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Buckreddan Partnership  
Irvine Road  
Kilwinning  
KA13 7PF

22 July 2026  
2026383396  
CS2003010255

Dear Buckreddan Partnership

## COMPLIANCE WITH IMPROVEMENT NOTICE

On **5 June 2026** you were served with an Improvement Notice in relation to Buckreddan Care Centre, Irvine Road, Kilwinning, KA13 7PF, in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

### Improvements

1. By **06 July 2026**, you must ensure that people using the service are protected from the risk of infection and experience a clean, safe and hygienic environment.

To do this, you must, at a minimum:

- a) ensure all areas of the service, including bedrooms, communal toilets and bathrooms, are cleaned effectively and maintained to a consistently high standard;
- b) ensure all equipment, including mattresses and other care equipment, is clean, well maintained and fit for purpose;
- c) ensure the personal toiletries of people using the service are stored safely and hygienically to reduce the risk of cross-contamination; and

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d) implement and maintain effective infection prevention and control practices, in line with current guidance.

**This is to comply with Regulation 4(1)(a), Regulation 4(1)(d) and Regulation 10(2)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).**

There had been significant improvement in the cleanliness of the environment and in the service's ability to identify and respond to environmental and equipment concerns.

We observed bedrooms, communal toilets and bathrooms across Eglington and Garnock Houses. We also checked mattresses, mobility equipment, care equipment, personal toiletries, storage and supply of personal protective equipment, and relevant quality assurance records. Overall, the environment and equipment were clean, tidy, and free from odour. Personal toiletries were stored safely and hygienically. This ensured that people were protected from the risk of infection and experienced a clean, safe, and hygienic environment.

Strengthened recording and follow-up documentation for mattress checks would support continued improvement and sustain the progress achieved.

**This improvement has been complied with.**

2. By **20 July 2026**, you must ensure that leadership and management oversight is effective in identifying risks and driving timely, sustained improvements to support safe, dignified care and positive outcomes for people using the service.

To do this, you must, at a minimum:

- a) ensure that all quality assurance processes, including audits, observations and walkabouts, are robust, reliable and accurately reflect the lived experience of people using the service;
- b) ensure that staff who are delegated responsibility for carrying out quality assurance activities are competent to do so and receive appropriate support and oversight;
- c) ensure that findings from quality assurance processes are critically evaluated and used to inform clear, prioritised and time-bound improvement plans; and
- d) ensure that timely and effective action is taken to address identified issues, with clear management accountability for implementing and sustaining improvements.

**This is to comply with Regulation 3, Regulation 4(1)(a), Regulation 4(1)(b) and Regulation 4(1)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).**

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There had been significant improvement in leadership and management oversight. We reviewed improvement plans, action trackers, governance meeting minutes, audit records, clinical governance records, resident outcome documents, care planning records and supervision records. We also spoke with managers and staff with responsibility for quality assurance. The evidence showed that quality assurance processes were more structured, purposeful and focused on identifying risk, evaluating people's experiences and driving improvement.

Governance and audit records showed that findings were being reviewed, discussed and used to identify patterns, priorities and actions. Staff carrying out delegated quality assurance tasks were clear about their roles, knew how to escalate concerns and received oversight and support from managers. Actions were being tracked and followed up, and sampled care records showed that identified actions had been reflected in people's care plans and health records.

Action plans should be strengthened further by consistently including clear review dates and by aligning directly with the wording of the required improvement. However, this did not prevent compliance, as the evidence demonstrated that leadership and management oversight had improved and was supporting continued and sustained improvement of people's outcomes.

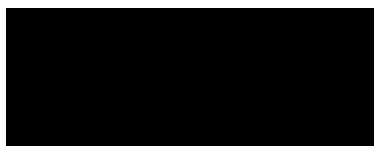
### **This improvement has been complied with.**

A copy of this notice has been sent to the local authority within whose area the service is provided.

The Improvement Notice dated **5 June 2026** is no longer in force, with the following exception:

Where at any point during the period of 12 months following the date of this notice, we have reasonable grounds to believe that any aspect of the improvements you were required to make has not been sustained, we may make a proposal to cancel your registration in terms of section 64 of the Act. No new Improvement Notice will be issued prior to the proposal to cancel being made.

Yours sincerely



**Stephanie Thom**



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cc: Local Authority –  – North Ayrshire Council



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