

## Torrance Lodge Care Home Service

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Telephone: 01563 525 158

**Type of inspection:**  
Unannounced

**Completed on:**  
5 November 2025

**Service provided by:**  
Thorntoun (Ayrshire) Limited

**Service provider number:**  
SP2017012932

**Service no:**  
CS2017356925

## About the service

Torrance Lodge is registered to provide care to a maximum of 88 adults (aged 50 and above) and older people with assessed needs which can be met by the service. The provider is Thorntoun (Ayrshire) Limited.

The service is situated on the outskirts of Kilmarnock. Accommodation is all on one level with three separate units - Culzean, Arran and Buchanan. Each unit is laid out with lounge and dining areas. All bedrooms are single occupancy with the majority having en suite shower facilities. Additional shared bathing and shower facilities are available within each unit. People have access to safe and well-maintained garden areas.

## About the inspection

This was a follow-up inspection to assess progress with improvements detailed in four requirements from the inspection completed on 28 August 2025.

This inspection took place on 4 November 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 people using the service and members of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- The management and staff teams have worked hard to meet the requirements identified at the previous inspection.
- Personal plans have improved to include accurate clinical information and reflect individuals' choices.
- Feedback from people living in the home was positive. They told us that staff were kind, that there were enjoyable activities to take part in, and that they were satisfied with quality and choice of food.
- Staff training had been relevant and well-received. Staff said that they feel supported with their learning and development.

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

### Requirements

#### Requirement 1

By 3 November 2025, the provider must ensure that all staff consistently promote person-centred care, respecting people's rights to choice, dignity, and discretion. To do this, the provider must, at a minimum:

- a) provide training for all staff on the principles of person-centred care, including promoting choice, respect, and dignity
- b) ensure staff understand how their actions and language impact people's wellbeing
- c) monitor staff practice to ensure care is not task-led and that people are supported as individuals
- d) take action where practice does not align with the Health and Social Care Standards.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'If my independence, control and choice are restricted, this is justified by a risk assessment and agreed plan' (HSCS 1.3), 'I experience warmth, kindness and compassion in how I am supported and cared for' (HSCS 3.1) and '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).

**This requirement was made on 23 September 2025.**

#### Action taken on previous requirement

Staff had received face-to-face training on person-centred care, with a focus on promoting the principles of choice, dignity and respect. This learning has been reinforced through follow-up discussions and reflective sessions to support sustained improvement in practice.

The management team had conducted direct observations of staff practice and addressed any issues identified through appropriate support and guidance. These observations, alongside supervision outcomes, had been used to inform ongoing training needs within the staff group.

Staff reported that the training was relevant to their roles and had helped to enhance their knowledge and understanding. Observations confirmed that staff demonstrated awareness of the principles of choice, dignity and respect which was evident in their interactions with the people they supported.

The management team continues to show a strong commitment to supporting staff learning and development, contributing to improved practice and positive outcomes for people using the service.

### Met - within timescales

#### Requirement 2

By 3 November, the provider must ensure that personal plans and daily records are accurate, up-to-date, and person-centred to support safe and consistent care. To do this, the provider must, at a minimum:

- a) ensure all personal plans include current medical and clinical information, including but not restricted to wound and skin care needs
- b) evaluate care plans meaningfully to assess whether support is effective and what changes may be needed
- c) improve the quality of daily records so they reflect people's experiences and provide clear guidance for staff
- d) monitor and audit care documentation regularly to ensure consistency and accuracy.

This is to comply with Regulation 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards which 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 experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This requirement was made on 23 September 2025.**

#### Action taken on previous requirement

The nursing and senior care teams had worked hard to improve the quality and accuracy of information recorded in people's personal plans. These plans now contain appropriate detail regarding the management of clinical care needs, including skin integrity and wound care.

Updates to treatment plans, as advised by external health professionals, were reflected into personal plans. This ensured that staff were guided to deliver agreed and consistent care, effectively supporting people's health needs.

There was evidence that people were being consulted about the content of their personal plans, with their choices and decisions starting to be included. This supports a more person-centred approach and helps ensure that care delivery respects each person's wishes.

Personal plans were being regularly reviewed to assess their effectiveness in meeting people's needs. Staff had undertaken training to enhance their record-keeping skills, and feedback indicated that this has improved their understanding of person-centred documentation. As a result, records more accurately reflected people's daily lived experiences, enabling more meaningful care reviews and contributing to improved outcomes.

Systems were in place to ensure that personal plans were audited regularly. This helps maintain the accuracy and currency of information, supporting staff in the effective management of people's health, welfare and safety needs.

## Met - within timescales

### Requirement 3

By 3 November 2025, the provider must ensure that leadership and quality assurance processes are used effectively to improve outcomes for people experiencing care. To do this, the provider must, at a minimum:

- a) use feedback from people living in the service, their families, and staff to inform the Service Improvement Plan
- b) ensure quality assurance tools (including quality audits, resident-of-the-day, and supervision records) are used as intended and lead to meaningful action
- c) record and act on concerns raised through meetings and surveys, demonstrating a transparent and responsive culture
- d) provide support and training for unit leaders to strengthen oversight, staff support, and consistency in care delivery.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards which state: '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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 23 September 2025.**

### Action taken on previous requirement

Resident and relative meetings had taken place, with initial discussions focused on the findings of the most recent Care Inspectorate inspection and the provider's plans to address the identified requirements. The management team had demonstrated a clear commitment to gathering feedback from people and their families, using this input to inform ongoing service development.

This approach reflects a culture of continuous improvement, where the views, needs and preferences of those living in the service are central to driving positive change. By actively involving stakeholders in shaping the direction of the service, the provider is working to ensure that care delivery remains person-centred and responsive.

To support quality assurance, the service is currently using a digital system. Responsibility for completing relevant audits, including clinical risk overviews, medication management and care planning rests with the manager, deputy manager, team leaders and heads of department.

A revised Resident of the Day format has been introduced, promoting a more person-centred approach and involving contributions from all departments. This has strengthened multidisciplinary collaboration, improved the quality of care planning and led to better outcomes for people living in the home.

Clinical risks are discussed routinely during daily flash meetings and clinical team meetings. This structured and proactive approach has resulted in more effective risk management and improved outcomes for people's care and support needs. Discussions with team leaders confirmed that they feel better informed about people's healthcare needs and associated clinical risks. This has contributed to more responsive, person-centred care delivery across the service.

The requirement relating to quality assurance had been met within the required timescales. We noted clear improvements in the overall oversight of service provision, particularly in the management of clinical risk. These enhancements have had a positive impact on outcomes for people living in the home.

The management team had demonstrated an ongoing commitment to building on the improvements already implemented. As a result, Key Question 2 (How good is our leadership?) has been re-evaluated from weak to adequate, reflecting the progress made in leadership and quality assurance practices.

### Met - within timescales

#### Requirement 4

By 3 November 2025, the provider must ensure that staff training leads to safe, effective, and person-centred care. To do this, the provider must, at a minimum:

- a) carry out regular competency assessments and direct observations of staff practice to confirm that training is being applied effectively
- b) take action where staff practice does not meet expected standards, including follow-up support and reflective learning
- c) ensure that formal systems used to address errors include clear records of actions taken and evidence of their impact on improving staff skills and outcomes for people.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards 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 because people have the necessary information and resources' (HSCS 4.27).

**This requirement was made on 23 September 2025.**

#### Action taken on previous requirement

Direct observations of staff practice have been carried out to assess the effective application of training. Where areas for improvement have been identified, appropriate support measures have been implemented to enhance staff performance.

Outcomes from supervision sessions and observational assessments have been used to inform the identification of training needs across the staff team. A targeted training programme had been implemented, focusing on key areas such as promoting the principles of choice, dignity and respect; developing a person-centred approach to care and improving the quality of record keeping. This approach had led to increased staff awareness and understanding of person-centred care.

Staff told us that the training was relevant and had encouraged them to reflect on their practice. They also said that they felt well-supported in their learning and development. Overall, morale within the staff team had improved as a result of these initiatives.

**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 uphold people's rights and promote person-centred care, the provider should review the use of physical barriers across bedroom doors. The purpose of these barriers must be clearly recorded, showing they are intended to prevent entry into others' rooms and not to restrict people's own movement. Consent and discussion with those involved should be part of this process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have restricted movement because of my care and support, this is justified and kept to a minimum' (HSCS 2.23) and 'I make informed choices and decisions about the risks I take in my daily life and am supported to do so' (HSCS 2.24).

**This area for improvement was made on 23 September 2025.**

#### Action taken since then

A review of the use of physical barriers across bedroom doors has been completed. Where appropriate, some barriers have been removed. For those that remain in place, care plans now include clear documentation outlining the rationale for their use, along with evidence of consultation with the individual and/or their representative.

This approach supports the promotion of person-centred care and upholds individuals' rights, ensuring that any measures taken are proportionate, respectful, and agreed upon.

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

## Previous area for improvement 2

To improve people's dining experience, the provider should ensure mealtimes are well led, with staff available to support individuals in a timely and respectful way. People should be consistently offered choice, and communication with the catering team should be strengthened to ensure suitable alternatives are available.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'I can enjoy my meals and snacks in a relaxed atmosphere as much as possible' (HSCS 1.35).

**This area for improvement was made on 23 September 2025.**

### Action taken since then

We observed improved management of mealtimes with staff effectively led and appropriately deployed to support individuals with eating and drinking. Mealtimes were calm, well-organised, and appeared to be a more enjoyable experience for residents. Staff demonstrated awareness of individuals' dietary needs, ensuring that meals provided were appropriate and supportive of their health requirements. People were consistently offered choices at mealtimes, and feedback from residents was positive. Comments included:

"The food is good, tasty, and there's plenty of choice."

"I can get something else if I don't want what's on the menu."

The catering team was responsive to requests for alternative meals, further supporting a person-centred approach to dining.

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

## Previous area for improvement 3

To support people's health and wellbeing, the provider should improve the management of topical medication. This includes ensuring T-MARs are consistently in place, storage is safe and appropriate, and application records are complete and accurate. This will help ensure people receive treatment as prescribed.

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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 23 September 2025.**

### Action taken since then

**This area for improvement has not been assessed and remains in place.**

## Previous area for improvement 4

To promote staff development and improve outcomes for people, the provider should strengthen the staff supervision process. Supervision should be regular, person-led, and include a focus on staff wellbeing. Concerns raised during supervision should be followed up with clear action plans to support effective learning and development.

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 because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 23 September 2025.**

### Action taken since then

**This area for improvement has not been assessed and remains in place.**

## Previous area for improvement 5

To support consistently high quality of the service, the provider should ensure that the continuing assessment, planning and evaluation of staffing is transparent, evidence-based and focused on achieving good outcomes for people. This should include, but not limited to, taking into account:

- feedback from service users, family and staff
- quality assurance outcomes and clinical governance
- staff wellbeing
- individual needs, abilities, characteristics and circumstances.

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 23 September 2025.**

### Action taken since then

**This area for improvement has not been assessed and remains in place.**

## Previous area for improvement 6

The provider should ensure that personal plans are developed in consultation with the individual and their representatives to reflect a responsive, person-centred approach, taking account of individuals choices and preferences.

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

**This area for improvement was made on 23 September 2025.**

**Action taken since then**

Personal plans are beginning to reflect a more person-centred approach to care planning. Staff have taken part in training focused on person-centred record keeping, which has positively impacted their knowledge and skills in this area.

It was noted that individuals were being consulted about the content of their personal plans. Their preferences and wishes regarding care were being recorded more effectively, supporting staff to deliver care that respects and upholds personal choice. This development contributes to a more inclusive and responsive care planning process, promoting the principles of dignity, respect and person-centred practice.

**This area for improvement has 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).

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