

Three Towns Care Home Care Home Service

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Telephone: 01294 469 711

Type of inspection:
Unannounced

Completed on:
25 July 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379127

About the service

Three Towns Care Home is registered to provide a care home service for up to 60 older people. The provider is Holmes Care Group Scotland Ltd. The service is located in a residential area of Stevenston, North Ayrshire, and is close to local amenities, shops and transport links.

The care home is purpose-built, with accommodation over two floors connected by a passenger lift. The first floor, Ardeer Unit, 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 a follow up inspection to look at progress in meeting requirements made following a complaint investigation. The inspection took place on 11 July 2025 and 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 five staff and management, observed practice and daily life, and reviewed documents.

Key messages

Progress had been made in responding to the requirements.

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

Requirements

Requirement 1

By 07 July 2025, the provider must ensure that the nutritional needs of people experiencing care are well met. In order to do this, the provider must at a minimum:

- a) ensure all staff are familiar with and adhere to the service policy and procedure on food, fluid and nutrition and oral care;
- b) ensure nutritional and oral risk assessments are completed and reviewed regularly and in response to changes in people's needs;
- c) ensure support plans are updated in line with changes in people's presentation;
- d) demonstrate that weight monitoring information is used effectively to support the management of people's nutritional care;
- e) liaise with and make referral without delay to relevant healthcare services where concerns about people's nutritional needs are identified.

To be completed by: 07 July 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 7 May 2025.

Action taken on previous requirement

Records confirmed that some staff had read and signed their understanding of the policy and procedure on nutrition and oral care. The manager told us that further work was needed to ensure all staff complete this task. We noted that detailed workbooks had been completed to support practice in respect of resident nutrition, with staff feedback confirming this had been positive. The manager reported that themed supervisions had also been undertaken, with a focus on food and fluid monitoring, and the promotion of the dining experience and adopting a 'Food First' approach. We found information was available within dining areas and the kitchen, to confirm people's individual nutritional needs and preferences. Training on oral

health has been organised, with dates of 8 and 17 July 2025.

The manager acknowledged that there had been some difficulty in ensuring staff maintained resident records in a timely manner. From the sampling of records, we found some inconsistency in the recording of nutritional information. While some records had been completed and updated appropriately, others lacked important information and evidence of review. We noted that the manager had implemented systems for interim checks on food and fluid monitoring, and we saw evidence of these being audited with follow-up actions identified.

We found that some weight monitoring had not been completed in line with expected frequency, and this impacted the accuracy of nutritional risk assessments. We viewed the MUST STEP 5 for nine people, which were all completed on 21 May 2025. While initial information had been recorded, the documents were incomplete and had not been reviewed at the mandatory 4 and 8 week stages, to determine the effectiveness of the approach taken.

The manager told us, and records showed, that referrals to external healthcare services had been made for people where nutritional concerns had been identified. In one example, we could not see how the advice received had been integrated into the support plan.

Overall, we noted some progress in responding to this requirement and acknowledge the additional guidance and support provided to staff. We were not however confident that the recording and review of nutritional and oral care information was being maintained by all staff to ensure this informed the approach to supporting people's needs. This requirement has therefore been extended until 12 September 2025.

Not met

Requirement 2

By 07 July 2025, the provider must ensure the health and wellbeing of people, the manager should demonstrate that systems are in place to effectively record changes in people's healthcare and the actions to be taken. In order to do this the provider must, as a minimum:

- a) complete and record all clinical observations in line with service procedure;
- b) ensure accurate records are maintained relating to people's care and the actions taken by staff when changes are noted.

To be completed by: 07 July 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210

This requirement was made on 7 May 2025.

Action taken on previous requirement

We spoke with staff, who explained that any noted concerns or changes in the presentation of people would be immediately reported to the senior or nurse in charge. It is the responsibility of senior staff to take and record all clinical observations and contact external healthcare services. Staff expressed confidence in the senior staff team, and in the GP practice responding promptly to requests to attend the service, where concerns had been raised about people. We heard that systems for communication between staff had improved, and this supported a more coordinated oversight of people's care.

We sampled records for two people where we identified that there had been a recent change in their health and wellbeing. From these, we found evidence of concerns being noted by care staff, clinical observations being recorded, contact being made with medical services and family being updated appropriately.

Fifteen staff attended training in July 2025 on the use of the Restore NEWS2 tool, which is used to record clinical observations and support decision making in respect of referral for further medical assessment. Further training is planned for staff to ensure they are confident in using this to support their clinical observations and decision making. Overall, we were satisfied that progress had been made in responding to this requirement, which has now been met.

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

The manager should demonstrate that the health and wellbeing needs of people are assessed and met through the development and review of support plans and where appropriate, through timely referral with healthcare professionals.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 7 May 2025.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 2

The manager should ensure that people's oral healthcare needs are appropriately met in line with the service policy and procedure on oral care. Support plans should be developed and a record of all assistance with oral care should be maintained.

This area for improvement was made on 7 May 2025.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 3

The manager should demonstrate that systems are in place to support the effective communication with family/representatives of people experiencing care. A record of the agreed arrangements and all communication made and received should be maintained.

This area for improvement was made on 7 May 2025.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 4

To ensure respect for people, the manager should demonstrate that effective systems are in place to record and manage people's personal clothing and property in line with the service policy and procedure.

This area for improvement was made on 7 May 2025.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 5

The manager should ensure that people have opportunities to engage in activity which meets with their assessed needs and preferences.

This area for improvement was made on 7 May 2025.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 6

To ensure people's continence care needs are well met, the manager should ensure that person-centred continence support plans are developed and implemented by staff. Plans should be reviewed following any changes in people's continence care needs including the outcome of involvement from healthcare professionals.

This area for improvement was made on 7 May 2025.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 7

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 area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 8

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 area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 9

The service needs to review the mealtime experiences within the home to ensure that they are consistent and provide appropriate support to people to meet their nutritional and hydration needs as well as providing an enjoyable social experience.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 10

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 area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 11

To ensure that staff have the skills, knowledge and understanding to fulfil their role, the provider should ensure that observations of staff practice and competency checks are done at regular intervals. To support consistent high quality care and support the provider should ensure that the continuing assessment, planning and evaluation of staffing is transparent, evidence-based and focussed on achieving good outcomes for people. This should include enough staff on each shift to provide the right level of support required for the assessed needs of the people living in the care home.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 12

The provider needs to invest in the care home environment, in particular the upper floor is in need of refurbishment and upgrading.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed during this follow up inspection

Previous area for improvement 13

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 area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed during this follow up inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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