

Cornwall Park Care Home Service

Auchendoon Road
NEWTON STEWART
DG8 6HD

Telephone: 01671 404600

Type of inspection:
Unannounced

Completed on:
10 December 2025

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000290

About the service

Cornwall Park is registered to provide a care home service to a maximum of 30 people over the age of 65 years. Inclusive within the maximum of 30 places is one place for a named adult.

The provider is Park Homes (UK) Limited.

The home is in a residential area in Newton Stewart. Local amenities are within walking distance of the home. A car park is available to visitors.

Accommodation is split into three small group living areas. Each unit includes shared bathing facilities. There are several sitting and dining areas throughout the home. 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 areas which provide space for visiting and activities to take place. The ground floor has access to an enclosed garden with seating.

At the time of the inspection, 30 people were living in the home.

About the inspection

This was an unannounced inspection which commenced on 8 December and continued on 9 and 10 December 2025 between 09:15 and 17:15 hours. Inspection feedback was provided on 10 December 2025. The inspection was carried out by one inspector and an inspection volunteer from the Care Inspectorate.

"Our inspection volunteers are members of the public who have relevant lived experience of care either themselves or as a family carer. They speak to and spend time with people and families during inspections to ensure their views and experiences are reflected accurately in the inspection."

To prepare for the inspection, we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 12 people who lived in the care home
- spoke with five relatives
- spoke with staff and management, and received feedback via our survey from 12 staff
- observed practice and daily life
- reviewed documentation.

Key messages

- Staff treated people with kindness and respect.
- People had person-centred plans in place to direct their care and support.
- People supported and relatives spoke positively about the care provided.
- The provider must improve their oversight and quality assurance.
- Actions agreed at the time the service was registered must be progressed.
- Time available for housekeeping must be reviewed.
- Some environmental improvements were required.

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 leadership?	3 - Adequate
How good is our setting?	3 - Adequate

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. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

To assess how well the service were performing, we spoke with people living in the home and with their relatives. People provided positive feedback about the quality of care and the staff team supporting them. Comments included, "Staff are very kind; there is always someone there when I need them," "Staff are great; they know me really well," and "Staff treat me with respect when providing personal care." Overall, we found people to be very satisfied with the care and support provided.

A regular staff team, who were friendly and knowledgeable, provided people's care and support. During our visit, we observed positive interactions between staff and residents. Staff were attentive throughout, and overall care and support was responsive to people's needs. We observed that some people did not have easy access to their call system to alert staff when assistance was required, and some bathroom call systems were not accessible. We raised this with the registered manager to address.

Staff had completed adult support and protection (ASP) training. Referrals had been raised appropriately with social work, and there were no current protection concerns within the service. Oversight of adult protection processes should be strengthened, particularly in relation to recording the outcomes of referrals made to social work.

Afternoon entertainment was taking place during our visit and included a visit from the local school. Staff supported people to engage in the activities available, including seasonal crafts. People were supported to maintain community connections, and visitors were welcomed. Opportunities for outings were limited and relied on staff offering their own time.

The service had good links with community health and social care services. Health assessments were completed, and appropriate referrals were made. District nurses visited daily, an advanced nurse practitioner attending weekly, and additional input from other professionals, such as the mental health team when required. These interventions supported people to remain as physically and mentally well as possible.

A clinical risk register was in place and clinical risk meetings took place to discuss action needed. Daily flash meetings also provided opportunities to monitor the needs of people. Falls within the home were recorded; the registered manager should introduce a system to monitor falls and analyse data to reduce risks.

People had an electronic personal plan. Risk assessments were current, and charts were completed to evidence care delivered. We noted some gaps in areas such as repositioning charts, which should be addressed to reduce risks to skin integrity. Reviews of people's care and support needs had taken place. However, several reviews were overdue and therefore not being completed every six months as intended.

Medication storage areas required improvement. Two areas did not have sinks and temperature checks were not being recorded in these areas. Access to keys to medication rooms and medication trolleys should be reviewed to ensure the safe storage of medication. Topical medication should be dated when opened so that usage remains within the expiry period.

A system was in place to store and record people's finances; however, double signatures were not consistently completed as per organisational policy. There were also no inventories being maintained to record people's belongings (see area for improvement 1).

Menus were pre-planned and displayed daily; people were offered a choice of meals with alternatives available if preferred. We observed people enjoying their meals while dining together. Nutritional needs were communicated to catering staff. However, improvements were needed in relation to how this information was recorded. People had easy access to drinks and snacks throughout the day.

Areas for improvement

1. To ensure good outcomes for people experiencing care, the provider should ensure all personal belongings are identifiable to each person supported. A clothing and personal effects inventory should be recorded within people's personal plans.

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The registered manager was highly visible within the home, and people receiving support as well as their relatives knew who they were and described them as approachable and supportive. People, relatives, and staff all told us they would feel comfortable raising any concerns with the manager. A complaints procedure was in place; however, improvements were required to demonstrate clear oversight of each investigation from initial concern through to the outcome.

The provider had a quality assurance system (LODESTAR) in place, which set out clear guidance on the audits to be completed, their required frequency, and the roles responsible for ensuring they were carried out to the expected standard. However, the provider must strengthen their own governance and oversight of this system to ensure it is being implemented consistently and effectively. Without robust monitoring, there is limited assurance that the processes are driving improvement.

The service's overarching action plan required to be reviewed to ensure it operated as a live, dynamic tool that clearly drives and evidences improvement activity. Although issues were being identified through external bodies, such as the fire service, and through internal audit processes, this information was not being consistently collated. Furthermore, there was insufficient evidence to demonstrate that identified actions were being monitored, progressed, and completed in a robust and accountable manner (see requirement 1).

When the service was registered by the Care Inspectorate in October 2021, a condition of registration was made in relation to the provider completing the required improvements. A timescale for the actions was agreed with the Care Inspectorate. The provider had not progressed all the actions as agreed and areas continue to be outstanding (see requirement 2).

The provider's statement of purpose for Cornwall Park, which outlines the organisational structure, conditions of registration, and the procedure for making a complaint, should be reviewed. The provider should ensure all information is current, accurate, and reflective of the service being delivered.

Requirements

1. By 31 March 2026, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit;
- (b) develop action plans which include specific and measurable actions designed to lead to continuous improvements;
- (c) action the areas identified by external services to meet the required improvement;
- (d) detailed timescales for completion/review;
- (d) alignment systems to good-practice guidance; and
- (e) ensuring staff who undertake quality assurance roles are trained and supported by the provider.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

2. By 29 May 2026, the provider must ensure that the service is operating in line with the conditions of registration. This must include:

- (a) completion of the required improvements as agreed with the Care Inspectorate detailed in the home's Improvement Plan; and
- (b) publicly display the home's Improvement Plan within the care home.

This is in order to comply with Regulation 4(1)(a) (b) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

Accommodation was provided within three smaller units in the care home. Each unit had access to seating areas, dining space, and shared bathrooms. The care home had some wayfinding signage on doors;

however, signage could be improved. Staff should also ensure that all clocks and information on display, such as menus, show the correct time and day of the week to support orientation.

The care home was warm and welcoming. People had access to comfortable communal areas where they could spend time with others, join activities on offer or use as space to meet with their visitors.

All bedrooms were single occupancy, spacious and had an ensuite toilet and wash hand sink. Bedrooms were personalised and people had personal effects to decorate their rooms.

The provider had arrangements in place for external contractors to attend the home to service areas such as equipment, water systems and appliances in line with recommended guidance.

Systems were in place for the ongoing monitoring and maintenance of the building and environment. A maintenance person was employed to carry out repairs identified. We shared areas we found during our walk around that required attention. The provider should review the system used to identify and report required maintenance, as the current arrangements were not capturing all necessary repairs.

The registered manager should ensure roles and responsibilities are clear in relation to cleaning of specific equipment. Some shared mechanical hoists required cleaning, with no records in place to evidence when last cleaned.

During our walk around the care home, we observed cluttered areas and inappropriate storage of items. Two cupboards containing cleaning products were found unlocked, creating an avoidable risk to people. We identified a few infection prevention and control (IPC) concerns, alongside poor standards of cleanliness in some areas of the home. The findings demonstrated that current arrangements were not effective and required to be reviewed. The condition of some internal areas, including carpets and furniture, further hindered effective cleaning (see requirement 1).

There was a need to improve the standard and safety in some areas of the care home. Examples included carpets in corridors and bedrooms. The small kitchen on the upper floor required attention to sink unit, lighting and floor pipes. Inside laundry room required ceiling repair. The external laundry area needs to be reviewed to ensure a dirty to clean flow of laundry is maintained. Areas identified by the Fire Service and independent fire assessment relating to internal doors needed to be completed. To drive environmental improvements of the home, there was a need to fully assess the quality of the environment and use the outcome of the assessment to inform a comprehensive, environmental improvement plan that details the timescale for action (see requirement 2).

Requirements

1. By 27 February 2026, the provider must have effective systems in place to maintain safe standards of cleanliness and infection prevention and control throughout the care home. This must include:

- (a) Assessing and allocating the required housekeeping hours per day to meet the expected standard of cleanliness.
- (b) Ensuring all areas of the home are free from clutter and inappropriate storage.
- (c) Implementing robust arrangements for monitoring and maintaining cleanliness, including regular checks and prompt action where standards fall below expectations.
- (d) Ensuring staff know and understand best infection prevention and control practice, and implement this in the work that they do.

This is to comply with Regulation 10 (2)(d) 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 (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HCSC 5.22).

2. By 27 March 2026, the provider must take steps to drive improvement of the care home environment. The provider must at a minimum carry out a full assessment of the environment of the home internally and externally, and use the outcome to inform an environmental improvement plan that is specific, measurable, achievable, relevant and time bound (SMART). The environmental improvement plan must be shared with the Care Inspectorate within timescale of this requirement.

This is to comply with Regulation 10 (2)(a)(b)(d) 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 (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

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 registered manager should ensure improvement in the oversight, recording and reporting of information. Relevant and prompt notifications should be submitted to the Care Inspectorate in line with legislation and notification guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I use a service which is well led and managed' (HSCS.4.23); and 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 11 March 2025.

Action taken since then

The registered manager had improved the reporting of information to the Care Inspectorate. We reviewed information during the inspection which had been appropriately escalated to external services. At times, staff submitted the information under the incorrect notification headings and further details were needed. We referred the registered manager to 'Adult care services: Guidance on records you must keep and notifications you must make' March 2025, to support staff in this area.

This area for improvement had been met.

Previous area for improvement 2

People supported should experience a clean and tidy environment. The provider should review the cleaning schedules of the home. They should ensure adequate housekeeping hours are available to achieve the work required to meets the expected standard of cleanliness.

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

This area for improvement was made on 11 March 2025.

Action taken since then

The provider told us, following the last inspection, an additional four hours had been made available for housekeeping duties. We reviewed the staff rota, cleaning schedules and observed the standard of cleanliness within the home. We concluded that the current provision in place was not sufficient to achieve the standard of cleanliness required throughout the care home.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 4: How good is our setting?

Previous area for improvement 3

To support person-centred care planning, people's personal plans should include their choices and wishes, this information should be reviewed during six-monthly review meetings to ensure it continues to be relevant and correct.

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 11 December 2025.

Action taken since then

Personal plans we reviewed included people's choices and wishes. Staff reviewed people's information monthly as part of 'Resident of the Day' and at people's six-monthly review meetings. The recording of information could be improved to provide more detail to reflect discussions that had taken place.

This area for improvement had been met.

Previous area for improvement 4

To support people's wellbeing and social inclusion, the provider should develop individual activity plans. This will demonstrate how related outcomes are being met and evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 14 June 2023.

Action taken since then

The electronic personal planning system used by the provider contained some information on people's interests and what was important to them. We were told previously that the development of individual activity plans had commenced. We did not view any completed activity plans in place.

This area for improvement had not been met.

Previous area for improvement 5

To improve people's experience, the provider should review the internet connection within the home. This will ensure efficiency and timely response to record keeping.

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

state that: 'If I experience 24-hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

This area for improvement was made on 14 June 2023.

Action taken since then

The provider had reviewed their internet connection. The registered manager reported that they had not experienced any recent problems with the internet connection or the saving of information recorded electronically.

This area for improvement had been met.

Previous area for improvement 6

To ensure people can enjoy outdoor space, improvement should be made to enhance garden areas.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

This area for improvement was made on 14 June 2023.

Action taken since then

Employees of the organisation had attended the care home to complete certain tasks, including monthly window cleaning and grass cutting. The maintenance staff member had also been carrying out gardening duties, including grass cutting and removing bushes. Further work was required, including fencing repairs.

This area for improvement had not been met.

Previous area for improvement 7

The provider should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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

This area for improvement was made on 14 June 2023.

Action taken since then

Care notes recorded throughout the day were largely task-focused. The registered manager and the staff team should continue to review these records to ensure they become more person-centred and better reflect people's experiences and outcomes.

This area for improvement had not 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.

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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