

# Hallhouse Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 November 2025

**Service provided by:**  
Hallhouse Care Limited

**Service provider number:**  
SP2020013479

**Service no:**  
CS2020379444

## About the service

Hallhouse Care Home is registered to provide care to 47 older people. The home is situated within the village of Fenwick, which is near the town of Kilmarnock in East Ayrshire.

The home is set out across two separate buildings; a single storey nursing unit, which has 36 bedrooms and a two-storey residential unit known as "The Lodge", which has 11 bedrooms. All bedrooms have en suite toilets and some with showers or baths. The home has enclosed garden spaces.

There were 43 people living in the home, at the time of inspection.

## About the inspection

This was an unannounced inspection which took place on 6,7,9 and 11 September 2025 between the hours of 09:30 and 20:40 . 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.

To inform our evaluation we :

- spoke with 17 people using the service and their family members
- spoke with 20 staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents
- reviewed 14 submitted questionnaires

## Key messages

- Staff used their knowledge of people to provide very good person centred care
- Upgrading of the environment was ongoing
- Nutrition was a key focus area for all staff
- Staff felt supported and worked well as a team

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	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?

5 - Very Good

Evaluation of evidence:

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.

Comprehensive support plans and risk assessments provided clear and structured guidance to care staff, ensuring the delivery of person-centred care. These plans outlined the abilities of individuals, promoting an enabling and participatory approach to care provision. This approach supported independence and empowered people to maintain control over aspects of their daily lives.

Staff demonstrated a thorough understanding of the people they supported, and we observed warm, respectful, and compassionate interactions. Families were actively encouraged to be partners in their loved ones' care, and feedback indicated that suggestions were consistently acted upon. One family member shared, "They phone me all the time and keep me up to date," which reflects that relatives feel listened to and valued.

Nutrition and hydration were prioritised by staff, who recognised their critical role in overall wellbeing. The dining experience was calm, well-organised and aligned with best practice guidance, to promote adequate intake. Staff encouraged independence while providing discreet and respectful assistance where needed. Food and fluid intake was comprehensively monitored and timely referrals to relevant professionals were made when required. A family member told us "My husband loves the food. "This proactive approach maximised nutritional outcomes and supported overall health.

Medication management was robust, with strong oversight from the management team. Topical applications, such as creams and lotions, were administered in line with guidance, and health conditions were closely monitored to ensure prompt interventions. The management team maintained a visible presence within the home, offering guidance and support to staff as needed. Advice from external health professionals was appropriately sought and implemented, contributing to positive health outcomes for individuals.

A varied weekly activities programme was in place, which people reported enjoying. Feedback included comments such as "I fairly enjoy exercises" and "There are a great range of activities and entertainment." These opportunities for engagement had a positive impact on wellbeing and quality of life.

## How good is our staff team?

5 - Very Good

Evaluation of evidence:

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.

A recent strong emphasis on recruitment had resulted in the use of agency staff becoming an infrequent occurrence. There was a comprehensive induction programme in place, which staff reported effectively

prepared them for their roles. One staff member stated, "My induction involved working with different people and was very good." This approach ensured that staff acquired the necessary skills to perform their duties competently.

Staffing levels were reviewed weekly, taking into account multiple factors alongside residents' needs, to ensure sufficient coverage to meet individual requirements. Staff demonstrated strong teamwork and expressed that they had observed positive changes, saying, "Things are so much better and have improved," and "Having our own staff makes a difference." Observations confirmed that staff were kind, respectful, and inclusive, with everyone's contributions to the team being acknowledged. This fostered a sense of value among staff and promoted effective collaboration.

Regular supervision sessions provided staff with opportunities to reflect on their practice. Knowledge assessments were completed following training to evaluate its impact. Visiting professionals delivering training commented, "Staff are engaged and interested." Compliance with mandatory training was high, and staff noted, "The e-learning is really useful." This supported staff in developing new skills to enhance the quality of care provided.

Staff expressed positive views about the support received from the management team, stating, "The management team are very supportive and approachable." They reported feeling listened to and able to make suggestions, sharing, "Our manager is good; we can work well with her she listens and makes things happen." This inclusive approach ensured staff felt valued and heard.

## How good is our setting?

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 home was presented as clean and free from any unpleasant odours, supported by a comprehensive cleaning schedule. This ensured that individuals were protected from potential infection risks.

All required maintenance checks were in place, with contracts established for inspections and servicing. Repairs were reported promptly and effectively tracked through to completion, helping to maintain a safe environment for residents.

An ongoing refurbishment plan was in progress to enhance and modernise the environment. This plan considered the needs of the people supported and was implemented in a way that minimised disruption. It was evident that the completed improvements would significantly enhance the overall living environment.

A dementia-friendly environmental audit was underway, to guide adaptations that would better support individuals living with dementia. Completion of this audit and implementation of any identified improvements is strongly encouraged.

The home offered multiple seating and dining areas, enabling residents to spend time as they wished and with companions of their choice. Communal spaces were homely and welcoming, with all furniture clean and in good condition. This provided residents with a pleasant and comfortable environment.

The service also benefited from well-maintained outdoor spaces. Recent improvements to gravel paths had

made it easier and safer for residents to walk around the grounds. Significant work had been completed on fire exits, including the installation of magnetic locks, to prevent individuals from leaving the building unsupervised. These measures further reduced potential risks and enhanced safety.

## 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

To ensure accurate monitoring and support of people's hydration and nutrition needs the provider should improve the completion of food and fluid charts. This should include inclusion of fluid targets, accurate records regarding the amount of food and fluid taken and dating the charts.

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

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

**This area for improvement was made on 22 June 2023.**

#### Action taken since then

A review of the food and fluid charts indicated that they were completed comprehensively and with consistency. Individual fluid targets were clearly documented, and progress toward these targets was monitored at key intervals throughout the day.

Spot checks were conducted to verify accuracy and completeness, and charts were audited prior to filing to ensure that high standards of documentation were maintained without any decline in quality.

This area for improvement is met

#### Previous area for improvement 2

Staff should have in place clear emergency procedures to follow, in the event of a service user's location being unknown. A coordinated plan on how to search the premises must be in place.

This is in order to comply 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 4 November 2024.**

## Action taken since then

All staff have reviewed the Missing Person Policy and successfully completed a knowledge assessment. Herbert Protocols are in place for all individuals supported, with risk assessments conducted as required.

Each staff member has received an individual copy of the Missing Person Policy, which provides comprehensive guidance on search procedures within the premises and outlines clear timescales for action.

This area for improvement is met

## Previous area for improvement 3

The service should ensure the condition of people's skin is checked on a regular basis and any changes / concerns are reported, documented and investigated.

This is in order to comply with:

Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 4 November 2024.**

## Action taken since then

A review of documentation confirmed the appropriate and consistent use of skin care records and associated tools. The management team maintained a comprehensive overview of individuals' needs within the home. An effective handover process was in place, supported by a detailed document that tracked any changes in skin condition.

This area for improvement is met

## Previous area for improvement 4

The service should ensure there are efficient communication systems in place with relatives/carers regarding any accidents/incidents which take place.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 4 November 2024.**

## Action taken since then

Relatives reported that they were kept informed about any changes. A review of documentation confirmed that relatives were notified promptly regarding any incidents.



This area for improvement is met

#### Previous area for improvement 5

Concerns and complaints should be fully investigated under the service's complaints procedure; recording the investigation outcome, actions taken and the response provided to the complainant.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 4 November 2024.**

#### Action taken since then

A review of all concerns and complaints received by the service showed adherence to the service policies and procedures.

This area for improvement is 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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