improvement.

Skin integrity is well maintained through a proactive approach that aligns with best practice guidelines and risk assessments. The use of the Pressure Ulcer Safety Cross is embedded in practice. At the time of review, only one individual had a pressure ulcer, which was appropriately reported. The majority of wounds observed were trauma-related, such as skin tears, and these were clearly documented within the sampled care plans.

People had access to regular meals, drinks, and snacks throughout the day and night. Feedback regarding food was generally positive, although some individuals expressed that lunch options felt repetitive, with sandwiches frequently served. It is noted that the service is currently reviewing its lunch offerings, which is a welcome step.

A "Food First" approach was in place for individuals at risk of malnutrition, and this was reflected in care planning and practice. Mealtimes were relaxed and unhurried, allowing individuals to dine at their own pace and preferred location. Dining areas are well-presented, with tables set attractively, condiments and individual wet wipes provided, and menus displayed. A variety of drinks were available, and individuals were not required to make meal choices in advance, supporting choice and personal preference.

People can be assured that they are receiving their prescribed medications in a safe and timely manner. Medication administration records were generally well maintained, with outcomes of "as required" (PRN) medications documented in most cases. However, there is a noted inconsistency in the recording of outcomes for bowel-related PRN medications, which should be addressed to ensure thorough monitoring and continuity of care.

The use of PRN medications for stress and distress is notably low, which indicated effective proactive approaches to emotional wellbeing. Nonetheless, ongoing evaluation of these practices was recommended to ensure that individuals' needs are being met and that any changes in presentation are appropriately responded to.

People in general were contented living in their home with comments such as, "Staff are great, they help me a lot," and "I like going to the shops with staff." A few felt unsettled for reasons stated such as, "I like it, but I want to go back to my house," and "This isn't for me, I can't go out independently due to where the home is situated, I feel isolated." We passed these comments to the manager to ensure there were reviews arranged for people's voices to be heard and considered.

During our conversations with relatives, we received a range of perspectives regarding the care their loved ones received. Some relatives expressed concerns about specific aspects of care delivery. They reported that responses to their enquiries were occasionally unsatisfactory or lacked clarity, which impacted their confidence in the communication process. With consent we shared these concerns with the manager for further consideration and follow up.

Most relatives provided positive feedback, highlighting their satisfaction with all aspects of care. They appreciated the open visiting policy, which allowed them to visit freely and stay for extended periods. One relative commented, "Staff are very welcoming and chat away to me whenever I'm here," reflecting a warm and inclusive environment. This approach was seen to foster meaningful relationships and contribute positively to the emotional wellbeing of both residents and their families.

Activities for people had improved with the addition of a lead co-ordinator resulting in people having enjoyable experiences. This continues to be a work in progress, so we repeated this area for improvement.

Two areas for improvement identified during our previous inspection have been repeated during inspection, indicating that progress in these areas remain outstanding. In addition, further areas for improvement were identified following a complaint raised by a relative. These concerns will be reported on and published. We will follow up on these during the next inspection to assess whether appropriate actions have been taken and sustained improvements have been made.

## How good is our leadership?

## 4 – Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing levels were regularly reviewed using a dependency tool that accounted for individuals' changing health and wellbeing needs. This approach was generally effective, with most staff reporting that staffing levels were adequate to meet service users' outcomes. Consideration was also given to the building layout and staff feedback in workforce planning.

Staff demonstrated a clear understanding of their roles and a strong commitment to delivering quality care. The majority felt supported by senior staff and colleagues, which positively influenced their performance. However, some night staff reported challenges in team cohesion, often linked to the use of agency staff, which affected continuity and increased workload. These concerns were acknowledged by the manager, who is addressing them through ongoing recruitment. While agency use remains necessary, it is decreasing. The current influx of new staff highlights the need to ensure appropriate skill mix across shifts and units.

Staff feedback indicated that the current one-day classroom induction was insufficient, particularly regarding training on the Nourish system and manual handling. Although most new staff receive two days of shadowing, this is applied flexibly and may be extended based on individual needs.

Communication systems, including clinical risk meetings, team meetings, and flash meetings, were in place to support information sharing and risk management. However, inconsistencies in communication were reported, occasionally leading to misunderstandings and concerns from relatives.

While the service benefits from a generally positive team culture, some staff expressed concerns about the

tone of feedback from senior colleagues, describing it as punitive at times. This was reported to contribute to stress, occasionally extending beyond the workplace. Although not a universal experience, this highlights the need for constructive and supportive feedback practices to promote staff wellbeing and a positive working environment.

## How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing levels were subject to regular review using a dependency tool that considered individuals' changing health and care needs. This process was generally effective, with most staff reporting that staffing levels were sufficient to meet people's outcomes. Deployment also took into account the building layout and staff input.

Staff demonstrated a clear understanding of their roles and responsibilities and showed commitment to delivering high-quality care. The majority reported feeling supported by colleagues and senior staff, which contributed positively to service delivery. However, some night staff reported reduced team cohesion during periods of high agency use, impacting continuity of care.

These concerns were acknowledged by the manager, who had initiated recruitment to reduce reliance on agency staff. While agency use remained necessary, it was decreasing. The influx of new staff required careful oversight of skill mix across shifts and units.

Some staff raised concerns about the delivery of feedback, interpreting it as occasionally punitive, which contributed to stress and impacted staff wellbeing. Although not a universal view, this highlighted the need for a more constructive and supportive feedback culture.

Concerns were also raised regarding the adequacy of the one-day classroom induction. Staff recommended extending the programme to include more comprehensive training on digital care systems and manual handling. While most new staff received two days of shadowing, this was reported to be flexible based on individual needs.

Communication systems, including clinical risk meetings, team meetings, and flash meetings, were in place to support information sharing and risk management. However, some inconsistencies in communication were noted, leading to misunderstandings and concerns from relatives.

Despite these challenges, the service maintained a positive and supportive team culture, contributing to a warm and welcoming environment for people living and working in the service.

Training compliance was good for mandatory online courses and targeted training had been delivered in key areas ensuring staff knowledge and building on skills. The induction process included shadowing shifts and new staff described this as supportive, feeling fully equipped to meet people's outcomes.

**How good is our setting?****5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

People benefitted from a specially warm, welcoming, and homely environment that promoted comfort and social interaction. Communal areas were very well-utilised, with residents observed engaging positively with one another. Individuals were supported to make choices about how and where they spent their day, with access to a variety of well-furnished communal and private spaces offering scenic views across the surrounding fields and Dunbartonshire.

The home was clean, well-maintained, and free from intrusive odours. Minor areas requiring further attention were identified and management provided assurance that these would be addressed through ongoing monitoring. The environment was enhanced by plentiful natural light and effective ventilation, contributing to a calm and pleasant atmosphere.

The design and layout of the home supported high-quality care and promoted wellbeing. Facilities such as well-equipped cafés on each floor and a dedicated cinema room were observed to be actively used by residents and visitors, enhancing the overall quality of life.

Robust systems were in place for the regular monitoring and maintenance of the premises and equipment, ensuring a safe and well-functioning environment. Residents were encouraged to personalise their rooms, creating spaces that reflected their individual preferences and supported a sense of familiarity and comfort.

Staff demonstrated a strong understanding of environmental cleaning protocols and consistently adhered to best practices in infection prevention and control. Housekeeping staff were confident in their roles and knowledgeable in the safe decontamination of both the environment and equipment, contributing to the high standards of cleanliness observed throughout the home.

**How well is our care and support planned?****4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Each individual has a personalised care plan in place, underpinned by relevant risk assessments (RAs) that are reviewed on a monthly basis. These assessments are appropriately used to inform and update the care plans, which are subsequently reviewed to ensure alignment with current needs.

However, based on the sample reviewed, it is recommended that staff allocate sufficient time during the review process to ensure that care plan content remains accurate, relevant, and reflective of the individual's current circumstances. Additionally, attention should be given to the completion and accuracy of risk assessments to maintain consistency and compliance.

The quality-of-care plan content varied across the sample, ranging from very good to satisfactory. While

some plans demonstrated an important level of personalisation and detail, others remained more generic and would benefit from further individualisation.

Legal status was clearly documented and appropriately noted in all cases, which meant staff understood the powers that were held by the Guardian and supported people accordingly.

Fluid intake charts sampled were well-maintained, consistently exceeding target levels, indicating effective hydration monitoring. Food charts were also completed to a high standard, with clear documentation of dietary fortification, where applicable.



## 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' (HSCS4.11); 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

Improvement was noted and the vast majority of 'as required' medications now had an outcome noted. Those for bowel management were not, but maybe due to time needed for the outcome. Minimal use of 'as required' medications for stress and distress.

**This area for improvement was met.**

#### 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

Overall, staff feedback was that staffing levels allowed them to deliver the care and support that each person needed. However, night staff did say that it can be a struggle, especially when the nurse/senior is split across the floor to do meds in each unit. Also, they often have agency on and as there are only two staff then this is intense compared with day shift.

**This area for improvement was met.**

## 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.

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

Very recently there has been an increase with the addition of a new activities co-ordinator lead making a third person. The lead had many ideas and demonstrated great enthusiasm. The home is trying to get more people out using the car, but no one in a wheelchair can use this so that restricted people's opportunities. Taxis are used at times. There is a shared minibus that can be tapped into and the lead co-ordinator had plans for this. At this time, feedback from people was that this aspect continued to need improvements.

**This area for improvement will be repeated.**

## 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 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 14 May 2025.**

### Action taken since then

This area remained a work in progress. Although some improvements could be identified we continued to see some documents which had not been completed to ensure the effective sharing of information.

**This area for improvement will be repeated.**

## 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 14 May 2025.

#### Action taken since then

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. We discussed the processes in place with staff, relatives and residents that were more cognitively able, and no concerns noted.

This area for improvement was met.

## Complaints

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

## 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
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 good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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