

Thorntoun Supported Living Services Housing Support Service

Thomson Court 18-38 Witch Road Kilmarnock KA3 1JG

Telephone: 01563 529 555

Type of inspection:

Unannounced

Completed on:

31 October 2025

Service provided by:

Thorntoun Limited

Service provider number:

SP2003002275

Service no: CS2004059478



Inspection report

About the service

Thorntoun Supported Living Services is registered to provide a combined Housing Support service and Care at Home service.

The service is provided to adults with learning disabilities, who may also have physical disabilities.

Cuthbert Place has four en suite bedrooms, a shared kitchen, and living areas equipped for people with physical disabilities. Thomson Court has 10 individual flats with an additional communal lounge and kitchen. Both services are within easy reach of local facilities and public transport in Kilmarnock.

At the time of inspection, there were 13 people being supported by the service.

About the inspection

This was an unannounced inspection which took place on 27 and 28 October 2025 between the hours of 09:30 and 16:30. 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 six people using the service and five of their family
- spoke with seven staff and management
- · observed practice and daily life
- reviewed documents
- received responses to our survey from nine staff members and two professionals.

Key messages

- · Staff supported people with warmth and respect, promoting independence and wellbeing.
- Support plans were person-centred and regularly reviewed.
- Staffing levels were appropriate and flexible, with minimal reliance on agency staff.
- People using the service expressed high levels of satisfaction and felt safe and valued.
- Families reported improved communication and confidence in the service since the change in management.
- The service should work on developing team meetings.

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 staff team?	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. The service demonstrated important strengths in supporting people's health and wellbeing, which had a positive impact on their lives.

People experienced care that was responsive to their changing health needs. Support plans were personcentred and regularly reviewed, with clear information about diagnoses, routines, preferences, and risks. We were able to clearly track any changes in people's health. For one person, we could see the service had taken action when one person had begun to experience challenges with their mobility. This included proactive measures such as installing automatic doors to reduce fall risk. This meant the person could move more freely and safely, promoting independence and dignity.

Staff responded quickly to changes in health. For example, appropriate referrals being made for reassessment by Speech and Language Therapy (SALT) led to a broader diet and improved quality of life. This showed that the service was vigilant and acted to ensure people's needs were met.

Medication systems were generally safe, and most 'as required' medication protocols were in place. We did find one issue where a prescribed topical medication had not been accurately recorded leading to medication not being given as it was prescribed. This was highlighted to the manager who acted promptly to address this. This helped ensure people received the right medication at the right time, reducing the risk of harm.

People were supported to make healthy choices. Nutrition plans reflected individual preferences and health goals, such as switching to wholegrain bread to support bowel health. Staff encouraged people to stay hydrated and monitored weight changes, which helped people maintain their wellbeing.

Independence was promoted. One family member told us, 'He is acquiring a lot of new skills - last time I was in to see him he was doing housework and even made me a cup of tea for the first time ever!'.

People told us they felt safe and well cared for. The "tenant of the day" initiative gave individuals choice and control over their activities and support, enhancing their sense of value and inclusion. Observations confirmed warm relationships between staff and tenants, contributing to a positive emotional environment.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing levels were appropriate and flexible. Managers used a dependency tool to assess needs, and shifts were covered internally, reducing reliance on agency staff. This meant people were supported by familiar staff who knew them well, promoting trust and continuity.

Staff described a strong team ethos and felt supported in their roles. People were involved in decisions about who supported them, and their preferences were respected. This helped people feel safe and in control of their care.

Interactions between staff and people were warm and respectful. Families praised the team's compassion and consistency, describing them as, "The best team we've ever seen." This contributed to people feeling valued and emotionally secure.

Supervision and appraisal systems were in place, but the format limited space for reflection. Expanding this would help staff engage more meaningfully and improve practice. Team meetings had recently started but were infrequent. More regular meetings with clear action tracking would support communication and continuous improvement and staff reflection (see area for improvement 1).

Areas for improvement

1. To support continuous improvement and ensure staff are well-informed and reflective in their practice, the provider should improve the frequency, structure, and documentation of team meetings.

This should include, but not be limited to:

- a) Ensuring meetings are held regularly and provide opportunities for staff to reflect on practice and share learning.
- b) Improving the recording of meetings to include clear action points and outcomes.
- c) Implementing a system to evidence that staff have read and understood updates, particularly where changes to support plans or procedures are discussed.

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); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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 ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and how they require to be supported with these;
- 2) more detailed information to support the promotion of people's independent living skills;
- 3) clear outcomes for individuals (including commissioned outcomes); and
- 4) signposting to additional documents, such as, risk assessments, protocols and management plans.

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

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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); and 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.5).

This area for improvement was made on 16 May 2018.

Action taken since then

Since the last inspection, the service has made progress in improving support plans. New documents such as 'How to support me at a glance' and 'My daily support needs' have been introduced, providing clearer and more personalised information. These improvements have helped staff understand and respond to people's needs more effectively. However, the rollout is still in progress, and not all support plans have reached the same level of detail. Additionally, plans for people with communication support needs would benefit from clearer, more prominent guidance. The service has also introduced a 'tenant of the day' initiative to support regular updates to plans. While commissioned outcomes are evident, personal outcomes could be more clearly defined.

This area for improvement has not yet been met and will continue.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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