

Tyneholm Stables Care Home

Care Home Service

Tyneholm Estate
Pencaitland
Tranent
EH34 5DJ

Telephone: 01875 340 823

Type of inspection:
Unannounced

Completed on:
24 July 2025

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378616

About the service

Tyneholm Stables is a care home located in Pencaitland, East Lothian. The service provider is Sanctuary Care UK. The care home registered with the Care Inspectorate on 30 June 2020 and is registered to care for up to 45 people. There were 42 people experiencing care within the home at the time of inspection. The service is spread across two floors and has three separate units. Each unit has its own lounge and dining area.

About the inspection

This was a full inspection which took place on 15 and 16 July 2025. The inspection was carried out by two inspectors 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 nine people using the service or their representatives and received 23 feedback forms.
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- Interactions between staff and people experiencing care were warm.
- The leadership team used audits and feedback to improve the service.
- Improving staffing levels and allocations across the service would promote continuity of care and provide more timely access to care.
- People's rooms were individualised, giving them access to a space which was personal to them.
- Where needs were identified, appropriate care plans and risk assessments were in place.

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?	3 - Adequate
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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

Interactions between staff and people experiencing care were warm. Staff seemed to know residents well and treated them with respect. Staff were patient and adapted to the pace of the person. This approach from staff helped to create a positive environment.

Systems were in place for administration of medication. Medications were stored appropriately, staff had appropriate training and there was a strong medication policy in place. The service was in the process of changing the Medication Administration Records (MAR) from paper to electronic format. This protected the safety of people experiencing care.

Where people were found to be at risk of falls or had a fall, appropriate screening tools and risk assessments were put in place to minimise future risk. The use of health screening tools enabled staff to monitor for changes in people's health and wellbeing. When wounds were found, appropriate assessment and management tools were used. This protected the wellbeing of people.

During dining observations, interactions between staff and residents were warm, people were able to eat at their own pace and were given a choice of food. Tables were set with menus available for people to read if able. Resident's meetings were used to gather feedback about food and menu choices. The kitchen had access to information about any dietary requirements, with a labelling system in place to identify food prepared separately for individuals. This meant people had access to meals that met their dietary needs and preferences.

People and relatives shared that activities could be improved within the service. Staff shared that they would like to be able to spend more time doing activities with people. The service recently employed new activities staff and plans were in place to improve the provision of activities when the new team is established. Providing a range of activities for people to choose from would promote wellbeing, inclusion and enjoyment for people experiencing care.

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.

Quality Indicator 2.2 Quality assurance and improvement is led well

Meeting minutes showed that staff were kept up to date with changes to the service. Feedback from relatives was shared and staff were given the opportunity to share their ideas and concerns. Issues raised by staff during team meetings were acknowledged and action was taken in most cases. Following feedback from staff, the leadership team were in the process of making improvements to the staff area, including the addition of a training room. This highlights that the leadership team utilised feedback to drive improvement.

The leadership team were working closely with external healthcare professionals to improve relationships and communication. During inspection, arrangements were made for the service to be supported with training for nursing staff. This showed that the service were aware of the benefit of collaborative working and how this can improve health outcomes for people experiencing care.

Regular audits were carried out including but not limited to mealtimes, infection prevention and medication. The leadership team used information from audits and feedback to improve the service. Audits showed the current system for medications needed reviewed and we were informed during inspection that a new system is being implemented. Audits showed potential gaps in knowledge for certain areas and following this, training and support plans were put in place to support staff. This showed that the leadership team used information to support staff development and improve the quality of care delivered.

Despite not having a permanent manager in recent months, staff shared that the current leadership team were approachable and they felt supported. One member of staff shared "(They) are all very supportive. Since (they) stepped in the place is running so much better." This meant people received care from a service where staff had access to support and guidance when required.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

All staff were registered with Nursing and Midwifery Council (NMC) or Scottish Social Services Council (SSSC) as applicable. Pre-employment checks were carried out prior to commencing employment and staff who had joined more recently completed an appropriate induction and probationary period. This protected the safety of people experiencing care.

Records showed that mandatory training was up to date. Training included adult support and protection, moving and handling, food hygiene and infection prevention and control. Dementia awareness training gave staff insight into living with dementia. Person centred care planning training increased staff knowledge around the implementation of individualised care. This meant people were cared for by staff who were appropriately trained to meet their needs.

Documentation sampled showed that supervision and annual appraisals were person centred and were used as an opportunity to discuss achievements, training and development needs and any changes in the service. Despite these sessions being of a good standard, some staff reported that they did not have regular access to supervision. The service shared that they are in the process of implementing a more robust system for keeping on top of staff supervision sessions. (See previous area for improvement 1 which remains unmet)

Whilst we observed some positive practice and good interactions between staff and people experiencing care, staff shared that they were frequently moved between units. Staff also said they felt under pressure and needed more staff to provide timely access to care and to improve the quality of care and interactions. People experiencing care and their relatives shared that they can experience a significant wait for a staff member to come when ringing a buzzer or asking for something. One person shared "Staff are nice and treat me well but it can take a while for people to come when I ring my buzzer." Although the service used a dependency tool to inform staffing levels, using a range of evidence would support the service to assess staffing levels and improve outcomes for people.

During inspection, the leadership team shared that they are looking at ways to improve the responsiveness of staff allocations according to complexities in each unit. Improving staffing levels and allocations across the service would promote continuity of care and provide more timely access to care. (See area for improvement 1)

Areas for improvement

1. To ensure people's health benefits from their care and support, the provider should maintain appropriate staffing levels across the service to ensure people's safety and wellbeing needs are being met at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 'My needs are met by the right number of people' (HSCS 3.15).

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.

Quality Indicator 4.1 People experience high quality facilities

The serviced offered a warm, homely atmosphere with adequate ventilation and a range of communal areas for people to enjoy. Communal spaces were clean and tidy, with a shared lounge and dining area in each unit. Many of the communal spaces were recently decorated, with work ongoing during inspection. This gave people a choice of environments according to their own preferences.

During inspection all bedrooms were clean, tidy and free from clutter and hazards. Bedrooms were personalised with photographs, bedding and people's own belongings. Some rooms had ensuite facilities. For those without, bathrooms and toilets were found throughout the service. This meant people had access to a private space which was personal to them.

Equipment was stored appropriately, was clean and was serviced accordingly. All environmental safety checks were up to date. We found good supplies of PPE around the service. The lift and front doors were locked with a keypad system. Treatment rooms and cupboards were also locked with keypad entry. The kitchen was found to be clean, with food stored appropriately and temperatures checked. This protected the safety and wellbeing of people experiencing care.

People had access to outdoor areas which were well kept. The secure courtyard was being upgraded to create an area suitable for external entertainers to perform, encouraging the use of outdoor space. This meant people had access to both indoor and outdoor spaces that were safe.

One person shared "I like it because I can take myself out to the main area myself in my chair or go outside when I want. Everything is clean and tidy."

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.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Care plans were person centred, easy to navigate and had a clear structure. Care plans were reviewed regularly and were completed and reviewed collaboratively with staff, people experiencing care and their relatives. Plans included information about preferences, care needs, social needs and relevant background information. Anticipatory care plans were completed and updated, allowing people to express their wishes should their health deteriorate. This meant staff had access to information to enable them to provide person-centred care.

Where risks were identified, a risk assessment was in place and updated regularly. The regular use of assessment tools for weight, pressure ulcer risk and pain allowed staff to monitor for any changes. Regular clinical observations were carried out and if a person became unwell, this was escalated appropriately. This enabled staff to provide responsive care when a person's needs changed.

Pictures at the front of each care plan helped to make each person identifiable. A brief outline at the beginning each personal plan enabled any new or agency staff to gather information quickly to meet basic care needs.

The quality of care notes could be improved with more detail about daily interventions and interactions. The leadership team had already discovered this during audits and were working with staff to improve the quality of documentation. More detailed notes would provide evidence of care needs being met, protecting the wellbeing of people experiencing care.

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

The provider must ensure that staff are well led and managed. In order to achieve this the service must undertake the following:

- a) Management to undertake regular one to one supervision with staff including a written record and actions.
- b) Management to undertake regular team meetings with staff including a written record and actions.
- c) Management to undertake regular direct observations of staff regarding their practice. Direct observations to have a written record with any actions when issues arise.

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

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 29 November 2023.

Action taken since then

Staff shared that they felt supported in their roles and had access to the leadership team informally if needed. Several staff said they did not have access to regular formal supervision sessions. The service shared that they are in the process of creating a more robust system to make sure staff have regular supervision. This would ensure people have access to care from staff who are appropriately trained and supported to provide a high standard of care.

This previous area for improvement has not 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.

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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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