

Argyll House Nursing Home Care Home Service

69 North Hamilton Street
Kilmarnock
KA1 2QJ

Telephone: 0131 341 4100

Type of inspection:
Unannounced

Completed on:
23 February 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 28 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 follow-up inspection to monitor progress with improvements detailed in three requirements from the inspection completed on 13 January 2026.

This inspection took place on 23 February 2026 and 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

- Staff were kind, friendly and responsive to people's needs.
- Staff teams worked well together for the benefit of the people they support.
- The management and staff teams had worked hard to meet the requirements identified at the previous inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

This requirement was not assessed during this inspection.

Not assessed at this inspection

Requirement 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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

The staff involved in medication management have completed the appropriate training and competency assessments regarding medication management. Reflective accounts on learning and direct observations of medication administration, have been used to evaluate the impact of training on practice.

There were improvements noted regarding the quality and accuracy of record keeping. Protocols for administering medication prescribed to be given 'as needed' have been reviewed. This will ensure staff have clear guidance regarding the safe and consistent administration of this medication.

Work to improve the management of topical medication is ongoing, however, we noted some progress to ensure more consistency in record-keeping regarding this type of medication.

Medication and record-keeping audits by the pharmacy supplier and external manager continue to inform action plans, with evidence that actions are now being completed to improve management of medication. The regular assessment and monitoring of medication management will continue. This will help ensure that medication is managed safely and effectively to support people's health needs.

Met - within timescales

Requirement 3

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

This requirement was not assessed during this inspection.

Not assessed at this inspection

Requirement 4

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

The service used a recognised assessment tool to determine staffing based on people's clinical and physical needs. They have recently developed a supplementary staffing analysis tool which takes account of the staffing method framework for adult care homes guidance and current statutory staffing guidance. This will help the management team to make informed decisions regarding the staffing numbers and skill mix needed to effectively support people's needs. The management team plan to review the outcome of the assessment tool regularly to ensure it consistently informs safe staffing within the service.

The operational management team meets weekly to review the staff rota, review vacancies and plan actions to address staffing gaps and absences. This helps 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.

Met - within timescales**Requirement 5**

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

The provider has carried out an assessment of the environment of the home internally and externally and used the outcome to inform an environmental improvement plan. The improvement plan has been shared with the Care Inspectorate.

We will continue to monitor progress with completion of work to improve the environment of the home at the next inspection.

Met - within timescales**Requirement 6**

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

This requirement was not assessed during this inspection.

Not assessed at this inspection

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 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).

This area for improvement was made on 22 January 2026.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 2

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 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).

This area for improvement was made on 22 January 2026.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 3

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 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).

This area for improvement was made on 22 January 2026.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 4

This area for improvement was made following a complaint investigation.

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 12 September 2025.

Action taken since then

This area for improvement has not been assessed and remains in place.

Complaints

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

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