Kelvinside Manor
Care Home Service

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Glasgow
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Type of inspection:
Unannounced

Completed on:
3 December 2025

Service provided by:
Kelvinside Homes Limited

Service provider number:
SP2024000814

Service no:
CS2025000017

About the service

Kelvinside Manor registered with the Care Inspectorate on 16 January 2025 to provide a care service to a maximum of 48 older people over the age of 65 years. The service provider is Kelvinside Homes Limited, part of the Meallmore group.

The home is situated in the Anniesland area of Glasgow and is located near a number of local amenities and serviced by good public transport links.

The well-designed accessible home consists of three units, Cleveden, Grosvenor and Kirklee, designed for small group living. The first and second floor are accessed by an internal lift.

Each well-equipped bedroom has an en suite toilet and level access shower facility. There is also a number of bathrooms available throughout the home.

There is a range of communal areas which are available for people to use be it with larger groups or a small quieter setting. The well-equipped home has a large café facility available for resident and visitor use. There is a car park to the side of the home.

The service's overarching goals are described as "cultivating an environment where every service user experiences the highest quality of care and hospitality" and "to ensure that each individual entrusted to our care receives personalised attention that meets their unique needs and preferences".

At the time of inspection, there were 22 people living in the home.

About the inspection

This was an unannounced inspection which took place on 2 and 3 December 2025 and covered night shift and day shift. The inspection was carried out by two inspectors from the Care Inspectorate with support from a colleague who carried out telephone interviews with family members.

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
- reviewed the responses from questionnaires completed by people using the service and their relatives
- met with three relatives and carried out telephone interviews with two relatives
- spoke with staff (both staff who work on night shift and day shift) and the management team
- spoke with one visiting professional and received email response from another
- observed staff practice
- reviewed documentation.

Key messages

- People were highly satisfied with the standards of care provided.
- The successful recruitment drive meant that additional staff had recently been appointed.
- Staff were kind, demonstrated good values and were focused on meeting the needs of people.
- The new management team was committed to working collaboratively with people using the service, families and staff to help take the service forward.
- Further work was needed with record keeping, care planning and ensuring robust auditing leads to clear actions with positive outcomes.
- People benefited from living in a well-designed environment which was comfortable, well-equipped and cleaned to a very high standard.

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?	5 - Very 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.

We observed many genuine, nurturing and positive interactions over the course of the inspection between staff and the people using the service.

The majority of people shared that there were very good standards of care provided and how they had benefited from this.

"Since moving into the home I now feel safe. My family are also reassured and it means that I see them more often."

"Highly impressed with the care and communications from staff. They let me know of any changes with [relative]."

"When moving in I had told them that it is important to [relative] to have their hair and makeup done, every day they have their hair and makeup done, this makes such a difference."

We also received some comments from relatives where they thought that there could be improvements. These included the handling of laundry and the need for improved communications.

People benefited from regular drinks and snacks being offered throughout the day. Drinks were available within bedrooms and in lounges/dining areas meaning that they were readily accessible.

Staff used good practice tools to identify changes with the physical health and wellbeing of people. However, associated risk assessments and monitoring records needed further work to ensure these were up-to-date, accurate and directed support by staff. This is specifically in relation to monitoring fluid intakes, maintaining healthy skin and post fall actions (see area for improvement 1).

We observed the mealtime experience for people living in the service. Overall, this was well-managed with staff working at an appropriate pace to meet the needs of people. Staff were skilled at involving people in making decisions and helped them remain as independent as they could be. Meal time audits had been completed to promote positive dining experiences. Some minor work was needed with individual staff to ensure a consistent approach was used to benefit people.

Having the right medication at the right time is important for helping to keep people well. Medications had been administered as prescribed. We looked at people who had been prescribed medication for stress or distressed reactions. Staff promoted people's rights and had been successful using other interventions prior to considering administering medication. The electronic care planning system, however, did not consistently align with the few occasions when medication had been administered. This should be developed as part of the service quality assurance systems.

Feedback from external professionals supported that referrals were being made appropriately, timeously and both professionals had confidence that staff had appropriate skills, knowledge and implemented recommendations made to keep people well.

Areas for improvement

1. To ensure people experience appropriate support, the provider should ensure that accurate monitoring and recording is undertaken, specifically in relation to fluid intakes, support to help maintain healthy skin and recording actions post falls.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

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.

There had been recent management changes. This had resulted in a positive impact with the development of a proactive culture. Staff were motivated to be part of the vision to take the service forward.

People using the service, and some of relatives, shared that they found that the management team had their interests at heart and were keen to develop the service in partnership.

"The care home have been great at creating a community in such a short time."

"I would be comfortable speaking with staff or management if I had any concerns, they would listen."

People using the service, and their relatives, had contributed their views on key aspects of the service. The You Said, We Did board had been used to share actions taken to improve the service including the increased availability of meaningful activities through the appointment of additional activity staff.

There was a suite of wide ranging quality assurance tools to help keep people safe and well. Staff were recording accidents, incidents and initial actions taken. The tools used within quality assurance processes were well-structured and helped direct staff to other areas for consideration. Further work was needed to develop associated action plans, fully implement and re-check if identified actions had been effective (see area for improvement 1).

A comprehensive "rolling" service improvement plan had been used. This was wide ranging and covered important areas. However, consideration should be given to targeting main priorities and developing processes of review to ensure priorities were appropriately set. The recently produced service self-evaluation tool should help the management team set priorities for the home.

The service complaints procedure had been shared with people living in the service and their families. The service used complaints to take a lessons learned approach and improve the service. The service should build on recording additional actions taken, following the initial response, to reflect the positive outcomes achieved.

Areas for improvement

1. To ensure quality assurance systems are effective and consistently promote positive outcomes for people using the service, clear action plans should be developed, implemented and reviewed to assess effectiveness.

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).

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.

A recognised dependency tool was used to ensure there were sufficient staff to meet people's needs. A contingency plan to provide cover for unplanned absence had been developed. Staff from the service either worked additional shifts or staff from a sister home provided cover. No agency staff had been used.

A number of new staff had been recently recruited into the service. This helped promote continuity of care.

Following feedback from people who used the service and their families, additional activity staff had been employed which allowed for the provision of activities seven days per week and in the evenings.

Feedback had also been used to shape plans for the deployment of staff throughout the home and develop a named nurse and keyworker system. This should also help with the continuity of care and communications with families.

Staff confirmed they had appropriate induction, initial training and shadowing opportunities which helped equip them in understanding their role.

Staff were able to spend quality time with people.

Staff were committed to ensuring people had positive experiences and good outcomes. They mainly adopted a discreet and sensitive approach and were kind and compassionate when providing support. Comments from people using the service and families supported this.

"[Relative] says 'the staff are lovely and kind to me', this give me reassurance that they are being well looked after."

"I find all the staff very nice, they are kind."

We shared with the management team some development work which would enhance individual staff practice, as well as examples where staff practice enhanced people's daily experiences.

Staff morale was good and feedback suggested that this was due to an accessible and supportive management team. The culture which had been created helped form a whole home approach with staff from various roles focused on meeting the needs of people living within the service.

A blended approach had been taken with online and face-to-face training offered to staff. This had been supplemented by observation of practice to check staff were correctly applying training with their day-to-day work to benefit people living within the service. Training champions were in place and were a valuable resource for providing advice and promoting consistency of approach by colleagues.

The management team had overviews of training completed by staff. This included mandatory and role specific training to ensure staff had the necessary knowledge and skills for their role. The learning and development matrix should be further enhanced by developing this against the specific service and people's needs.

Regular supervision and appraisal sessions for staff were in place or planned with senior staff. Team meetings had occurred with acknowledgement that these needed further development. Consideration had been given to looking at the best methods for staff contributing to the development of the service and also organisation wide.

How good is our setting? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home was attractively designed, bright and comfortable. The design followed the principles of best practice guidance including The King's Fund tool which takes account of the needs of people living with dementia. Signage was good and helped orientate people to various parts of the home.

The layout and design of the home meant people had choice as to where they would like to spend their time.

Bedrooms were personalised and attractively decorated. En suite toilet and level access shower facilities promoted people's privacy and dignity and helped maximise people's levels of independence.

People had been supported to bring in furniture from home to help with the transition with moving into the service.

The café facility offered people the opportunity of spending time in a more social setting and was an alternative venue for visitors to spend time in. Hospitality staff helped create a welcoming and pleasant environment.

A range of equipment and technology was in place which helped keep people safe. Examples included floor mats, infrared beams and alternative call systems (pendant) based on the assessed needs of individuals. People's rights were taken account of, and consent had been obtained prior to and for the ongoing use of this equipment.

Staff practice mainly followed best practice guidance as far as supporting people within the environment. For example, helping people maintain their mobility by encouraging them to walk from different areas within the home.

There was an enclosed, level and secure garden area for people to use. We identified that work was needed to ensure that issues with restricted access were resolved to allow people to use the garden when they wished.

Further work was needed to resolve the issue of having windows remaining opened for circulation of air and regulation of temperature. We were given assurance by the management team the issues we identified with the environment would be addressed quickly.

There had been recent issues, organisation-wide, with the telephone system. There was planned work to overcome this issue.

Cleaning schedules were in place and had been very effective for maintaining high standards of cleanliness throughout the home.

A range of environmental checks and audits was completed with regular servicing of equipment scheduled which helped keep people safe and well.

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.

Having an up-to-date and accurate care plan is important for guiding how care and support should be delivered by staff and to promote continuity of care.

We found that care plans were mainly informed by recognised assessment tools. There was good person-centred information around the preferences and wishes of each person. We shared some examples where care plans could be developed to ensure that they consistently and accurately reflected each person's current needs.

We observed staff providing comfort and reassurance when individuals became emotionally distressed. Staff shared detailed approaches they used and we saw that these had been effective. The associated support plans relating to individuals, however, were generic and needed developed to reflect these specific approaches (see area for improvement 1).

Review meetings involving families and representatives were in place. However, these did not consistently align to organisational policy in terms of when these had been completed. They had been used well for capturing feedback on key aspects of the support but did not consistently reflect good outcomes achieved as a result of care and support provided. They also did not consistently reflect follow-up actions taken when points were raised (see area for improvement 1).

Areas for improvement

1. Care plans should reflect an individualised approach that staff should follow to help reduce the impact of stress or distress reactions. Care reviews should follow organisational policy, align to supports provided, capture the outcomes achieved and actions to be taken to address points raised.

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 my 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).

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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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