

Kinning Park Care Home Care Home Service

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Kinning Park
Glasgow
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Type of inspection:
Unannounced

Completed on:
19 November 2025

Service provided by:
Kinning Park Care Home (Scotland)
Limited

Service provider number:
SP2012011864

Service no:
CS2012309487

About the service

Kinning Park Care Home is registered to provide residential and nursing care to a maximum of 30 frail older people. This includes two places for respite/short break places for older people, and five places for adults aged 50 years and over.

The provider is Kinning Park Care Home (Scotland) Limited. The service is in a two-storey conversion located in the Kinning Park area of Glasgow, close to local amenities, public transport and motorway links. All bedrooms are en suite. The communal rooms are on the ground floor and a lift provides access to the bedrooms and an activity lounge on the first floor.

There were 29 people living in the care home at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 18 and 19 November 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 four people using the service
- reviewed the responses from five questionnaires completed by people using the service
- met with one relative and carried out telephone interviews with six relatives
- spoke with nine staff (both staff who work on night shift and day shift) and the management team
- spoke with one visiting professional and received an email response from another
- observed staff practice
- reviewed documentation.

We included the management team and new provider with the feedback session at the end of the inspection.

Key messages

- People using their service, and their relatives, were very happy with the care and support provided.
- Staff were good at identifying the changing needs of people and appropriately referring for input from external professionals when needed.
- Records relating to review meetings needed restructured.
- Support plans for people who may experience emotional distress needed developed.
- Significant improvements were needed to make the environment suitable for meeting people's needs and promoting positive day-to-day experiences.
- The service is overseen by a highly motivated staff team who are led by a management team who are focused on ensuring high standards of care are provided to each person.

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 setting?	3 - Adequate

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.

Staff were genuine, kind and motivated to provide good standards of care. Overall, we observed responsive care being provided to people living within the service. This was supported by comments we received from people using the service and their relatives.

"The staff are really caring. I've seen them sitting with people, holding hands, interacting. [Relative] not distressed in any way."

"Everything is fine across the board but the staff are really great. Know my [relative] like the back of my hand. Staff - they are excellent."

People identified at risk of malnourishment and dehydration were appropriately supported through a coordinated approach taken by care, nursing and kitchen staff. This meant appropriate food was offered to meet people's specific dietary needs.

People's legal status was noted and rights promoted. The management team had developed an audit tool for people who had been prescribed medication for altered mood state or who may become emotionally distressed. The tool was used to check the need for ongoing use and to identify if individuals continued to benefit. This aligned with best practice guidance.

Where people had been assessed in advance of using medication covertly, the service needed to build in regular reviews for the ongoing use. We concluded that overall medication was well-managed with people receiving the right medication at the right time.

Recognised assessments had been used to identify people's changing needs and mainly informed associated support plans. Review meetings had been planned and used effectively to capture feedback from families. However, further work was needed to structure review meetings aligned to identified support being provided and capture the often positive outcomes achieved due to the care provided (see area for improvement 1).

We observed staff providing comfort and reassurance when people became emotionally distressed. Staff shared detailed approaches which had been effective. The associated support plans, however, were generic and did not reflect specific approaches that staff should use. These needed to be developed (see area for improvement 1).

Feedback from relatives was consistently positive about communication around their loved ones' changing needs and any external professional interventions sought.

Feedback from external professionals supported that staff had the right knowledge and skills which contributed to good standards of care being provided.

Areas for improvement

1. Support plans should reflect an individualised approach that staff should follow to help reduce the impact of stress or distress reactions. Care reviews should align to support provided and capture the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question, we found that there were some strengths which just outweighed weaknesses with some key areas of performance needing to improve.

There had been a change of ownership since the previous inspection. A number of actions agreed at the previous inspection for the refurbishment and development of the environment had not been fully completed. There had been a degree of progress, for example, the installation of new flooring in parts of the home. The management team had secured grant monies to have additional double glazing installed.

The service's improvement plan identified areas that required to be addressed. However, these areas of improvements did not align fully with the findings of the environmental inspection completed by the inspectors. The improvement plan also needed refinement to set priorities for action based upon the potential risks to people (see requirement 1).

We identified a need to replace equipment including toilet frames and shower chairs as well as repairs to bedrooms and communal facilities throughout the home to keep people safe and well. We suggested robust environmental audits be undertaken to identify and prioritise repairs and refurbishment needed throughout the home. A remedial action plan should reflect timescales for achievement and systems for review of progress with specific people identified to take forward (see requirement 1).

Having robust audits would help to ensure cleaning regimes were effective and followed best practice guidance (see requirement 1).

Records revealed environmental checks were being completed. Monthly hot water checks had been carried out. Further work was needed to ensure checks on wheelchairs, slings, bedframes and mattresses were completed on a monthly basis (see requirement 1).

The environment should be assessed through the lens of people living with dementia using best practice guidance such as The King's Fund tool. This should include reviewing the furnishing of the home and the accessibility of the light switches.

The manager had identified a need to offer people greater choice as to where they would like to spend their time, taking account of noise levels within lounges. This should be built into future environmental improvements.

Relatives commented how they were made to feel very welcome when they visited the service.

People benefited from having ready access to the enclosed garden which was observed as being regularly used throughout the inspection. Local amenities were in close proximity to the home. Staff supported people to keep connected with their local community and used natural opportunities to support people to use local shops.

Requirements

1. By 11 February 2026, the provider must ensure that people live in a well-maintained and clean home. To do this, the provider must, at a minimum:

a) carry out a full environmental audit which reflects a plan of refurbishment and completion of priority areas based upon potential risks to people

b) replace equipment to ensure that it is in good condition and able to be cleaned aligned to infection prevention and control (IPC) guidance

c) ensure that all ongoing maintenance and safety checks are fully completed and any corrective action taken

d) carry out regular monitoring and auditing of the setting to demonstrate that appropriate maintenance and infection prevention and control (IPC) standards are being achieved.

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 that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

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 management team should develop quality assurance systems to give an improved overview of the changing needs of people living within the service, identify current risks, trends and check the effectiveness of current interventions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 5 August 2024.

Action taken since then

Good work had been completed with the systems used for falls management. The system gave the management team a greater insight into risks, trends and effectiveness of interventions. This information had been used to inform risk assessments and associated care plans that we sampled.

This area for improvement has been met.

Previous area for improvement 2

In order that people are kept safe, environmental audits should be developed to include window restrictor checks throughout the home. Records relating to hot water checks should reflect the date each outlet was checked.

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 5.18) and "My environment is secure and safe" (HSCS 5.19).

This area for improvement was made on 5 August 2024.

Action taken since then

Window restrictors had been installed and hot water checks completed. We identified further works needed to develop environmental audits.

This area for improvement is no longer in place and has been incorporated into a new requirement under How good is our setting?

Previous area for improvement 3

To ensure care plans and risk assessments accurately reflect the current needs of each person these should be reviewed after any accident or incident has occurred.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

This area for improvement was made on 5 August 2024.

Action taken since then

Good work had been completed and the management understood the relationship between having up-to-date risk assessments and support plans which reflected people's current needs post accident or incident.

This area for improvement has been met.

Previous area for improvement 4

To ensure people experience good support with their hydration needs, the provider should ensure that accurate monitoring is undertaken in accordance with service procedures and appropriate actions taken to mitigate any risk of dehydration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 5 August 2024.

Action taken since then

There had been significant improvement made since the previous inspection with monitoring and recording. Staff were observed encouraging people to drink regularly throughout the day with drinks available in each person's bedroom. Records revealed that overall there had been good intake of fluids when we sampled records.

This area for improvement has been met.

Previous area for improvement 5

The provider must ensure that the recruitment of all staff to the service is conducted in a safe manner, and is reflective of guidance available from the Care Inspectorate - Safer Recruitment through Better Recruitment.

<https://hub.careinspectorate.com/resources/safer-recruitment-through-better-recruitment/>

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

This area for improvement was made on 14 July 2023.

Action taken since then

Appropriate pre-employment checks had been completed with newly recruited staff. This followed best practice guidance.

This area for improvement has been met.

Previous area for improvement 6

The service should continue to develop the environment improvement programme to maintain the care home to ensure that the premises, equipment and furnishings are well-maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.20) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

This area for improvement was made on 14 July 2023.

Action taken since then

There had been a degree of improvement with the environment within some areas of the home. However, significant improvement was needed.

This area for improvement is no longer in place and has been incorporated into a new requirement under How good is our setting?

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

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 setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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