

Argyll House Nursing Home Care Home Service

69 North Hamilton Street
Kilmarnock
KA1 2QJ

Telephone: 0131 341 4100

Type of inspection:
Unannounced

Completed on:
13 January 2026

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2007164138

About the service

Argyll House is registered to provide a care home service to 32 older people. At the time of this inspection, there were 27 residents living at the home. The service provider is Mansfield Care Limited.

Argyll House is situated close to the main town centre of Kilmarnock, East Ayrshire. The home has access to local shops and amenities, including train and bus routes. There is on street parking outside the home.

Argyll House is a converted villa with a purpose-built extension. Accommodation is spread across three floors which can be accessed by a passenger lift or stairs. Twenty-one rooms benefit from en-suite toilet and bathing facilities. The rest of the bedrooms have neither en-suite toilet or bathing facilities; however, shared bathroom facilities are available throughout the home.

There are communal lounges and a communal dining room within the home. There is an enclosed garden at the rear of the property.

About the inspection

This was an unannounced which took place on 6 and 7 January 2026.

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 benefited from kind and compassionate care. Staff demonstrated awareness of individual needs and preferences, supporting choice.

The availability and range of meaningful activities was limited.

The provider's revised quality assurance system needs to be implemented and used consistently to drive improvement of outcomes for people who live in the home.

There was a need to ensure that the right number of staff are in the right place, with the right skills, at the right time to fully support people's needs.

The quality of the environment of the home needs to be improved to ensure that people experience living in a comfortable and well-maintained home.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

During our visit, we observed that people living in Argyll House benefit from kind and compassionate care. Staff demonstrated an awareness of individuals' needs and preferences, which supported people's choices. People we spoke with told us:

"The staff are very kind, they work hard."

"The staff are friendly and kind."

"Staff are very busy, it would be nice if they had more time to chat."

We saw that staff approaches were often task-focused and did not consistently reflect a person-centred approach. We observed long periods where people sat in the lounge without engagement. Staff tended to interact with people who could respond easily, while quieter individuals received less attention. This could leave people feeling lonely and isolated. People told us,

"There's not much to do, it can be a long day."

"I get a bit bored."

"There's nothing to do, I get really fed up."

Additional training would support staff to develop their knowledge and skills, particularly regarding dementia care. See requirement 1.

Care staff were aware of the importance of ensuring that people enjoyed sociable and unhurried mealtimes. This helps to support people's wellbeing and their nutritional needs. People told us that the food served was "good and tasty" and that there were plenty of choices on the menu.

Nursing and senior care staff were aware of individuals' health needs and understood how best to support them. They demonstrated knowledge of the range of healthcare professionals available for advice and support when required.

Families said that if there were changes in their relative's health, then staff called for GP support. However, families said that they were not always updated promptly about their relatives' health and reliable communication depended on who was on duty. This did not give families confidence that they were being kept up to date with their relatives' health.

There was a current overview of clinical risk which detailed actions taken to minimise risk. We could not determine how the information was being used to inform care planning and risk management. The outcomes of clinical risk reviews and action plans need to be consistently shared with the full staff team to ensure that clinical risks are being effectively managed, and health outcomes for people are improved.

The daily flash meeting is a valuable communication tool to ensure meaningful day-to-day discussions between all teams working in the home. However, it is not currently being used effectively, and work is needed to strengthen the format. This includes ensuring that staff come to the meeting prepared, and the outcome of the flash meetings fully informs day-to-day management of the home. This would strengthen communication between teams and ensure staff were kept up to date with any changes.

There is a need to improve the use of clinical governance processes and communication links. This will be included in the requirement under key question 2 in this report.

The personal plans we sampled contained information about the outcome of risk assessments and directions to guide staff about how best to support people's health, welfare and safety needs. There was evidence that visiting healthcare professionals' advice and directions were being followed to support individuals' health needs.

There was a need to ensure that medication was being managed safely and effectively to support people's health needs. This includes improving record keeping, the storage of topical medication and evaluation of the use of medication prescribed to be given 'as needed'. See requirement 2.

During the inspection we were concerned that the environment of the home did not have an acceptable level of cleanliness. There was a lack of housekeeping staff on duty which resulted in only the basic cleaning being completed in the home. This would not help protect people from the risk of infection. The management team took action to employ a cleaning team on the second day of the inspection to carry out deep cleaning of the home. There is a need to ensure that there are sufficient housekeepers on duty to maintain acceptable standards of cleanliness, and that standards are monitored to ensure that people are safeguarded from the risk of infection. These issues will be detailed in requirements in key question 2 and 3 of this report.

Requirements

1. By 26 April 2026, the provider must support people's wellbeing and promote good mental and physical health.

To do this, the provider must at a minimum:

- a) enhance the range and access to meaningful activities, ensuring they reflect people's choices, preferences, and abilities.
- b) plan training to support staff to develop their skills regarding engaging with people living with dementia.

This is to comply with Regulation 4(1) (a) and (b) 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 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) and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors' (HSCS 1.25).

2. By 22 February 2026 the provider must ensure that medication is managed safely and in line with best practice guidance.

To do this, the provider must at a minimum:

- a) ensure that all staff responsible for the management of medication undertake relevant training and competency assessments for safe medication management.
- b) assess the impact training has had on staff practice.
- c) ensure that 'as needed' medication is regularly reviewed to assess whether it is still effective.
- d) improve the management and record keeping of all medication.
- e) improve the management of topical medication.
- f) ensure that there are appropriate systems in place to assess and monitor the management of all medication in the service.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) 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 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There was a quality assurance system in place. However, it has not been effective in driving improvement, which has had a negative impact on outcomes for people. We have concerns regarding the quality of aspects of service provision.

During the inspection, several issues were highlighted to the management team, including the need to improve cleanliness within the home. Changes appeared to occur as a result of crisis management rather than through effective use of quality assurance and self-evaluation processes. This does not ensure continuous and effective improvement to support better outcomes for people.

The new management team had recognised that there was a lack of oversight and recent action had been taken to complete a baseline overview of service provision. The outcome of this audit was being used to inform action plans to drive improvement. Due to the recent timing of this audit we could not assess the impact this had on improving outcomes for people.

The provider has identified the need to revise the existing quality assurance system to ensure it was fit for purpose. This included the review of the audit tools used to gather information to ensure they were effective. The staff completing audits should be supported with direction and guidance regarding the scope of assessments. This would ensure that audits were effective and accurately assessing service provision to inform improvement plans.

A key method of assessing service quality involves using the views of people who lived, visited, and worked in the service to inform improvement. We could not determine if people's comments and suggestions had been acted upon. Individuals reported that they did not always feel involved in decision-making. There was a

clear need to demonstrate a culture of continuous improvement and ensure that the needs and wishes of people living in the service were the primary drivers for change. See requirement 1.

Staff were working hard to support people, however, there was noticeable variation in the effectiveness of leadership in directing teams. This was particularly evident regarding guiding staff on meaningful activities, and in providing day-to-day oversight of care delivery. This inconsistency of leadership resulted in variable quality of support and impacted negatively on outcomes for people. See area for improvement 1.

Requirements

1. By 26 April 2026, the provider must demonstrate that service users experience consistently good outcomes, and that quality assurance and improvement is well led.

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

- a) implement a quality assurance system to ensure that effective evaluation and monitoring of service provision informs improvement and development of the service.
- b) that clinical governance systems effectively record details of clinical risk and the measures in place to minimise risk.
- c) that action plans to address issues identified are fully developed following audits.
- c) that actions taken are reviewed to ensure that they effectively improve outcomes for service users.
- d) that staff completing quality audits have knowledge and understanding of the scope of quality assessment.
- e) develop effective communication pathways between nursing staff, heads of departments and the management team.
- f) improve communication pathways between staff and the representatives of people living in the home.
- g) feedback from people living in the home and their families is used to inform service development.

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

Areas for improvement

1. To assure consistently good outcomes for people the provider should develop team leaders' skills and knowledge to ensure effective day to day leadership of care staff teams.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff were observed to be kind and friendly. People and their families consistently described staff as caring and compassionate. We saw that staff worked hard to support each other and ensure people were supported with kindness.

People commented that it was sometimes difficult to find staff and that there were delays in people's care, answering the door and the telephone, which people found frustrating.

During the inspection we observed that at times staff were stretched, which resulted in delays for people getting assistance because staff were not available to help and a lack of staff presence in sitting rooms. There were significant delays in people receiving personal care in the morning on both days of the inspection. There were also delays in people getting breakfast, with some people not getting breakfast until after 11 am. This does not effectively support people's hydration and nutritional needs.

Activity and housekeeping teams were reduced as staff were redeployed to cover kitchen duties. This impacted on availability of meaningful activity and on the standards of cleanliness of the home.

There was an inconsistent approach to forward planning to ensure that care shifts were covered, resulting in staff shortages. This directly affected people's health, welfare, and safety. The management team identified that there is a need to strengthen contingency planning to address staff absences and shortfalls effectively. During the inspection they carried out a review of future staff rota and taken steps to plan cover. This process needs to be formalised, be part of the daily management tasks, and carried out consistently.

The provider used a recognised assessment tool to determine staffing levels across days and nights to meet people's needs. The tool considered information about activities of daily living and was completed monthly. There was no formal consideration of a broader range of tasks and activities that impact staff time, such as medication administration, care reviews, contacting health professionals, staff supervision, or the physical layout of the home.

There is a need for the provider to develop a staffing assessment tool that takes account of the staffing method framework for adult care homes guidance and statutory staffing guidance. The assessment tool should also include providing adequate levels of ancillary staff such as housekeeping. This would help ensure that the right numbers of staff are in the right place, with the right skills, at the right time, to fully support people's needs. See requirement 1.

To ensure that staff are fully supported in their role, formal supervision meetings should be re-established. This would give staff opportunities to discuss their training and development needs and reflect on their practice. This would promote good practice and result in better outcomes for people. See area for improvement 1

To prepare newly recruited staff for their new role there should be a formal induction program in place. We had difficulty determining if the recently employed staff had been supported by using a formal induction process. This process should be re-established to support staff and ensure better outcomes for people. See area for improvement 2.

Requirements

1. By 22 February 2026, the provider must ensure that the right number of staff are in the right place, with the right skills, at the right time to fully support people's needs.

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

- a) implement an assessment tool which will consistently and effectively inform staffing across all teams working in the service. This must take account of the staffing method framework for adult care homes guidance and current statutory staffing guidance.
- b) regularly review the outcome of the assessment tool to ensure it consistently informs safe staffing within the service.
- c) implement robust contingency planning to manage absences and vacancies in staff teams.

This is in order to comply with Regulation 15(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: 'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To support staff and promote best practice the provider should re-establish the schedule of regular supervision meetings for staff.

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

2. To support staff and promote best practice the provider should re-establish the formal induction process for newly recruited staff.

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

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home provided single-bedroom accommodation, most with en-suite facilities. Some bedrooms had been personalised to reflect people's choices, including personal furniture, pictures, and ornaments, which helped create a familiar and comfortable environment. People had access to a large communal sitting and dining area, as well as smaller quiet sitting rooms.

There was a need to improve the overall quality of the care home environment. The decor of the home appeared tired and required redecoration, with chipped and scratched paintwork, stained and worn carpets. Furniture such as easy chairs needed cleaning or replacement to enhance comfort and create a welcoming atmosphere.

Health and safety checks were being carried out. However, not all repairs were completed, which impacted the overall quality of the environment of the home.

The provider needs to plan refurbishment of the home to ensure that people living in the home experience a high-quality environment. See requirement 1.

Requirements

1. By 22 February 2026, the provider must demonstrate that they have plans to improve the environment of the home to ensure that people experience a high-quality care home environment.

In order to do this, the provider must carry out a full assessment of the environment of the home internally and externally and use the outcome to inform an environmental improvement plan that is specific, measurable, achievable, relevant, and time bound.

The environmental improvement plan must be shared with the Care Inspectorate.

This is to comply with Regulation 10 (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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 5.18) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual by taking a consistent and agreed approach.

We sampled several support plans and found that the plans generally reflected details of people's choices and preferences. Staff know people well, and we saw how they supported people's day-to-day choices. The 'What's important to me' section of plans could be further developed to guide staff regarding people's interests and help support people's choices.

We saw some information about people's wishes about their future care. This helps to ensure that people's decisions regarding their end-of-life care are respected.

It is important to ensure that people and their representatives have the opportunity every six months to formally discuss their current care and plan for future care. There was a lack of information available for us to determine if people have had a six monthly review. See requirement 1.

Requirements

1. By 26 April 2026, the provider must ensure that service users and their representatives have the opportunity to attend care review meetings every six months to determine that the individual's health, welfare and safety needs are being effectively managed and met.

This is to comply with Regulation 5 (2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 staff skills regarding dementia care and improve support for people to lead an active life by participating in a range of recreational and social activities.

To do this, the provider should,

- a) enhance the the range and access to meaningful activities linked to individuals' preferences and that provides stimulation and validation
- b) develop links with the local community
- c) support staff to improve their skills but accessing Promoting Excellence Framework for dementia care training.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors'. (HSCS 1.25).

'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 29 May 2024.

Action taken since then

There was continued need to develop staff skills regarding dementia care and ensure that people had access to activities that were meaningful to them.

The subject of this area for improvement will inform a requirement and is detailed under key question 1 of this report.

Previous area for improvement 2

To support people's healthcare needs effectively the provider should ensure medication prescribed to be given 'as needed' is regularly reviewed and up to date protocols are in place to guide staff.

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).

'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 29 May 2024.

Action taken since then

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

The subject of this area for improvement will inform a requirement and is detailed under key question 1 of this report.

Previous area for improvement 3

So that people have confidence in the staff who support and care for them, the provider should ensure that staff are trained, competent and skilled in all areas relevant to their role.

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 23 October 2025.

Action taken since then

There was a training plan in place and records of the training staff had undertaken . There was a continued need to ensure that all mandatory training had been completed.

This area for improvement will continue.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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