

# Three Towns Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 May 2023

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379127

## About the service

Three Towns registered with the Care Inspectorate on 6 August 2020 to provide a care home service (with nursing) for up to 60 older people. The provider is Holmes Care Group Scotland Ltd. There were 51 residents living in the home at the time of our inspection.

The service is located in a residential area of Stevenston, North Ayrshire close to local amenities, shops and transport links.

The care home is purpose-built with accommodation over two floors connected by a passenger lift. Ardeer unit is located on the first floor and has 33 single en suite bedrooms, two large lounge/dining rooms and a smaller, quiet lounge. The ground floor Nobel Unit has 27 single en suite bedrooms, a large lounge and a separate dining room. Assisted bathing and showering facilities are provided on each floor.

Residents have access to an enclosed garden with some bedrooms having patio doors leading out onto this area.

## About the inspection

This was an unannounced inspection which took place on 26 and 27 April 2023. The inspection was carried out by two inspectors from the Care Inspectorate and an inspection volunteer. 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 nine people using the service and seven of their relatives;
- spoke with 19 staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- Residents experienced compassionate, responsive support from skilled and kind staff who were familiar to them.
- Residents and their families expressed high levels of satisfaction with the care and support provided.
- The provision of meaningful activities and opportunities to be physically active needs to be improved to meet the needs and wishes of residents.
- Staff managed people's healthcare needs well but need to ensure that personal plans are updated to accurately reflect current needs and actions.
- People experienced a homely environment that was welcoming, attractive and well maintained.
- Quality assurance systems should be further developed to inform and support the continuous improvement of the service.

## 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 found important strengths that had a significant, positive impact on people's experiences and outcomes with some areas for improvement to maximise wellbeing. We evaluated this key question as good.

Residents and their families told us that they had developed positive, trusting relationships with staff who were familiar to them. People told us they felt listened to and that staff supported them in a way that fostered feelings of safety and security. We observed consistently warm, kind and responsive interactions and a staff team who demonstrated compassion and concern for residents. Support was delivered in a discreet manner that maintained people's dignity and staff were skilled at recognising and managing incidences where individuals became anxious or distressed. Some comments were:

"Staff acknowledge you and are attentive."

"Staff are all very kind."

"We are very reassured by the high level of care mum receives - she is truly cared for with the utmost kindness."

Staff knew individual residents well which meant they were able to support people to maintain their preferred routines. We saw that staff offered choices throughout the day, patiently giving people time to respond.

Meaningful contact and support to maintain relationships is important for residents and their families. This had been well managed and people said:

"Communication is excellent and we are always welcomed when we come to see mum."

"The staff care about us as a family as well and were really supportive during Covid."

The visiting policy should be updated to reflect current guidance and personal plans should all contain details about meaningful contacts, individual needs and support to maintain relationships.

The commitment to involving people in decisions about the care home meant that residents had been involved in meaningful ways; for example, in the development of the environment. Plans were in place to strengthen opportunities to participate and surveys had recently been issued with the intention of involving people in the continuous improvement plan. This enables people to feel empowered and valued.

Supporting residents to be as active as possible and offering daily opportunities to participate in a range of recreational activities both indoors and outdoors promotes wellbeing and enables people to get the most out of life. We saw that special events and anniversaries had been celebrated and accessing community resources had recommenced post pandemic. Although there were planned activities being delivered, we concluded that more work was needed to improve the range and frequency of the options on offer as we did see residents disengaged from any structured activity for long periods of time. Opportunities for accessing the outdoors and meeting spiritual needs were limited. Care plans for meaningful activity and engagement should be developed and activity records should reflect the impact and benefits of participation. (See areas for improvement 1 and 2.)

Residents' healthcare needs had been assessed and reviewed by skilled and knowledgeable staff. Additional support had been put in place where risks had been identified, such as weight loss, skin damage or infection with evidence of positive outcomes. Links and good working relationships with community healthcare colleagues meant that people experienced treatments and interventions that had been safe and effective. Robust monitoring and review of residents' clinical healthcare needs had helped to identify and manage concerns at an early stage, helping people to recover more quickly when they became unwell.

Residents should be able to enjoy their meals in a relaxed and unhurried atmosphere. We saw staff managing mealtimes well and providing discreet and responsive encouragement and support. Choices were offered and alternatives provided to help maximise food and fluid intake. The presentation of textured diets should be improved so that people can recognise what they are being offered. Aids and adaptations that meet residents' needs should also be provided, such as heated plates for individuals who take longer to eat their meals. The manager agreed to address this.

The protocols in place for the safe management of medication had informed and enabled staff to provide support that ensured people received the right medicines at the right time. This helped to keep people safe and well.

Infection prevention and control (IPC) measures had become well established in line with current guidance. Staff had a good awareness of IPC measures and demonstrated this in their practice. This helped to protect people from the risk of infection.

### Areas for improvement

1. A programme of activities that enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be delivered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both outdoors and indoors' (HSCS 1.25).

2. Staff should support residents to be more physically active and occupied in purposeful ways throughout the day. Positive risk taking that enhances people's quality of life by helping them to maintain skills, abilities and reach their full potential should be promoted.

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 make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24).

### How good is our leadership?

**4 - Good**

We found important strengths that had a significant, positive impact on people's experiences and outcomes with some areas for improvement to inform and support robust quality assurance. We evaluated this key question as good.

We found a strong commitment to the ongoing improvement and development of the service. The consistent and visible management had supported stability for residents, families and the staff team and the manager was aware of what the service needed to do to improve further. An extended quality team had been established and this provided structure and additional support for the manager. Plans were in place to develop a continuous improvement plan with a strong focus on the Health and Social Care Standards (HSCS) being 'brought to life.' Consideration should be given to empowering the wider staff team in elements of quality assurance systems and activities such as self evaluation against the HSCS as this raises awareness of good practice, promoting responsibility and accountability.

A wide range of quality audits had been carried out to identify compliance with good practice and areas where improvement was needed. Action plans had been developed to inform and monitor the planned improvements. These processes could be enhanced by ensuring audits ask the right questions, for example, infection prevention and control and dining audits. There must also be a clear focus on the evaluation of people's experiences. More detailed action plans with defined timescales (rather than 'ongoing') and the inclusion of outcomes linked to the HSCS would also support meaningful quality assurance processes.

Regular clinical audits and reporting had reduced risks and promoted residents' health and wellbeing as well as ensuring good communication between staff and managers. Daily 'flash' meetings had also supported good communication across the staff team with key information being shared and acted on.

The people we spoke with knew how to raise any issues or concerns and said they would feel comfortable doing so as they had good relationships with staff. There was a low level of complaints with prompt action being taken to act on any concerns. This meant that people were confident they could express their views, would be listened to and taken seriously.

The approach to conducting and recording staff meetings would be improved by reviewing the structure to include a review of the previous meeting minutes and agreed actions, standing items, celebration of achievements, quality assurance outcomes, the HSCS and so on. This would give the staff team a better sense of ownership and participation.

An area for improvement made at the last inspection regarding additional managerial support with quality assurance systems had been met. However, we concluded that the quality assurance framework would benefit from further refinement to make it clear how the systems and processes undertaken underpin and drive change and improvements that deliver positive outcomes for people using the service and their families. (See area for improvement 1.)

## Areas for improvement

1. The quality assurance framework would benefit from further refinement to make it clear how the systems and processes undertaken underpin and drive change and improvements that deliver positive outcomes for people using the service and their families. To achieve this the quality assurance team should:

- prioritise the evaluation of people's experiences and outcomes in quality audits;
- measure performance against the HSCS;
- ensure audits include indicators targeted towards positive outcomes for people and evidence based good practice;
- develop, monitor and meet action plans that specify clear actions, responsibilities and timescales; and
- implement a shared approach to self evaluation and continuous improvement with residents, families and staff.

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 found important strengths that had a significant, positive impact on people's experiences and outcomes, with some areas for improvement that would further improve staff development and support. We evaluated this key question as good.

Residents and their families were able to have confidence in staff because they were knowledgeable, competent and skilled. We received consistently positive feedback about the staff team and comments included:

"Can't fault them - they go over and above what is expected, very special."

"All lovely - from nurses and carers to domestics and the handyman, each and every one we have come into contact with are just the best."

"I love them all - so kind to me."

We observed staff across all departments working well together in a supportive and respectful way that created a responsive, warm and calm atmosphere. Staff spoken with were professional, friendly and motivated to provide positive outcomes and experiences for the people they cared for. Staff told us they enjoyed their work and felt well supported by colleagues and their manager.

A new training manager had been appointed and plans were in place to develop a localised training plan that was specific to the service and the roles of individual staff. Systems were in place to record the training undertaken with an alert for refresher sessions. There had been a high level of compliance with mandatory and role specific training.

Direct observations of staff practice are necessary to assess competency and compliance with good practice and the principles of the HSCS. Although these had been carried out in areas that included moving and assisting, medication administration and the use of PPE, findings had not been recorded which was a missed opportunity to use this learning with staff during reflection in supervision meetings. Assurance was given that direct observations would be meaningfully recorded and reflected upon going forward.

The development of staff 'links' or 'champions' for particular areas of care and support was being explored with staff via a recent survey. This offers an opportunity for staff development and a means of keeping up to date with good practice and initiatives that can be shared across the wider staff team.

Staff supervision should result in better outcomes for people experiencing care. It should reflect a sense of planning and progression, reflection on practice and, by pooling skills, experience and knowledge, the aim should be to improve the skills and capability of individual staff and the team as a whole. With this in mind, supervision meetings should be improved to meet the aim of being a two-way process whereby staff are supported, motivated and helped to develop their skills, knowledge and practice. It should include reviewing workloads, setting clear, specific goals and expectations, celebrating achievements, reflecting on

professional registration requirements and practice as well as identifying areas for improvement and learning/development opportunities. (See area for improvement 1.)

## Areas for improvement

1. Supervision meetings should be improved to meet the aim of being a two-way process whereby staff are supported, motivated and helped to develop their skills, knowledge and practice. It should include reviewing key working and caseloads, setting clear, specific goals and expectations, celebrating achievements, reflecting on professional registration requirements and practice as well as identifying areas for improvement and learning/development opportunities.

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).

## How good is our setting?

### 4 - Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes, with some areas for improvement that would further improve the quality of the environment. We evaluated this key question as good.

People using care services should experience high quality facilities that meet their needs. We saw that the presentation of the home environment reflected a welcoming and homely setting. Decoration, fixtures and furnishings were of a good standard and bedrooms had been attractively personalised so that people were able to have a sense of ownership over their private space. There had been a good level of involvement when bedrooms and the wider home environment had been decorated, which promoted choice. The residents and visitors we spoke with were all very complimentary about the quality of the home environment.

Whilst the care home had a warm and vibrant atmosphere, noise levels that could cause some residents to become anxious or distressed were low.

Robust maintenance arrangements and a vigilant staff team meant that the setting offered security and safety from avoidable risks or harm. This had included the equipment used to meet the needs of residents.

A rolling programme of refurbishment had been implemented and this ensured that furnishings were of a good standard.

Housekeeping staff worked hard to maintain a clean and fresh environment. This helped to protect people from the risk of cross infection as well as making the care home a pleasant environment to live in and visit. Where we identified some minor concerns, action was taken immediately to address this and measures put in place to prevent recurrence.

There was a choice of areas were available where people could spend their time. This meant that people had sufficient space to come together or spend time alone if this was their choice. Plans were in place to develop an activity/sensory room from an unused space and this would be a positive addition to the home environment.



The care home had a good sized garden and plans were in place to develop this space to make it more attractive and functional so that residents could spend more time outdoors and become involved in gardening activities.

Some of the bathrooms would benefit from additional refurbishment, particularly floor edges and tiling. En suite bathrooms had been measured up with a view to adding wet floor showers and this should be progressed to further improve facilities for the people using the service.

## How well is our care and support planned?

4 - Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes, with some areas for improvement that would further improve the quality of care and support planning. We evaluated this key question as good.

People using care services should benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. Overall, the personal plans we reviewed contained a good level of information about people's needs and preferences. This showed that staff knew people well and there was some evidence that they had consulted residents and their families when developing care plans. However, some of the people we spoke to were unsure about their personal plans. There was a need for staff to ensure they clearly reflect how they have involved residents and their families using a range of methods so that people are able to lead and direct the development and review of their care and support plans in a meaningful way.

Taking a strengths-based approach to care planning recognises people's abilities and promotes independence. We saw examples of care planning that reflected this with positive, person-centred information recorded. Action should be taken to extend this approach to all personal plans with additional learning for staff where a need for this is identified.

When evaluating care plans, staff should ensure that people's experiences and outcomes are included to reflect the impact of the care and support delivered.

Personal plans should contain details about preferences, needs and support to maintain meaningful connections and relationships. We found that this had been managed well and that staff were knowledgeable but records need to include this information.

A requirement made at the last inspection concerning health assessments had been met. However, there were some inconsistencies between updated risk assessments and related care plans that had not been rewritten to reflect changes. Some additional supplementary care charts had not been fully completed and this should be monitored. Although we confirmed that staff had acted appropriately to meet residents' needs, accurate records must be maintained with a strong link between risk assessments, care plans and supplementary records.

We made an area for improvement regarding the quality of care and support planning and signposted staff to the good practice guidance on the Care Inspectorate Hub. (See area for improvement 1.)

## Areas for improvement

1. To ensure that people using care services benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience, personal

plans should be reviewed to improve recording in relation to meaningful involvement, adopting a strength based approach, outcome focussed evaluations, support to maintain meaningful connections and a strong link between risk assessments, care plans and supplementary records.

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 a 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).

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

### Requirements

#### Requirement 1

To ensure people experience care and support that is safe and right for them. The provider must, by 28 February 23, ensure that:

- (a) Health assessments are reviewed and monitored for accuracy
- (b) The information included in health assessments is monitored and evaluated to ensure that plans achieve positive outcomes for people.

This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards (HSCS):

- 'My personal plan (sometimes referred to as a 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) and
  - 'My care and support meets my needs and is right for me.' (HSCS 1.19) and
- It is also necessary to comply with Regulation 4(1)(a) and Regulation 5(b)(i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 5 October 2022.**

#### Action taken on previous requirement

Risk assessments, including those focussed on healthcare had been reviewed and updated on a regular basis. Staff had taken the necessary action to manage residents' health needs appropriately with evidence of positive outcomes. Although we identified areas for improvement regarding personal planning, we concluded that sufficient action had been taken to meet this requirement.

**Met - within timescales**

## 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

A programme of activities that enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be delivered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both outdoors and indoors' (HSCS 1.25).

**This area for improvement was made on 5 October 2022.**

#### Action taken since then

Although there were planned activities being delivered, we concluded that more work was needed to continue to improve the range and frequency of the options on offer. We continued this area for improvement as detailed under 'Wellbeing' in this report.

#### Previous area for improvement 2

Staff should support residents to be more physically active and occupied in purposeful ways throughout the day. Positive risk taking that enhances people's quality of life by helping them to maintain skills, abilities and reach their full potential should be promoted.

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 make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24).

**This area for improvement was made on 5 October 2022.**

#### Action taken since then

More work was needed to support residents to be as active as possible, offering daily opportunities to participate in a range of recreational activities both indoors and outdoors to promote wellbeing. Opportunities for accessing the outdoors remained limited although plans were in place to develop the garden and this should be progressed. We continued this area for improvement as detailed under 'Wellbeing' in this report.

#### Previous area for improvement 3

The service provider should ensure that additional managerial support is in place to ensure quality assurance systems are accurately and robustly in place, identify priorities and promote positive outcomes for people living within the service.

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 area for improvement was made on 5 October 2022.**

### Action taken since then

This area for improvement had been met.

Although a wide range of quality assurance checks had been carried out, we concluded that the quality assurance framework would benefit from further refinement to make it clear how the systems and processes undertaken underpin and drive change and improvements that deliver positive outcomes for people using the service and their families. We made a new area for improvement as detailed under 'Leadership' in this report.

## 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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
3.2 Staff have the right knowledge, competence and development to care for and support people	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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