

# Thorn tree Mews Care Home Service

17 Arnothill Mews  
Falkirk  
FK1 5RZ

Telephone: 01324 626 090

**Type of inspection:**  
Unannounced

**Completed on:**  
29 February 2024

**Service provided by:**  
Countrywide Care Homes (3) Limited

**Service provider number:**  
SP2013012124

**Service no:**  
CS2013319184

## About the service

Thorntree Mews is a care home that is registered for 40 older people, some of whom may be living with dementia and/or a physical disability. The Provider is Country Care Homes (3) Limited.

The care home is in a residential area close to Falkirk town centre, and is near to local amenities including shops, train and bus routes.

The care home is a spacious converted period type house with accommodation on two levels. It is divided into two self-contained units, each with a lounge, dining area, other quiet areas and bedrooms. The care home has an enclosed garden at the rear and a seated area at the front.

## About the inspection

This was an unannounced follow-up inspection which took place on 29 February 2024. The inspection was carried out by two inspectors from the Care Inspectorate. The purpose of the visit was to follow up on the one requirement and two of the areas for improvement made at the previous inspection in October 2023. 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 people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Improvement had been made around the management and oversight of accidents and incidents.
- Improvement had been made to processes for managing repairs and procuring new equipment.
- Improvement had been made to ensuring appropriate staffing levels.

## 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 good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

4 - Good

We made a requirement in October 2023 about accident/incident management and reporting. At this visit we found improvement in the systems in place to ensure good management and oversight of accidents and incidents. This included a detailed monthly audit along with a trends analysis. A checklist was now in place to ensure that, where required, events were notified to the Care Inspectorate. This requirement had been met.

We also made an area for improvement in October 2023 about ensuring repairs were carried out timeously and that there was a procedure for the procurement of new equipment. At this visit we found improvement in processes for managing repairs and procuring new equipment. We spoke with staff across maintenance, administration and care who talked us through these improvements and who were aware of the current protocols for raising any issues. This area for improvement had been met.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 2.2 from an 'adequate' to a 'good'.

## How good is our staff team?

4 - Good

We made an area for improvement in October 2023 about safe staffing levels. At this visit we found improvement in the systems in place to ensure appropriate staffing levels. We spoke with care staff who confirmed that staffing levels were no longer an issue. Overall, staff morale was better. This area for improvement had been met.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 3.3 from an 'adequate' to a 'good'.

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

### Requirements

#### Requirement 1

By 29 February 2024, the provider must ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed.

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

- a) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- b) Implement a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.
- c) Ensure that service users' identified next of kin are informed about any relevant events.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This requirement was made on 27 October 2023.**

#### Action taken on previous requirement

We made a requirement in October 2023 about accident/incident management and reporting. At this visit we found improvement in the systems in place to ensure good management and oversight of accidents and incidents. This included a detailed monthly audit along with a trends analysis. A checklist was now in place to ensure that, where required, events were notified to the Care Inspectorate.

**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

To support people to have a smooth admission into the care home, the service should ensure that any equipment identified during the pre admission assessment is in place before they are admitted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 27 October 2023.**

#### Action taken since then

**This was not assessed at this inspection.**

#### Previous area for improvement 2

To support people to have food and drink that meets their needs, preferences and wishes, the service should, as a minimum, ensure that:

- a) People identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day.
- b) Staff are trained in texture modified diets as per the International Dysphagia Diet Standardisation Initiative (IDDSI).
- c) Snacks and meals are offered throughout the day.

d) Any relevant documentation is kept up to date and reflects each persons' current needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37).

**This area for improvement was made on 27 October 2023.**

## Action taken since then

**This was not assessed at this inspection.**

## Previous area for improvement 3

To support good outcomes for people, the service should ensure that:

- a) A protocol is devised to ensure that all staff are aware of how to report any faulty equipment and/or request any new equipment or sundries.
- b) Management should be aware of the provider's processes for arranging equipment repairs and/or the purchase of new equipment and sundries.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16) and " I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

**This area for improvement was made on 27 October 2023.**

## Action taken since then

We also made an area for improvement in October 2023 about ensuring repairs were carried out timeously and that there was a procedure for the procurement of new equipment. At this visit we found improvement in processes for managing repairs and procuring new equipment. We spoke with staff across maintenance, administration and care who talked us through these improvements and who were aware of the current protocols for raising any issues.

**This area for improvement had been met.**

## Previous area for improvement 4

To support good outcomes for people who live in the care home and to support staff wellbeing, the service should, as a minimum:

- a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
- b) Devise a protocol for staff to follow when there is any staff absence.

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 27 October 2023.**

**Action taken since then**

We made an area for improvement in October 2023 about safe staffing levels. At this visit we found improvement in the systems in place to ensure appropriate staffing levels. We spoke with care staff who confirmed that staffing levels were no longer an issue. Overall, staff morale was better.

**This area for improvement had been met.**

**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 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



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