

# Thornton Gardens Care Home Service

1-11 Thornton Gardens  
Bonnybridge  
Falkirk  
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Telephone: 01324810161

**Type of inspection:**  
Unannounced

**Completed on:**  
14 August 2025

**Service provided by:**  
Falkirk Council

**Service provider number:**  
SP2004006884

**Service no:**  
CS2003011540

## About the service

Thornton Gardens is registered as a care home to provide a short break and respite service to a maximum of six adults with a learning disability or autism spectrum disorder. This allows the cared-for individual to have a break from their usual routine and carers to have time away from their caring responsibilities. Two of these places are for emergency placements, although at the time of inspection there was one bed available for emergency placement.

The service provides a choice from six individually themed bedrooms along with an American style diner and a cosy lounge. There is also a sensory room, activity room and garden area.

## About the inspection

This was an unannounced inspection which took place on 12 and 13 August 2025. 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 four people using the service and three of their family members.
- Spoke with seven staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

## Key messages

- Care and support was person-centred and people directed how they were supported.
- There was a very good variety of appropriate indoor and outdoor activities for people to choose from.
- The provider needed to ensure all staff carrying out housekeeping and cleaning in the service were aware of environmental cleaning schedules and clear about their specific responsibilities.
- Personal plans reflected people's rights, choices and wishes.

## 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?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

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

## How well do we support people's wellbeing?

## 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.

People benefitted from holistic health screening, care and support. There was a safe and effective pre-admission assessment. One family member said, "We go out the country on holiday when my relative is at Thornton Gardens and we feel relaxed, knowing they are being taken care of." People had appropriate risk assessments in place and staff used this knowledge to promote independence. This meant people could be confident staff knew what support they needed to enable them to live as fully as possible.

People were encouraged to have as much control over their medicines as possible. Guests were supported to safely self-medicate when they were able, and there was a safe and effective medicines management system in place. This meant people could be assured their medication regime would be managed well to ensure it met their identified health needs.

The service promoted health and wellbeing. Staff gently encouraged people to attend to hand hygiene throughout the day. All staff came across as welcoming, warm and friendly. It was clear they put the needs of the people they were supporting first and wanted what was best for them. People were supported to use technology to communicate their needs and staff interacted with people in an encouraging and friendly manner. People were encouraged to move regularly to maintain independence and there was clean, well-maintained equipment for those who needed support to move. This meant people staying in the service could be confident they would be supported to achieve their health and wellbeing goals.

People were fully involved in making decisions about their care and support. There was a wide variety of indoor and outdoor activities to choose from. Staff asked people what they wanted to do at the beginning of their placement and checked every morning this was still what they wished to do. Staff supported people to use public transport, go for walks or participate in an activity in the community, such as going to the cinema, visiting a local attraction or going out for lunch. One person said, "I like it here and I like the staff." At the end of their stay, people were asked to complete a discharge survey which included questions about whether the person had been able to make their own choices. Promoting independence was an integral part of the service and the team did this very well. This meant people were recognised as an expert in their own experiences, needs and wishes.

There was a healthy attitude to eating and drinking. Menus were directed by the needs and preferences of those staying in the service. One family member said, "Everything my relative gets is pureed and they eat everything with no problem." and a person staying in the service said, "I like the food." During the inspection people decided they wanted to have a picnic in the garden for lunch, so staff adapted the menu to suit this activity. The dining room had a fun, 1950's diner look and people related very well to kitchen staff who were skilled in making people feel heard and included. People then, could enjoy their meals in an unhurried, relaxed atmosphere when and where they wanted to.

## 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.

The layout of the service supported high quality care and support. There was lots of natural light, fresh air and wide corridors so people could move safely around the service and independently access the areas they wished to go to. People then had enough physical space to meet their needs and wishes.

The service promoted small group living. At the time of inspection four people were staying in the service. People could choose from a variety of communal or private facilities to suit their mood or preference and staff respected people's right to privacy. One family member said, "I think the place is brilliant, when I saw the therapy room, I wanted to come and stay." Some people liked to tend to the garden or help prepare for meals and staff supported them to do so. This meant people benefitted from a homely environment and could use a comfortable area with soft furnishings to relax or participate in an activity of their choosing.

People were not always protected from the spread of infection because cleaning schedules and regimes were not based on good practice guidance or carried out when needed. The service was generally clean but most radiators were very dirty inside with a thick build up of dust. Staff attended to this during the inspection and, once the dust was cleaned away it showed some rust and paint flaking off, making the areas uncleanable. Cleaning schedules were not fully completed and there were several days each week where no cleaning had been recorded. We made an area for improvement about this which we will review at the next inspection (**see area for improvement 1**).

There were arrangements for regular monitoring and maintenance of the premises. The service had experienced recent changes to the way they report repairs. A full buildings survey was completed and areas were identified for repair or improvement. There was a delay in the service receiving the findings of this survey which meant a delay in being able to action the necessary repairs. Annual safety checks of equipment and utilities were up to date. The service needed to replace two sofas in the lounge which were torn in places, we discussed this with the leadership team and they agreed to replace the sofas so that people experienced well maintained furnishings.

### Areas for improvement

1. In order to protect people from the risk of infection, the provider should ensure cleaning is carried out to a high standard in all areas at the agreed intervals and recorded so that it is clear what areas have been cleaned. In order to do so, as a minimum, the provider should ensure all staff carrying out housekeeping and cleaning in the service are aware of environmental cleaning schedules and clear about their specific responsibilities.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## How well is our care and support planned?

**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.

Personal plans reflected people's rights, choices and wishes. Information was person-centred and gave full information about how people communicate, including when they are in pain or upset. People and, where relevant, their family or other nominated representatives, were involved in planning their care and support and this accurately reflected the care and support experienced by those staying in the service. There was very good information about people's personal history and preferences and staff respected people's wishes. People could be confident then that their needs, as agreed in their personal plan, were fully met, and their wishes and choices respected.

The service needed to improve the way they recorded evaluation sheets at the start of a new respite period. At the pre-admission assessment, staff ensured they knew whether people's care and support needs had changed since their last visit. This was recorded in the assessment notes, however it would be good practice to make it clear in the evaluation documents that this was the start of a new respite period and the care plan remained relevant. We discussed this with the leadership team and will review at the next inspection.

At the end of people's stay, staff wrote a discharge report which summarised people's abilities and activities under key areas. The reports included photographs of people enjoying indoor and outdoor activities with a short description underneath. This gave a good baseline of the person's needs, wishes and choices, which meant staff could easily determine if there were any changes or improvements to the person's health and wellbeing at the beginning of their next stay.

Staff were motivated to support people to achieve their planned care and support. One staff member said, "I enjoy supporting people to become independent. I love encouraging them and making them believe they can do it." Staff had recently began short meetings called 'guest huddles' to discuss what was going well about people's care and support and consider if they were meeting their needs and wishes. This meant people's care and support was dynamic and staff worked hard to help them to achieve their wishes.

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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