

Grange Care Home Ltd

Care Home Service

4 Grange Terrace
Kilmarnock
KA1 2JR

Telephone: 01563 524 877

Type of inspection:
Unannounced

Completed on:
27 January 2026

Service provided by:
SC266175

Service provider number:
SP2004006800

Service no:
CS2004076623

About the service

Grange Care Home is registered to provide a care service to 22 older people, including a maximum of three respite placements at any one time.

At the time of the inspection, there were 22 people living in the care home which is located in a residential area of Kilmarnock. The care home is a converted period property consisting of 18 single bedrooms, 11 of which have en-suite facilities that include their own shower and another two having their own sink and toilet. There are also two shared rooms which have en-suite shower facilities.

The bedrooms are spread over two floors with a lift providing access to the upper floor; a second lift accesses a split level on the first floor.

An open-plan lounge and conservatory with an adjoining dining room are located downstairs. There is good access to a decked garden area.

About the inspection

This was an unannounced inspection which took place on 19, 20 and 21 January 2026 between the hours of 10:30 and 18:45. 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 six people using the service and five of their family
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- reviewed feedback received from our survey from six relatives, six members of staff and two visiting professionals.

Key messages

- People experienced warm, compassionate care from a stable staff team, which helped them feel safe, valued and well supported.
- Staff knew people well and delivered care in a personalised way; relatives expressed confidence in the quality of support their family members received.
- People generally benefitted from responsive care when their health needs changed, although anticipatory care plans were incomplete and did not always reflect future wishes.
- Some health-related records lacked detail and consistency, which reduced the service's ability to monitor risks and take timely action.
- Staffing levels were stable with no agency use, supporting continuity for people; however, the service relied on staff regularly working additional hours.
- Limited management oversight of working patterns meant potential risks to staff wellbeing and care consistency were not always identified or addressed.
- Activity provision was valued by people, but inconsistent deployment of activity staff reduced reliability and affected people's opportunities for meaningful engagement.
- The environment was generally comfortable and welcoming, with recent improvements benefitting people's daily experiences, although a small number of areas required more consistent attention.

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 staff team?	4 - 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?

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 supported people with warmth, compassion and patience. People consistently told us they felt well cared for, and we saw positive relationships between staff and residents. This helped people feel safe, comfortable, and emotionally secure. Relatives spoke highly of the team, describing the care as "second to none" and highlighting the positive impact this had on people's wellbeing.

People generally benefitted from care that responded to changes in their health. Staff monitored weight, skin integrity and nutritional needs and took action when concerns arose. For example, food was fortified promptly when weight loss was identified, wounds were assessed and managed appropriately, and referrals to health professionals were made when needed. This helped people avoid further deterioration and supported their recovery.

Personal plans contained information about people's health needs, communication styles and life histories. When reviewed, they showed that staff understood individuals well and adjusted support as needs changed. This contributed to people experiencing care that reflected their preferences and promoted their dignity. However, anticipatory care plans were incomplete or missing for several people. This created a risk that future health decisions may not fully reflect people's wishes. Improvement here would strengthen person-centred, future-focused care (see area for improvement 1).

People's nutrition and hydration needs were mostly well supported. Staff prompted and encouraged people sensitively and we saw relaxed mealtimes where people received individual attention. However, we found some gaps in fluid intake recording and limited evidence of follow-up when targets were not met (see area for improvement 2).

Bowel monitoring was recorded on a single communal sheet for all residents, which compromised person-centred practice, created a risk of errors, and made it difficult to track individual health patterns (see area for improvement 2).

The range of activities available had a positive impact on people's physical and emotional wellbeing. Many people told us how much they enjoyed group events, outings, music sessions and opportunities to connect with the community. Relatives described clear benefits, particularly for people who had previously been low in mood or socially isolated. However, the sustainability of activity provision needed attention. Current arrangements relied heavily on one person working significantly above contracted hours, which is not a safe or reliable model.

Medication systems were mostly well organised and staff documented the effectiveness of 'as required' medication. However, daily checks of controlled drugs had been inconsistent until recently, and one covert medication pathway was not stored appropriately with the medication administration. This was quickly addressed during the inspection.

Areas for improvement

1. To support people to have care and support that reflects their future wishes and health needs, the provider should improve anticipatory care planning.

This should include, but is not limited to:

- a) ensuring anticipatory care plans are initiated promptly when people move into the service or when health needs change
- b) involving people, families and relevant professionals in discussions so plans reflect what matters to the person
- c) ensuring staff know where plans are stored and how they should guide day-to-day and future care.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and 'My personal plan (sometimes referred to as a 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).

2. To support people to receive safe, consistent care that is right for them, the provider should improve health-related recording so that records are person-centred, clearly organised for each individual, and consistently completed.

This should include, but is not limited to:

- a) ensuring each person has individual, clearly filed records
- b) ensuring daily notes describe what was offered, accepted or declined (for example, personal care, bathing/showering, hydration support)
- c) ensuring staff record follow-up actions when targets are not met (for example, low fluid intake).

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).

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.

People benefitted from a stable and experienced staff team. Staff knew residents very well, and this helped them provide care that felt familiar, reassuring and personalised. People and relatives told us that staff were kind, responsive and committed to supporting people's wellbeing. Staff also described strong teamwork and a "family-like" culture, which contributed to warm, compassionate interactions and a sense of continuity for people living in the home.

The service had no current vacancies and did not rely on agency staff. This supported consistency in relationships and reduced disruption for residents. Staff told us they generally felt there were enough staff on shift to meet people's needs. Relatives also noted that staff were present and available, and they felt confident their family members received the support they needed.

However, despite these strengths, we found issues around how staffing arrangements were monitored and sustained. Shift cover was provided by staff regularly working additional hours which had the potential to impact on staff wellbeing and the quality of care provided. We found that these additional hours were not identified or addressed through regular supervision or oversight. This lack of management monitoring created potential risks for both staff and the people they supported (see area for improvement 1).

Although staffing levels on paper were sufficient to meet people's needs, reliance on activity staff covering gaps in the rota meant that the staffing model was not robust. This also affected the ability to provide consistent activity provision, as staff were pulled between care duties and activities. While people clearly enjoyed the activities offered, the sustainability of this approach was compromised by the staffing model and the lack of protected activity hours (see area for improvement 2).

Areas for improvement

1. To support safe and consistent care, the provider should strengthen oversight of staff working hours to ensure they are safe, sustainable and support staff wellbeing.

This should include, but is not limited to:

- a) putting in place routine monitoring systems to identify additional hours
- b) ensuring supervision is used to explore the impact of working patterns on wellbeing and practice
- c) reviewing staffing arrangements to reduce reliance staff members consistently covering rota gaps.

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); and '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 people to have meaningful daily experiences, the provider should review how activity and care staff are deployed to ensure activity provision is reliable and not disrupted by staffing shortfalls.

This should include, but is not limited to:

- a) reviewing staffing arrangements so activity hours are protected
- b) ensuring staff in activity roles are not routinely redirected to care duties
- c) monitoring whether the current deployment model enables sustainable delivery of both activities and care.

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

'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); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

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 provided a welcoming environment that helped people feel comfortable and at ease. During the inspection, we found most areas to be fresh, hygienic and well maintained. This contributed to people experiencing a sense of dignity and wellbeing in their daily living environment. Staff and relatives also told us the home was kept to a good standard, and this supported their confidence in the quality and safety of the surroundings.

Regular checks on equipment and safety systems were in place and up to date. These systems helped reduce risks and ensured that the environment people lived in was safe and appropriately monitored. Maintenance records showed that issues raised were responded to and signed off appropriately, which helped maintain a safe environment and protected people from avoidable harm.

Refurbishment work had improved the quality of shared spaces. The dining room had new furniture, fresh décor and flooring. These improvements supported more positive mealtime experiences by making the environment calm and comfortable. People also had access to multiple communal areas, including a lounge, conservatory and large decked garden space, which enabled them to spend time in places that suited their preferences.

However, we observed a small number of bedrooms where odours were present. Although not widespread, this indicated that cleaning practices in those areas needed to be strengthened to ensure a consistent standard across the home. Addressing this would enhance people's comfort and dignity, particularly for those who spend long periods in their rooms.

People's rooms were personalised, and staff supported them to express their identity and make their space feel like home. This helped people maintain a sense of belonging and supported emotional wellbeing. Two rooms were shared; one of the shared rooms was less personalised and the people did not spend time together, meaning the arrangement did not add social value. This was discussed with the service who have plans to phase out the shared rooms.

Housekeeping records showed regular cleaning routines. Staff raised that cleaners were also responsible for laundry, which at times limited the depth of cleaning. Although general cleanliness was good, reviewing housekeeping deployment could help sustain standards and avoid overextending staff.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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