

Thorney Croft Care Home Service

12 Sycamore Way
STRANRAER
DG9 7BY

Telephone: 01776 888660

Type of inspection:
Unannounced

Completed on:
27 November 2025

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000293

About the service

Thorney Croft is registered to provide a non-nursing care service to a maximum of 60 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

The home was purpose built and is located in a residential area, overlooking the town of Stranraer. Local amenities are within walking distance of the home. A car park is available to visitors.

Accommodation is split into six small group living areas that provide 10 bedrooms. Each unit includes a shared bathing/shower room and access to communal lounges and dining/kitchen area. All bedrooms have en-suite toilet and sink facilities.

The home covers two floors serviced by a passenger lift and a staircase. There are large reception and atrium areas which provide space for visiting and activities to take place. The ground floor has access to a large, enclosed garden with seating.

At the time of the inspection 59 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 25, 26 and 27 November 2025 between 08:45 and 18:00. 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 20 people using the service who were able to give their opinion and four relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- received 11 completed questionnaires (this includes all types)
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with two visiting professionals.

Key messages

- The staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from regular activity and social opportunities.
- Families reported being happy with the care and support their loved ones received.
- The service should improve their staff induction and recruitment processes.
- The home was clean and welcoming.
- The service had met the two requirements and seven areas for improvement made at previous inspections.
- As a result of this inspection, we have made three areas for improvement.

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 leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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?

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 told us they felt well cared for and respected. Comments included: 'The care my dad received was outstanding, he died with dignity, and we are extremely thankful.' 'Care and support is first class.' Staff interactions observed were warm, respectful, and person-centred, with friendly conversations and banter throughout the day. Staff took time to chat even when busy, promoting dignity and inclusion.

Activities were led by an experienced and motivated activities co-ordinator. People's preferences for activities were noted in their personal plans. People were provided with activities which included physical exercise classes, entertainment, baking, arts and crafts, musical entertainment, and community engagement. The home were recruiting additional activities staff to ensure activities were developed further. Relationships between people experiencing care were developed because of well provided activities.

To meet people's medical needs, the service had a safe, well-managed medication system. Medication staff champions were in place, staff had received training and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

People enjoyed coming together for meals. Staff ensured that mealtimes were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. The dining process was quality assured to ensure any issues identified were resolved. People's health and wellbeing benefitted from the provision of high quality and well-presented food.

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health-related issues and were responsive to any advice given. Positive partnership work with a physiotherapist which included a weekly visit to the home focussed on safer mobility and falls prevention. This approach helped people keep well and ensured their health needs were being met.

Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences. We saw and heard about reviews which fully involved the person receiving care and their relatives. The interventions by staff showed that there was structure and meaning for the individual, encouraging independence and to take control of their life.

How good is our leadership?

5 - Very Good

We found significant strengths in the leadership of the service and how this supported positive outcomes for people, therefore we evaluated this key question as very good.

The service demonstrated a positive attitude towards quality assurance. There was regular audit of incidents, accidents, falls and key health needs such as nutrition, oral health, and skin care. The themes emerging from audits informed care planning, ensuring care was responsive to people's individual needs.

The management team had a very good oversight of what was happening within the home. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

A review of the complaints received by the service showed that these had been responded to promptly. Complainants were advised of the method of investigation and the outcome of their complaint. Where a complaint had been upheld an apology was offered. The findings of complaint investigations were used to enhance learning and improve practice. This reflected a learning culture with improved outcomes for people.

There was a Service Improvement Plan, which focussed upon improving the experience of people using the service. The service had also started using self-evaluation to assess their own performance, we discussed how this can be developed further. This demonstrated that there was a commitment to evaluating the service and learning from feedback from residents, relatives, and other stakeholders.

The service produced a regular newsletter to provide information on what was on offer in the service and activities that had taken place. The newsletter included an invitation to friends and relatives to share their views on the service provided. The feedback from people was overwhelmingly positive.

Staff, relatives and visiting professionals spoke highly of the management team. They were positive about communication and commented upon the visibility of the manager. Staff felt able to approach managers and were confident that their views would be listened to.

Overall, we found very good leadership within the home, with a clear focus on improving the quality of life for the people living in the service.

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.

Positive feedback from residents highlighted staff friendliness and caring approach: 'They're a very friendly and caring bunch.' 'I feel very lucky to be so well looked after at Thorney Croft.' Residents valued meaningful conversations, showing strong relationships and trust. This assured us that the staff team were caring and considerate in their practice.

Staffing requirements were identified through regular assessment of people's care needs. Staff told us that they had enough time to support people effectively. Observation of daily life took place as part of the staffing assessment ensuring time to provide meaningful engagement and support. The manager had recently introduced allocation boards to ensure the right staffing was deployed in the right area supporting person centred care.

We observed good team working between staff. Direct observations of staff practice had been completed and these helped reinforce good practice and helped staff understand their role.

Staff were encouraged and motivated in their roles. Staff we spoke to told us that the management team were supportive. Training was ongoing and the service had champions roles to support staff progression. There was evidence of good communication for staff including meetings, handovers, and supervision. This ensured that the staffing arrangements were right, and staff worked well together.

An induction champion has been appointed to support new staff during their initial induction period, which

is a positive development. However, a review of induction booklets in staff files showed that some sections, such as observations for personal care and food/nutrition, were left blank despite the three-month sign-off indicating competency. While comments were provided to support sign-off, incomplete documentation suggests the process may need reviewed to ensure clarity and consistency. Gathering feedback from staff as part of the induction review would further strengthen the process and ensure it remains meaningful. (See area for Improvement 1).

Staff were supported through regular supervision, which provided opportunities to reflect on their practice and identify learning needs. However, some records showed documentation could be strengthened to ensure progress and actions are monitored and embed staff wellbeing discussions into supervision. This contributes to a confident and competent workforce to support the delivery of positive outcomes for people using the service.

The service is developing its interview and recruitment approach to ensure candidates are the "best fit" for roles. A structured interview process is in place; however, scoring was not evident in the records reviewed. Implementing a scoring system would provide clear evidence and justification for decision-making. Additionally, the service should ensure that those involved in interviews have the appropriate training and skills to undertake this responsibility effectively. Overall, recruitment practice meets core requirements and demonstrates a commitment to improvement. However, further development of the interview process would strengthen transparency and consistency in decision-making. (See area for Improvement 2)

Areas for improvement

1. To ensure staff have the necessary skills and knowledge to deliver safe and effective care, the provider should ensure induction documentation is fully completed and reflects observed competencies.

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."

2. The provider should strengthen the interview process by introducing a scoring system and ensuring interview panel members are suitably trained. This will support fairness and confidence in recruitment decisions.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: "I use a service and organisation that are well led and managed."

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the environment and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from a comfortable, warm, and homely environment, where they were able to sit and chat to each other. People were able to move around each unit as they wished and choose where to spend their day.

We spoke with people and relatives visiting who explained that they were able to personalise their

bedrooms with photographs, ornaments, decoration and pieces of furniture to make it their own space and we observed this to be the case as bedrooms were very individual to each person.

There were several areas for people to spend time out with their units including a large reception area, day unit used for activities, hairdressing salon and upstairs 'dome'. This gave people opportunities to spend quality time away from their units as the areas were very accessible and well designed.

The service had used the King's Fund assessment tool to improve the environment and to be more dementia friendly. Signage was in place to help direct and orientate people around the units and service.

Having access to outside space is important for giving people a sense of wellbeing. People benefitted from having access to a large accessible garden to the rear of the building.

The service maintained high standards of cleanliness through a dedicated housekeeping team and a robust cleaning schedule aligned with national guidance. Our environmental inspection confirmed very good levels of cleanliness, and regular audits provided assurance that these standards were consistently monitored and sustained.

There were plentiful supplies of readily accessible personal protective equipment (PPE) which staff used aligned to good infection prevention and control (IPC) guidance. Laundry staff were familiar with IPC good practice guidance for the safe handling of laundry which reduced the risk of transmission of infection.

Environmental audits and maintenance checks were completed and used effectively to ensure the home was safe and well-maintained, with action plans addressing any issues. External contracts ensured equipment was serviced in line with legal and manufacturer guidance. This supported a safe and comfortable environment for people living in the service.

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.

Preadmission assessments took place to obtain information on people's needs. This was to ensure the service would be appropriate and the provider had the resources required to meet the needs of people who moved to the home.

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

Although reviews were being completed, the quality and consistency of documentation could improve to ensure outcomes for people are fully captured and reflected in care planning. Some review minutes were not uploaded into care plans, and several review notes sampled were basic. Records focused mainly on health needs rather than capturing wider outcomes for people. While reviews are taking place, the current template may not fully support meaningful conversations or outcome-focused recording. Revising templates and ensuring all review minutes are documented would strengthen the process and provide clearer evidence of person-centred planning. (See area for Improvement 1)

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make. Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs completed when this was people's chosen outcome. Anticipatory care plans were recorded showing discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

When people's health needs had changed, personal plans and risk assessments were promptly updated. This ensured care and support delivered was responsive to people's changing needs.

Areas for improvement

1. To support better conversations and outcome-focused recording, the provider should ensure review minutes are consistently recorded and include outcomes for people.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: "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."

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

Requirements

Requirement 1

Requirement made 02 October 2025 following a complaints inspection.

By 23 November 2025 the care provider must ensure people experiencing care have their continence needs managed appropriately and in a manner that maintains their dignity and personal care needs. The provider must, at a minimum:

- a) ensure continence care plans contain accurate, up to date and detailed information about the support a person experiencing care requires;
- b) ensure that any changes are recorded and evaluated;
- c) ensure people's intimate personal care is carried out in a dignified way and their privacy and personal preferences are always respected.

This is in order to comply with: Regulations 4(1)(a) and 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This requirement was made on 2 October 2025.

Action taken on previous requirement

Care plans had been reviewed and updated to reflect people's current needs, including detailed and accurate information regarding continence care. We saw evidence of dietician referrals being completed and documented within the plan. Ongoing monitoring is in place, with team leaders conducting monthly reviews to ensure care remains appropriate.

Staff had completed continence training, supporting safe and effective practice. Changes to people's plan were clearly recorded, with a structured table implemented to capture reviews by the continence nurse and associated evaluations and actions. Daily notes indicate that care is delivered in a dignified manner, reinforced by staff completion of dignity training and regular dignity audits. Observations and documentation confirm that staff consistently uphold dignity principles in their approach to care.

Met - within timescales

Requirement 2

Requirement made 02 October 2025 following a complaints inspection.

By 23 November 2025, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe. To do this, the provider must, at a minimum:

- a) regularly assess and review people's care and support needs;
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements;
- c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with: Sections 7(2)(e) and 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with Health and Social Care Standard 4.15: I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.

This requirement was made on 2 October 2025.

Action taken on previous requirement

Monthly dependency assessments had been completed for each resident and recorded on the electronic care planning system. Sampling and tracking confirmed these are carried out appropriately, with adjustments made promptly when needs change.

The management team maintains strong oversight through daily walk-arounds, presence during mealtimes, and responsive support when needs arise. A new visual board has been introduced to enhance oversight of resident needs and support effective staff deployment.

Robust quality assurance processes are in place, including audits on dining experience, dignity in care, weekly nurse call bell checks and resident of the day. Feedback from residents, staff and families, and regular discussion at team meetings and supervision sessions were also seen as part of assessing the staffing levels within the home.

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

So people experience better choice at mealtimes the provider should take account of best practice such as:

- Ensure menus are displayed with what is being served on the day.
- Offering real time visual choices.
- Offer a clear alternative menu for those who don't like the choices on offer.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 13 February 2025.

Action taken since then

During the inspection, all three best practice measures to enhance choice at mealtimes were observed to be in place and actively used. Menus were clearly displayed, accurately reflecting what was being served on the day. Staff offered real-time visual choices to residents, ensuring they could make informed decisions about their meals.

In addition, a clear alternative menu was available for those who did not wish to select from the main options. These practices demonstrate the provider's commitment to promoting choice and person-centred care at mealtimes.

This area for improvement has been met.

Previous area for improvement 2

So people can be sure quality assurance drives change and improvement where necessary the service provider should consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.

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

The service has introduced a new outcome-focused action plan developed using the Care Inspectorate toolkit aligned with the quality framework. Although in its early stages, the plan identifies clear outcomes and actions, including the development of staff champion roles, falls prevention input from physiotherapy, training initiatives, and recruitment strategies.

This demonstrates a positive approach to measuring impact and driving improvement. The manager is exploring ways to further develop the plan by incorporating reflective questions such as "what do we do well," "how do we know," and "what do we want to develop further," to ensure the breadth of positive practice within the service is captured. Increased involvement of residents, staff, and stakeholders in shaping and reviewing the plan will support a culture of continuous improvement.

This area for improvement has been met

This area for improvement was made on 13 February 2025.

Action taken since then

The service has introduced a new outcome-focused action plan developed using the Care Inspectorate toolkit aligned with the quality framework. Although in its early stages, the plan identifies clear outcomes

and actions, including the development of staff champion roles, falls prevention input from physiotherapy, training initiatives, and recruitment strategies.

This demonstrates a positive approach to measuring impact and driving improvement. The manager is exploring ways to further develop the plan by incorporating reflective questions such as "what do we do well," "how do we know," and "what do we want to develop further," to ensure the breadth of positive practice within the service is captured. Increased involvement of residents, staff, and stakeholders in shaping and reviewing the plan will support a culture of continuous improvement.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that the service addresses maintenance and environmental needs identified in the service action plans in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

This area for improvement was made on 13 February 2025.

Action taken since then

Maintenance records and observations during the inspection confirmed improvements in addressing environmental and maintenance needs. Actions identified in service action plans are now being completed in a more timely manner, demonstrating better responsiveness and oversight in this area.

This area for improvement has been met.

Previous area for improvement 4

So people can be confident their medication is stored appropriately, the provider should review the temperature control within the medication room.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "Any treatment or intervention that I experience is safe and effective." (HCSC 1.24)

This area for improvement was made on 13 February 2025.

Action taken since then

An air conditioning unit has been installed in the medication room to support appropriate temperature control. In addition, a system for daily temperature monitoring is now in place, ensuring compliance with best practice for safe medication storage.

This area for improvement has been met.

Previous area for improvement 5

Area for Improvement made 02 October 2025 following a complaints inspection.

To ensure people experiencing care have their personal care needs consistently met the care provider should ensure care plans provide clear and accurate information and capture techniques used successfully by staff

when support is refused. In addition, staff should accurately record the support provided and any follow up action taken if support is refused.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

Care plans provided clear and accurate information about personal care needs, including strategies and techniques successfully used by staff when support is initially refused. Records sampled during the inspection confirmed that staff accurately document the care provided and any follow-up actions taken when support is declined.

Records appeared time-specific, and management oversight was evident to ensure compliance. Good communication between team members was observed during the inspection, reducing the risk of missed care and supporting consistent delivery of personal care. This improvement supports consistency in meeting individuals' personal care needs and promotes a person-centred approach.

This area for improvement has been met

This area for improvement was made on 2 October 2025.

Action taken since then

Care plans provided clear and accurate information about personal care needs, including strategies and techniques successfully used by staff when support is initially refused. Records sampled during the inspection confirmed that staff accurately document the care provided and any follow-up actions taken when support is declined.

Records appeared time-specific, and management oversight was evident to ensure compliance. Good communication between team members was observed during the inspection, reducing the risk of missed care and supporting consistent delivery of personal care. This improvement supports consistency in meeting individuals' personal care needs and promotes a person-centred approach.

This area for improvement has been met.

Previous area for improvement 6

Area for improvement made 02 October 2025 following a complaints inspection.

To ensure people experiencing care are treated with respect and have confidence in the support provided, the care provider should ensure staff attend person centred training specific to the needs of individuals. In addition, the care provider should ensure staff record information relating to individuals and the support received in a respectful manner.

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 area for improvement was made on 2 October 2025.

Action taken since then

A range of training opportunities has been arranged with multidisciplinary professionals in response to identified development needs, including continence care and mental health training. Supervision records show staff have requested additional face-to-face training, and the manager has liaised with the local care home tactical team to explore availability. The service should continue to ensure training remains person-centred and meaningful to support staff in developing the necessary skills and competencies to meet residents' needs.

An ongoing training needs analysis and improved oversight of "additional" training would further strengthen this approach, as there is currently no formal system for monitoring compliance or planning at an individual staff level.

This area for improvement has been met.

Previous area for improvement 7

Area for Improvement made 02 October 2025 following a complaint inspection.

To ensure people have confidence in the service being provided, the care provider should ensure all complaints are fully investigated and a response issued which details the findings and actions to be taken.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 2 October 2025.

Action taken since then

Records reviewed during the inspection confirmed that all complaints had been fully investigated in line with the provider's complaints policy. Responses issued included detailed findings and actions taken, demonstrating compliance and providing assurance that people can have confidence in the service's approach to managing concerns.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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