

# Crail / Wilson Houses Small Group Living Services Care Home Service

Hansel Alliance, Hansel Village  
Broad Meadows  
Symington  
Kilmarnock  
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**Type of inspection:**  
Unannounced

**Completed on:**  
3 March 2026

**Service provided by:**  
Hansel Alliance

**Service provider number:**  
SP2003000261

**Service no:**  
CS2003001303

## About the service

Crail and Wilson Houses are registered as Small Group Living Services operated by Hansel Alliance. The service provides care and support for adults with learning disabilities and complex health needs. It is located within Hansel Village in Symington, close to local amenities, with each house offering a homely setting where people can live in small group environments.

Crail House has 12 bedrooms, four of which have en-suite facilities. The remaining bedrooms have either a wash hand basin or shared bathroom access. The house includes two lounges, two dining rooms, and a kitchen. There is an accessible garden area that people can use independently, where appropriate.

Wilson House provides accommodation across two floors with 15 bedrooms. Several bedrooms have en-suite facilities and others have wash hand basins, with shared access to communal bathrooms. The house includes two lounges and two dining kitchens. People are supported to use the kitchens where able and have access to outdoor garden areas.

At the time of inspection, 25 people were living across Crail and Wilson Houses.

## About the inspection

This was an unannounced inspection which took place on 26 and 27 February, and 2 March 2026 between the hours of 11:00 and 19:30. 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 seven people using the service and three of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- reviewed our feedback surveys from five people supported, nine relatives, 13 staff members and two professionals.

**Key messages**

- People experienced positive health and wellbeing outcomes because staff knew them well and provided care that was warm, respectful and person-centred.
- Mealtime experiences were positive, with people offered meaningful choice and adapted options to support good nutrition and hydration.
- Relatives expressed strong confidence in the care their loved ones received, and people told us they felt safe and well supported.
- Some improvements were needed to ensure medication records were always completed accurately.
- People's bedrooms were comfortable and personalised.
- Significant environmental deterioration in communal areas, bathrooms and kitchens meant the premises did not consistently promote people's dignity, comfort or safety.
- A coordinated refurbishment plan was required to address issues such as worn surfaces, poor lighting, infection-control risks and damaged fixtures.

**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. There were several important strengths that supported positive outcomes for people and clearly outweighed the areas for improvement identified.

People experienced care and support that promoted their health and wellbeing. Personal plans were detailed, person centred and reflected people's individual health needs and preferences. Plans we sampled showed clear information about communication needs, routines, risks, and clinical requirements, including epilepsy management, swallowing needs and specialist diets. Records such as hospital passports, legal documentation, and 'here and now' summaries ensured staff had the right information to support people safely. This helped staff recognise changes in people's presentation and escalate concerns appropriately.

People benefitted from warm and consistent relationships with staff who knew them well. Most people we spoke with told us they felt safe, well supported and comfortable at both Crail and Wilson Houses. Relatives also expressed a high degree of trust in staff and confidence in the quality of care their family members received. Staff demonstrated a positive understanding of people's health conditions, and we observed kind interactions that contributed to people's wellbeing.

Nutritional needs were well supported. People were offered choice at mealtimes and, where needed, alternative meals ensured those on softer diets were still able to enjoy nutritious meals. People were involved in meal planning, and dining experiences were relaxed and unhurried. This promoted dignity, autonomy and supported people to eat well.

Support with healthcare was effective. Staff maintained regular contact with community nurses, GPs and allied health professionals, contributing to positive health outcomes. For people with more complex or changing needs, such as those receiving end-of-life care, plans were updated promptly and guidance was clear. We saw that families were involved appropriately and staff demonstrated a good understanding of the care required.

Medication systems were generally well managed; however, we did see some missed signatures on medication records which indicated some inconsistency in record-keeping. While we found no evidence this resulted in missed doses, accurate documentation is essential for safe practice.

Access to community opportunities had improved since the last inspection, with several people taking part in outings and activities they enjoyed. However, issues with vehicle availability and staffing patterns continued to limit opportunities for some people, particularly in the evenings. This reduced the ability of some individuals to pursue their interests fully in the community. An area for improvement was made at a previous inspection around people being able to engage in the community, and this will continue. Further detail can be found under the 'Outstanding areas for improvement' section of this report.

## How good is our setting?

3 - Adequate

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

People's bedrooms were homely, comfortable and reflected personal preferences. We saw that people had been supported to choose their décor and furnishings, and several people told us they were happy with their

rooms. Both Crail and Wilson Houses also had accessible garden areas, which people who were mobile could use freely, providing valued outdoor space.

Routine health and safety checks, including water temperatures, fire safety checks, and equipment servicing such as pull cords and epilepsy mats, were up to date. However, the standard of the wider environment did not promote people's dignity, safety or wellbeing.

Some of the communal areas in both houses were significantly worn and required refurbishment. We found multiple examples of chipped and damaged doors, heavily worn paintwork, stained surfaces and marked walls. Handrails in corridors were worn, and in some areas the lighting was dull, creating potential risks for people with mobility needs. In Wilson house a fire door and glass panel in the corridor had been boarded up and had not yet been replaced which was a fire safety risk (see requirement 1).

Bathrooms and shower rooms were in particularly poor condition. We saw wallpaper coming away from walls, damaged or broken bath panels, rusted radiators and exposed rusted pipework. Mould was visible around some seals. These issues were long-standing and raised concerns about infection prevention and control, risk of injury, as well as the general quality and dignity of the experience for people using these spaces (see requirement 1).

Kitchens in both houses were also in a state of disrepair. We observed detached cupboard doors, water-damaged shelving and drawers, and worn worktops which had deteriorated to the point they posed infection control risks (see requirement 1).

While people were supported to participate in baking and meal preparation where possible, kitchen layouts and accessibility meant that those who used wheelchairs had limited opportunities to engage fully (see area for improvement 1). The service's own operational audits had already identified that the kitchens required upgrading; however, there were no clear timescales for when these would be completed.

During our walk round, we made some suggestions about how to improve infection control practices in communal bathrooms, including only having necessary items stored within. Management took immediate action with our suggestions.

The provider did not have a formal refurbishment plan in place, despite the extent of deterioration. Managers had produced a "hit list" of maintenance tasks, and staff told us minor repairs were usually addressed quickly, but the scale of the environmental issues required coordinated investment and improvement. In the absence of a structured refurbishment plan, there was no assurance that these problems would be resolved in a timely or systematic way. The quality of the environment had a direct impact on people's experiences. While individuals appreciated their personal spaces and valued staff support, the tired and worn communal areas, damaged bathrooms and poor-quality fixtures did not reflect a setting that promoted dignity, comfort or safety (see requirement 1).

## Requirements

1. By 17 June 2026, the provider must ensure that people experience care in an environment that is safe, clean, well-maintained, and fit for purpose. To achieve this, the provider must address the deterioration and environmental risks identified across Crail and Wilson Houses.

To do this, the provider must, at a minimum:

a) Develop and implement and inform the Care Inspectorate of a comprehensive refurbishment plan for both houses which includes:

- clearly defined actions
- prioritisation of high-risk areas (including bathrooms, kitchens, communal corridors and fire doors)
- specific, measurable timescales for completion.

b) Rectify all identified infection prevention and control issues, including but not limited to:

- replacement of damaged or mould-affected fixtures and fittings
- repair or replacement of damaged worktops and cupboard units
- repair or replacement of rusted pipes and fixtures.

c) Address all identified health and safety risks, including:

- repair or replacement of bent door thresholds, missing fire door panels, broken bath panels
- ensuring lighting levels support safe mobility
- ensuring bathrooms and kitchens meet safe and hygienic standards.

This is to comply with Regulation 4(1)(a) (welfare of users) and Regulation 10(2)(a)(b)(d) (fitness of premises) 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 environment is secure and safe' (HSCS 5.19); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## Areas for improvement

1. To promote a safe, dignified and enabling environment, the provider should:

- improve the quality of the internal environment across Crail and Wilson Houses
- ensure that refurbishment and redecoration plans are informed by the King's Fund Environmental Assessment Tool for people living with cognitive and sensory impairment. This will help ensure that changes made are meaningful, person-centred, and support people's independence, orientation and wellbeing.

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

'My environment is secure and safe' (HSCS 5.19); and '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

In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

**This area for improvement was made on 21 March 2025.**

#### Action taken since then

During the inspection, we found access to community opportunities had improved since the last inspection, with some people taking part in outings and activities they enjoyed. However, issues with vehicle availability and staffing patterns continued to limit opportunities for some people, particularly in the evenings. This reduced the ability of some individuals to pursue their interests fully in the community.

**This area for improvement will continue.**

#### Previous area for improvement 2

The service should ensure that staffing requirements are regularly assessed and take account of people's additional support needs.

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 area for improvement was made on 21 March 2025.**

#### Action taken since then

The service had started to work on a staffing matrix; however, there was no tool being used to inform safe staffing levels taking into account the needs of those supported.

**This area for improvement will continue.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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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