

## The Elms - Crosshouse Care Home Service

7 Paddock View  
Thorntoun Estate  
Crosshouse  
Kilmarnock  
KA2 0BH

Telephone: 01563 550 074

**Type of inspection:**  
Unannounced

**Completed on:**  
27 November 2025

**Service provided by:**  
Thorntoun Limited

**Service provider number:**  
SP2003002275

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CS2003000767

## About the service

The Elms is a care home for adults with learning and/or physical disabilities, located in a residential area of Crosshouse, Kilmarnock. It is close to local amenities and transport links. The service provides accommodation and support for up to 10 adults, where eight places are for permanent residents and a maximum of two places are for respite care at any one time. At the time of inspection, six people were living permanently in the service, with two people using respite beds and one person in an emergency placement.

The home has been recently refurbished and offers single bedrooms with en-suite shower facilities. People have access to communal spaces including a large lounge, a quiet lounge, a kitchen, and a garden with raised flower beds and seating areas. The environment is designed to promote independence, with opportunities for people to participate in meal preparation and household tasks.

## About the inspection

This was an unannounced inspection which took place on 24, 25 and 26 November 2026 between the hours of 11:30 and 19:30. 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 four people using the service and five of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People experienced kind and caring support from staff who were knowledgeable about their health needs.
- Medication was generally well managed, but protocols for all 'as required' medications were not consistently in place.
- Personal plans contained health information and risk assessments.
- People enjoyed meals and were encouraged to participate in preparation, though involvement in menu planning and consideration of cultural/dietary needs could be improved.
- Families felt confident in staff's ability to meet health needs.
- There was no evidence of anticipatory care planning or end-of-life discussions, which should be developed for permanent residents.
- The environment was newly refurbished, bright, spacious and homely, with personalised bedrooms and accessible communal areas.
- People had free access to outdoor space and opportunities to maintain independence, supported by an accessible kitchen and garden.

## 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 setting?	5 - Very 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.

People benefitted from staff who were kind, caring and knowledgeable about their health needs. We observed positive interactions and a calm, supportive approach when someone became unwell. Staff responded promptly and with dignity, which reassured others. One resident told us, "I like it here... staff look after me", and a relative said, "Staff know my son well and support him."

Medication was generally well managed. Medication Administration Records were signed appropriately, and topical medication charts were completed. However, protocols for all 'as required' medications were not consistently in place. We saw examples of some prescribed 'as required' medication without clear guidance for staff on when and why these should be given. This was discussed with management, who actioned this.

Personal plans contained information about people's health and health conditions. Appropriate risk assessments were in place and regularly reviewed and actioned as needed.

People were supported to maintain independence. We saw individuals helping with meal preparation, such as peeling potatoes, and staff encouraged choice at mealtimes. However, residents were not involved in menu planning, and one person told us, "They give me too much food - I don't like that." While meals were varied and freshly prepared, there was no evidence dietary preferences were considered (see area for improvement 1).

People were able to take part in a range of in-house activities as well as being able to access the community as they wished.

We did not see evidence of anticipatory care planning or end-of-life discussions. This is something that should be worked on to support proactive planning to respect people's wishes and ensure high-quality care at this stage of life (see area for improvement 2).

### Areas for improvement

1. The provider should ensure that people are actively involved in planning menus and making decisions about meals. This includes creating opportunities for residents to contribute ideas for menu development and ensuring that food choices reflect their preferences, cultural needs, and dietary requirements.

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 am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

2. The provider should ensure that future planning and end-of-life wishes are discussed and documented for all permanent residents. This includes creating clear, person-centred plans that reflect people's preferences for future care and support, including decisions about treatment, comfort measures, and place of care.

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

state that: 'I am supported to plan ahead and have as much control as possible over my future health and care needs' (HSCS 1.7); and 'I am supported to live well right up to the end of my life' (HSCS 1.8).

## How good is our setting?

## 5 - Very Good

We evaluated this quality indicator as very good. There were major strengths that had a significant positive impact on people's experiences and outcomes, with only minor areas for improvement.

The environment at The Elms was clean, modern and welcoming. The service had recently undergone refurbishment, and people told us they were very happy with the improvements. One resident said, "It's lovely here - my room is nice and I can decorate it how I want." A relative commented, "The home is lovely and meets my son's needs."

People had their own bedrooms with en-suite shower facilities, and permanent residents at the home had personalised their spaces with chosen décor, pictures and belongings. Respite rooms were decorated to a high standard and were comfortable and homely. We saw name plates and personal touches outside rooms, which supported orientation and identity.

Communal areas were spacious and included a large lounge and a quieter area, which people could choose to use. The kitchen was accessible, and we observed residents making drinks and helping with meal preparation, promoting independence. The garden was open and inviting, with raised flower beds, seating areas and sensory features. Doors to the garden were open and people could come and go freely.

The environment was odour-free and well maintained. Health and safety checks, including fire, gas and electrical certificates, were in place. Maintenance issues were logged and signed off promptly. Cleaning schedules were evident and signed, supporting infection prevention and control.

## 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 quality assurance processes of the service should improve further by ensuring that feedback about the service is gathered from people supported by the service and their relatives. Information gathered should inform the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7); and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

**This area for improvement was made on 22 February 2024.**

#### Action taken since then

At the time of inspection, feedback had not been gathered from people supported by the service or their relatives. Feedback from relatives was that they would like opportunities for input. We discussed this with the management team.

**This area for improvement will continue.**

#### Previous area for improvement 2

The manager should further progress with direct observations of staff practice and ensuring staff are able to reflect on their practice during their supervisions.

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).

**This area for improvement was made on 22 February 2024.**

#### Action taken since then

At the time of inspection, we were unable to see evidence of direct observation of staff practice taking place.

**This area for improvement will continue.**

### Previous area for improvement 3

To support people to experience consistently good outcomes, the provider should improve people's personal plans. This should include, but not be limited to, care plans, including well-formulated personal outcomes and regular meaningful evaluations which clearly establish if these outcomes were met or not.

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 24 January 2023.**

#### Action taken since then

At the time of inspection, the service was in the middle of changes taking place in the electronic systems that were going to be used. We saw some examples of outcomes being recorded in personal plans as part of care plans. Although they were regularly reviewed, they were not being meaningfully evaluated.

**This area for improvement 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](http://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 setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good



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