

## Springhill Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 October 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 four requirements from the inspections completed on 19 June 2025 and 12 August 2025.

The inspection took place on 14 and 15 October 2025. The inspection was carried out by one inspector 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

- People spoke positively about the kindness and friendliness of staff.
- Staff teams worked well together for the benefit of the people they support.
- There had been improvement noted regarding the management of medication to support people's health needs.
- The management team were working hard to recruit new staff.
- 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 centred 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 14 July 2025.**

#### Action taken on previous requirement

There was continued work needed to ensure that personal plans fully reflect people's choices, preferences and what is important to them .

We found that information about clinical care including wound care was being recorded in different documents within the care planning system. This made it difficult to track progress with people's care. There was a risk that this could impact on continuity of clinical care and result in people's health needs not being effectively managed.

There were some plans of care that contained reasonable detail about how to support people who became stressed or distressed. This helped to guide staff regarding the agreed and planned approach to supporting people when they became distressed.

There were records of the outcome of visits from healthcare professionals, however, these were not always being used to inform updates in plans of care. This could impact on the effective management of people's health needs.

There was a continued need to support staff with their learning regarding the development and maintenance of accurate and effective personal plans.

This requirement has not been met. We have agreed an extension to 2 February 2026 to allow time to progress with improvement.

### Not met

## Requirement 2

By 28 September 2025, extended from 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 14 July 2025.**

## Action taken on previous requirement

We noted that staff had been supported with training regarding medication management and competency assessments regarding safe medication management were being completed.

There were appropriate directions to guide staff regarding the administration of medication prescribed to be given 'as needed'.

Work was being carried out to support staff regarding the safe management of topical medication in line with current best practice guidance.

There were systems in place to monitor the management of medication to assure that this was being done in line with current best practice guidance.

This has resulted in improvement of the management of medication and the effective support for people's health needs.

## Met - outwith timescales

### 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 14 July 2025.**

**Action taken on previous requirement**

The management team were following the provider's quality assurance systems, including the use of a range of quality audit tools.

The completed audit tools were being completed. However, not all outcomes of audits were being used to inform action plans to address identified issues. The action plans that were developed did not always detail who was to complete the actions or what the timescales for completion were. There was an inconsistent approach to verification of completion of actions. We saw that some issues were being repeatedly identified. This does not indicate that the quality assurance system was driving consistent service development or effectively improving outcomes for people.

There was a need to further develop the participation strategies in place to gather people's views. This would create a culture of continuous improvement and ensure that the needs and wishes of people living in the service are the primary drivers for change.

There is continued work needed to demonstrate that the quality assurance systems are effectively driving improvement for people's outcomes.

This requirement has not been met. We have agreed an extension to 2 February 2026 to allow time to progress with improvement.

**Not met****Requirement 4**

By 28 September 2025, extended from 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 14 July 2025.**

**Action taken on previous requirement**

A review of staffing levels and skill mix had been carried out using the provider's staffing assessment tool. The manager was taking account of additional issues which impacted on staff time and the lay out of the home. This had resulted in an improved allocation of senior staff to each unit which effectively supported the leadership of staff teams and improved people's outcomes.

There had been an increase of staff in the housekeeping team. This resulted better standards of cleanliness in the home.

**Met - outwith 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 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 14 July 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 14 July 2025.**



**Action taken since then**

A homely remedies policy was in place. This supported people's right to access timely treatment for minor ailments.

This area for improvement has been implemented.

**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 14 July 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 14 July 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 14 July 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 14 July 2025.**

#### Action taken since then

The service were using a staffing assessment tool which took account of the staffing method framework for adult care homes guidance and current statutory staffing guidance. The use of this tool had informed a review of staffing. Increased leadership was evident in each unit which resulted in better outcomes for people.

This area for improvement has been implemented.

**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 14 July 2025.**

**Action taken since then**

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

**Previous area for improvement 8**

To ensure people's property is safe and respected, staff should ensure all clothing is checked prior to going to laundry. In addition, the provider should have a system in place to ensure staff report any lost property with records confirming all follow up actions including who was informed.

This is in order to comply with:

Health and Social Care Standard 5.17: My environment is secure and safe.

**This area for improvement was made on 18 August 2025.**

**Action taken since then**

This area for improvement was as a result of an upheld complaint investigation. We will assess progress with this area for improvement at the next inspection.

**Previous area for improvement 9**

People experiencing care, their families and guardians should be confident appropriate follow up actions have been taken in response to concerns identified by the care service or others. To achieve this, any outcomes of internal investigations should be recorded in a report with clear actions identified of how the service intend to improve and learn from the adverse event. In addition an outcome letter should be sent in response to the concerns raised.

This is in order to comply with: Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This area for improvement was made on 18 August 2025.**

## Action taken since then

This area for improvement was as a result of an upheld complaint investigation. We will assess progress with this area for improvement at the next inspection.

## Complaints

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

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