

Moorpark Place Care Home Service

Manager's Office
School Road
Kilbirnie
KA25 7LN

Telephone: 01505 682 600

Type of inspection:
Unannounced

Completed on:
16 January 2026

Service provided by:
Active Adult Ltd

Service provider number:
SP2021013627

Service no:
CS2021382527

About the service

Moorpark Place provides a care home for 25 adults aged 18-65 living with Autism, Asperger's Syndrome, and/or learning difficulties.

Moorpark Place is comprised of 25 single occupancy houses, close to a central staff office building. It is situated in Kilbirnie, North Ayrshire, within large private grounds. Every person lives in their own house with tailored daily support from their designated support team.

Close to the individual houses is a hub building. This is the focal point for activities where people can meet up to socialise or to participate in group or one-to-one sessions. The manager, administration staff and members of the multi-disciplinary team including clinical psychology, occupational therapy, music and speech and language therapy are all based at the hub building.

About the inspection

This was an unannounced inspection which took place on 7, 8 and 9 January 2026. The inspection was carried out by three 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 eight people using the service and five of their family
- received 29 completed questionnaires
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents

Key messages

- People experienced very good outcomes in their health, wellbeing and relationships, supported by strong multidisciplinary practice and compassionate day-to-day care.
- Staff provided consistently meaningful and personalised support, enabling people to maintain important relationships and enjoy community contact that enriched their lives.
- Leaders demonstrated reflective, knowledgeable and responsive governance, with most previous areas for improvement met, showing clear capacity for sustained improvement.
- Care planning processes required further development, as outcomes were not routinely defined or evaluated in ways that fully demonstrated progress or impact.
- Facilities were generally high quality and safe, although some delays in completing environmental improvements meant some improvements and adaptations were not implemented in a timely manner.

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 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

We found significant strengths in the care and support provided, which supported positive outcomes for people's physical and mental health. These strengths clearly outweighed the areas for improvement identified, therefore we evaluated this key question as **very good**.

People experienced care and support that consistently promoted their health and wellbeing. The service used comprehensive health assessments and recognised screening tools, supported by strong multidisciplinary team input, including psychology, therapy and nursing. This ensured that care was informed by good practice and tailored to people's individual needs.

People benefited from safe and robust medication management, which reduced the risk of harm and supported effective treatment of health conditions. Robust systems were in place for medicines administration, auditing and review, including arrangements for medicines taken during outings and family visits. Controlled drugs were managed safely and accurately.

People were supported to make choices about food and nutrition, with speech and language therapy input where required, and some people prepared meals in their own kitchens with staff support. This promoted independence, skills development and enjoyment of everyday life.

Regular reviews of people's care took place, and people and families were encouraged to be involved. However, some care plan reviews and positive behaviour support evaluations were overdue, and outcomes were not always measured clearly. This limited the service's ability to consistently evidence the impact of support on people's progress. A previous area for improvement for improving outcome focussed care plans was not met and was re-stated (**see area for improvement 1**). Despite this, staff knew people well and adapted care responsively, meaning people's health and wellbeing were well supported overall.

People experienced frequent, meaningful and personalised contact with family, friends and the wider community. Staff actively supported people to maintain important relationships and to take part in community activities that reflected their interests, preferences and abilities. People benefited from flexible and creative use of technology to stay connected. Video calls and regular updates helped maintain family relationships, particularly where relatives lived at a distance. Visiting arrangements were flexible and person-centred. Although not all care records clearly set out individual plans for meaningful contact, observed practice and feedback from people and relatives demonstrated positive outcomes.

Infection prevention and control practice was safe and well embedded. We saw that staff maintained a clean environment for people. Personal protective equipment, cleaning systems and training compliance supported people's safety while respecting individual needs.

Areas for improvement

1. To ensure that effective care plans drive consistently good outcomes for people, the provider should ensure that care plans plans, regular reviews and daily documentation are focussed on clearly defined, measurable, personal outcomes, with regular evaluations that reflect the impact of planned actions on people's experiences.

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 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)

How good is our setting?

4 - Good

We evaluated this quality indicator as **good**. We found several strengths in the quality of facilities provided, which had a positive impact on people's experiences. These strengths clearly outweighed the areas for improvement identified.

People lived in individual houses that were comfortable, homely and adapted to meet their individual needs. Houses varied in layout and design and were purposefully arranged to support people's independence, safety and emotional wellbeing.

People were able to choose freely between private and communal spaces, and where appropriate, homes were personalised with furnishings, décor and belongings that reflected individual preferences. Access to shared facilities, including sensory spaces, gardens and communal hubs, supported relaxation, meaningful activity and social connection.

The service had effective systems in place to maintain safety and comfort. Maintenance records showed that routine checks were carried out consistently and that external safety inspections, such as fire safety, electrical testing and water safety, were up to date.

Equipment was fit for purpose and staff were trained to use it safely, which reduced risks and supported people to move about their homes with confidence. Cleaning arrangements were robust, with clear schedules and oversight that contributed to a clean and well-presented environment.

However, some people were affected by longstanding maintenance issues, including delays in completing repairs and environmental improvements in a small number of houses. In these cases, slow provider response meant that not everyone consistently experienced facilities of the same quality. While refurbishment and upgrade work was planned or underway at the time of this inspection, these delays had an impact on our evaluation. To support ongoing and sustained improvement of this area of practice, we made an area for improvement (**see area for improvement 1**).

Overall, the physical environment supported people's day-to-day comfort, privacy and independence. To strengthen outcomes further, the provider needed to ensure that identified maintenance and environmental improvements were completed in a timely way so that all people consistently benefited from high quality facilities.

Areas for improvement

1. To support people's health, wellbeing, safety, and comfort, the provider should ensure that required environmental improvements and adaptations are identified and completed within appropriate timescales. This will help to ensure that the environment consistently meets people's needs, choices, and rights.

This should include, but is not limited to, having effective systems for:

- assessing and prioritising environmental repairs and improvements
- monitoring progress and completion timescales
- ensuring that people's views and experiences inform environmental planning

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 5.22);

and

"My environment is secure and safe" (HSCS 5.17).

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

To support people's health and wellbeing, the provider should ensure the consistent and robust use of validated assessment tools.

This should include, but is not limited to, the use of pain assessment tools that match the individual persons abilities to communicate their pain status.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9)
and
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 11 February 2025.

Action taken since then

Validated assessment tools were used consistently and appropriately, including pain assessment tools that suited people's communication needs. Pathways for falls, pain and health were reviewed, and both personal pain profiles and DISDAT were in place. The service was also working on recording the impact of 'as required' medication more clearly through its governance processes. These actions supported safer and more effective care.

This area for improvement was met.

Previous area for improvement 2

To support effective self-evaluation and service development, the provider should improve the format of the ongoing service development plan.

This should include, but not be limited to, allowing timelines beyond 6 months and clear definition of how improvements will be measured.

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

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 11 February 2025.

Action taken since then

Although the service continued to use six-monthly plans, older versions were retained for reference, and work was underway to develop a service-specific improvement plan using a participatory approach. The provider had effective systems for gathering and analysing quality assurance data, and there was clear evidence of how improvements were being measured over time. These developments strengthened the service's approach to ongoing improvement.

This area for improvement was met.

Previous area for improvement 3

To support effective self-evaluation, service development, accountability and transparency, the provider should review and improve the service's aims and objectives.

This should include, but not be limited to, a comprehensive and accurate description of the service, detailing the care and support it intends to offer and the methods by which these will be achieved.

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

'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 11 February 2025.

Action taken since then

The service was progressing well with reviewing its aims and objectives, taking a participatory approach that included the views of people and staff. Several meetings had taken place, and a working baseline version had been created, demonstrating meaningful progress towards a clearer and more accurate description of the service and how it intended to deliver support.

This area for improvement was met.

Previous area for improvement 4

To support that the assessment, planning and regular evaluation of staffing is evidence-based, transparent and focussed on people's outcomes, the provider should improve how the decision making process is documented.

This should include, but is not limited to, capturing what measurements and information contributed to the evaluation of staffing and the rationale for professional judgement decisions.

This is to ensure the assessment, planning and evaluation of staffing is consistent with the Care Inspectorate guidance document 'Staffing Method Framework' for adult care homes (2024) and the Scottish Government document 'Health and Care (Staffing) (Scotland) Act 2019: Statutory Guidance' (2024).

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 11 February 2025.

Action taken since then

The service had introduced documentation to record professional judgement decisions relating to staffing levels, rota planning and deployment. Staffing was routinely discussed during monthly governance meetings, with supporting records that included information on absence and agency use. These improvements made the decision-making process more transparent and aligned with staffing guidance.

This area for improvement was met.

Previous area for improvement 5

To ensure ensure that effective care plans drive consistently good outcomes for people, the provider should ensure that care plans plans, regular reviews and daily documentation are focussed on clearly defined, measurable, personal outcomes, with regular evaluations that reflect the impact of planned actions on people's experiences.

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 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)

This area for improvement was made on 11 February 2025.

Action taken since then

Although care plans included sections titled 'outcomes', these were written as aims or goals rather than clearly defined, measurable personal outcomes. Reviews were often brief, repetitive and lacked evaluative content, meaning the service was not consistently able to demonstrate the impact of planned actions on people's experiences. Further work remained necessary to ensure care planning and reviews were truly outcome-focused and reflective.

We re-stated this area for improvement under key question 'How well do we support people's wellbeing?'.

This area for improvement was not met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.