Forth Bay
Care Home Service

Walker Street
Kincardine
FK10 4NT

Telephone: 01259 730 001

Type of inspection:
Unannounced

Completed on:
6 March 2026

Service provided by:
ARIA HEALTHCARE GROUP LTD

Service provider number:
SP2013012090

Service no:
CS2013318119

About the service

Forth Bay is a purpose built care home located in Kincardine, Fife. The provider is Aria Healthcare Group Ltd.

The care home is registered to provide care for 58 adults and older people. At the time of the inspection there were 57 people living there.

The home is over two floors and comprises of four suites with communal areas, kitchenettes and outdoor spaces.

The local area has transport links to Edinburgh, Glasgow and Dunfermline, as well as a number of amenities including shops, church, pubs and restaurants.

About the inspection

This was an unannounced inspection which took place between 24 February and 3 March 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 five people using the service and five of their representatives;
- spoke with 14 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People's health and wellbeing needs were monitored and addressed in partnership with relevant health professionals.
- People were subject to restraint and restrictive practice. The provider should prioritise this issue to reduce restrictions.
- Regular and robust quality assurance processes improved people's health, safety and wellbeing.
- The environment needed to improve to reflect current best practice in dementia friendly environments and improve people's outcomes.
- People's personal plans were detailed which meant they received safe, consistent and effective care and support.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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.

People using the service were supported with a wide range of complex physical, emotional and mental health care needs. We were confident that people's health and wellbeing benefited from the care and support they received.

People were supported with values-led care and support. Relationships were key to ensuring people's health and wellbeing. We observed people being supported with compassion, kindness and dignity. Staff knew people well and used their experience and knowledge to provide person-centred approaches such as appropriate use of affection and "banter". Staff explained people's presentation, what this meant to them and the support that they required. This demonstrated the positive impact of relationships between people using the service and staff. People were supported to maintain relationships and contact with important people. Representatives told us communication with the service was good and they felt informed and involved.

The service was both reactive and proactive in assessing and addressing people's changing health care needs. We were satisfied that people were supported by all relevant professionals and referrals to specialist services was prompt. There was also twice weekly support from the GP service where people were registered. Daily meetings between heads of departments of the home ensured changes or concerns were raised and action planned.

Specialist input was sought regarding wounds as appropriate. This ensured people received specific support based upon best practice. This also provided support and learning opportunities for nursing staff.

Some people using the service required their food and drinks in modified textures where they were at risk of choking. Communication between care staff and kitchen staff was paramount in ensuring people's health, safety and wellbeing. The chef told us the kitchen was updated regarding any changes to people's needs. We observed mealtimes in the home and identified some areas for improvement that could enable people to make choices and maintain their skills and independence. This included providing menus and choices in accessible formats for people. People's food should be cut up and adapted cutlery and crockery should be provided as appropriate.

Staff supported people with their medication. Safe medication practice included recording of medication administered, oversight of medication stock and weekly audits. We were confident that any issues or concerns were identified and addressed promptly. Where people were prescribed medication to be taken on an "as required" basis, protocols were in place to inform staff's practice. However, protocols should be reviewed to provide appropriate, person-specific detail to ensure medication is administered safely, consistently and as a last resort (see area for improvement 1).

People's health and wellbeing was monitored through the completion of regular checks, including monitoring of people's weight and risks of pressure injury and malnourishment. This enabled risks and concerns to be identified and addressed quickly.

A team of activities coordinators was in place. A wide range of leisure and social opportunities was in place. People enjoyed support with personal shopping and trips out in the home's minibus. People should be supported to spend their time in ways that are meaningful and purposeful for them. People's support should be person-centred and based upon regular assessments of people's needs and abilities and appropriate record keeping to assess the impact and outcomes for people.

People using the mental health service were subject to restraint and restrictive practice. This included restricted access to cigarettes, vapes and coffee. When asked staff did not know why these measures were in place. This was a breach of people's rights and compromised people's ability to make choices and decisions. This put people's sense of identity and self-esteem at risk. Where restrictions are in place, these should be detailed in people's personal plans. Adults with Incapacity documentation such as Guardianship or Power of Attorney certificates should include powers to give consent to restrictions. People should also be supported to access independent advocacy if they wish to do so.

Areas for improvement

1. Where medication is prescribed on an "as required" basis, detailed protocols should provide clear and detailed guidance regarding when medication should be given. This is to ensure medication is administered consistently and safely. In particular, psychoactive medication, which can be considered a form of restraint, should be given as a last resort when all other approaches have been attempted unsuccessfully.

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).

How good is our leadership? 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 told us the leadership team was supportive, flexible and accommodating where possible. This enabled staff to achieve a more positive work-life balance. Staff said managers had an "open door" approach and they felt comfortable to discuss both professional and personal issues. Staff told us they felt valued by their line managers. These discussions could be considered as informal supervision and recorded as such.

The provider demonstrated a commitment to improving the quality of the service people received and their outcomes. Quality assurance checks and audits were carried out regularly. Areas for improvement were identified and addressed appropriately. We reminded the provider to ensure areas for improvement are signed off as achieved.

Daily quality assurance meetings involved representation from every department of the care home. Detailed minutes provided information about key concerns and decision-making. Relevant information was passed on to front line staff working in the suites and departments such as housekeeping and kitchen staff.

Quality assurance audits reviewed all aspects of the service including people's clinical care and support needs, care planning and review, staff practice, service quality and people's experience and the environment. This included weekly clinical risk meetings and medication audits. Daily walkarounds and weekly dining experience audits identified areas for improvement. This meant we could be confident that the service leadership had a comprehensive overview of risks and how these risks were mitigated.

Members of the leadership team demonstrated a reflection and learning approach. Lessons learned reports identified areas for improvement to reduce the risk of similar incidents reoccurring.

The provider's quality assurance manager supported the service with assuring and improving the service. They provided an extra layer of assurance and audit. They could also provide training for staff.

Information and updates were provided to people's representatives to ensure they were informed about changes or developments. Relatives' meetings took place on a quarterly basis. However, meetings were not well attended. People's relatives and representatives said communication with the leadership team was good. They were accessible and responsive when contact was requested. For example, relatives requested improved access to the home in evenings and weekends. The manager took prompt action to research solutions.

The manager was ready to keep all concerned informed about the transfer of ownership of the home to Care UK.

The Health and Social Care Standards set an expectation that services should be continuously improved. People using the service or their representatives should be regularly involved in improving the service they receive and service developments. Quality assurance questionnaires were distributed to people's representatives. However, there was little feedback from people using the service. The provider should provide regular opportunities to discuss their care and support. Accessible information and person-centred communication tools should be used to enable people to identify areas for improvement and how these could be achieved. An area for improvement was made at the last inspection. This will remain in place and further improvement should be prioritised.

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.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high quality care. Service providers must also support staff wellbeing to ensure people's care and support is not adversely affected.

People's care and support needs were reviewed on a monthly basis. This information was used to identify the number of staff that were needed on duty in each suite to ensure people received safe and good quality care. We were satisfied that staffing levels were appropriate to meet the diverse and complex needs of people using the service.

A range of factors were considered during rota planning to ensure a robust and effective mix of staff on shifts. Factors taken into account included staff's experience, knowledge and skills, training they had undertaken and relationships with people using the service. A detailed staff allocation process assigned staff to support individuals. This meant staff were aware of their responsibilities during their shift including, for example, monitoring eating and drinking, support with personal care and carrying out welfare checks.

Staff had access to a range of internal and external wellbeing resources. Person-centred support for staff also provided opportunities to identify and address any wellbeing concerns. This support aimed to support staff's attendance at work and any potential impact on people due to staff shortages.

Staff had access to a range of learning and development resources. The majority of resources were undertaken online and consisted of mandatory and person specific needs led training. Face to face training was provided in areas such as emergency first aid, moving and assisting people and fire safety and fire warden. In-house training in stress and distress was provided. Systems were in place to ensure training and refresher courses were completed as required.

Nursing staff completed clinical training and refresher training as required. Health professional colleagues such as tissue viability nurses provided training for nurses in the home. Nurses accessed further learning via NHS online resources including the tissue viability website. This enabled nursing staff to keep up to date with current best practice.

Staff one to one supervision was provided quarterly. This was important in identifying and planning staff's learning and development. Regular team meetings were identified as learning opportunities by staff. Meetings were held over several sessions to enable staff across all shifts to participate.

In order to ensure staff have the knowledge, skills and abilities to meet the full range of people's needs, a training needs analysis should be carried out regularly and as people's needs change and new people begin using the service. During the inspection we identified gaps in staff's learning and development. We discussed with the provider that staff should have access to training in supporting people living with a learning disability and dementia and person-centred communication. Staff should also complete training regarding restraint and restrictive practice and how restrictions can be reduced and removed. Positive risk-taking training should support these reductions (see area for improvement 1).

Staff practice was observed in areas such as moving and assisting people. This ensured staff's competency and safe practice. Workbooks were also used to evidence staff's learning and knowledge. The provider should continue to develop systems and processes to evaluate staff's understanding and ability to transfer learning into practice.

Areas for improvement

1. The provider should carry out regular training needs analysis to ensure staff have the skills and knowledge to meet the full range of people's needs. The provider should continue to develop systems to evaluate staff's understanding and ability to transfer learning into practice. This is to ensure people receive safe, consistent and effective care and support.

This is 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 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.

On arrival at the home we noted a warm and welcoming approach from staff. The environment was clean, fresh and uncluttered. This enabled people to move around easily and safely, especially where people used walking aids.

Furnishings and décor were of a good quality and were clean and well maintained. Communal spaces such as open plan lounge, dining and kitchen areas were spacious and comfortable. Smaller, quieter lounges were also available where this was people's preference. People's bedrooms were spacious and personalised to reflect people's individual tastes and personalities. This was important, where people were living with dementia, to maintain their sense of identity and making sense of their environment.

The housekeeping team kept records detailing the tasks they carried out on shift. These were in line with the comprehensive cleaning schedule that was in place. Staff we spoke with had a good level of knowledge and understanding of infection prevention and control (IPC). Observations of their practice demonstrated their application of their knowledge. This reduced risks to people using the service.

Support with laundry in the home was well organised, safe and followed good practice guidance. People's clothing was washed, dried and ironed appropriately. People's clothing was clean and well maintained. This helped maintain people's self-esteem and self image.

Comprehensive health and safety checks were carried out by the maintenance officer in line with the provider's policies and procedures. They were also responsible for ensuring repairs and maintenance was overseen. Areas for improvement were identified and completed promptly. Where the tasks could not be carried out in-house, external contractors provided this service. This ensured people's health, safety and wellbeing.

The environment in the Cramond Suite was tired and needed refurbishment. Currently, the environment was not dementia friendly. This was concerning as the people living in the Cramond suite were living with advanced dementia. The environment did not promote people's independence. For example, lighting levels needed to improved. Staff training should provide knowledge and understanding about the importance of the environment. An action plan was in place to address this issue. The provider should ensure refurbishments are based upon current best practice (see area for improvement 1).

We discussed the need to improve signage to enable people to find their way around the suite where they live. Information should be provided in formats that are accessible for people. This includes menus and forthcoming events. This is to maintain and improve people's independence, choice and dignity. These improvements should take place throughout the home.

Areas for improvement

1. The environment should support people's health and wellbeing and independence. The provider should ensure appropriate improvements take place to reflect current best practice in dementia friendly environments. This should include providing information that is accessible for individuals and enables them to find their way around their home.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.18).

How well is our care and support planned? 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 and their representatives should be involved in developing and reviewing their personal plans. People reviewed the content of their personal plans with staff where this was appropriate. The provider used an electronic personal planning system. The provider told us people and their representatives could access personal plans on request. However, the provider should ensure all relevant people are aware of this. Copies of people's personal plans could be printed. It is people's right to have access to their personal plans and we would expect this to be included in service information packs.

People's personal plans were person-centred and where appropriate person-led. A strengths based approached highlighted what people could do for themselves. This was important in maintaining and promoting people's skills, abilities and independence.

"This is me" provided detailed life story information about the person, what and who was important in their lives, their interests, work and family life. The information was very detailed and were a pleasure to read. These documents provided opportunities for staff to engage with people, particularly people living with dementia or not able to articulate their life histories. People could be supported to enjoy reminiscing and supported supportive and trusting relationships between people and the staff supporting them.

Individual care plans were developed to detail the support people wanted and needed. Plans reflected people's choices and preferences in areas such as personal care. Information about the importance of applying make-up and personal grooming maintained people's sense of identity and self-image. Where people could experience stress and distress, care plans provided guidance regarding factors that could trigger stress and distress and effective, person-centred approaches. Care plans were reviewed monthly and provided the information and guidance staff needed to ensure people experienced safe, consistent and effective care and support.

Risks to people were identified. Additional risk assessments were developed to reflect people's individual needs and circumstances. Where people are subject to restraint or restrictions, risk assessments should be developed regarding the impact on people's rights, experiences and quality of life. These assessments should demonstrate a supporting positive risk-taking approach to enable reductions in restrictions to be planned and implemented.

Regular service reviews included people's representatives, social workers and health professionals as appropriate. This ensured people's care and support continued to reflect their current needs were identified and met.

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 ensure that people's views and wishes are heard, the provider should evidence how people are involved in their care and support. This should include, but not be limited to, care plans, reviews and residents meetings. Where people are unable to contribute themselves, involvement should be sought from their legal representative and/or relatives.

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 assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This area for improvement was made on 29 March 2024.

Action taken since then
This area for improvement will remain in place. Please see the "How good is leadership" section of this report for further details.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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