

Three Towns Care Home

Care Home Service

20 Afton Road
Stevenson
KA20 3HA

Telephone: 01294 469 711

Type of inspection:
Unannounced

Completed on:
3 December 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379127

About the service

Three Towns Care Home is registered to provide a care home service for up to 60 older people. The provider is Holmes Care Group Scotland Ltd. The service is located in a residential area of Stevenston, North Ayrshire, and is close to local amenities, shops and transport links. The care home is purpose-built, with accommodation over two floors connected by a passenger lift.

The first floor unit, Ardeer, has 33 single ensuite bedrooms, two large lounge/dining rooms and a smaller, quiet lounge.

The ground floor Nobel Unit has 27 single ensuite bedrooms, a large lounge and a separate dining room. Assisted bathing and showering facilities are provided on each floor.

About the inspection

This was an unannounced follow up inspection which took place on 2 and 3 December. 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 two of their relatives
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- Improvements have been made to the environment and the previous requirement on this has been met.
- The service is making progress but there is still work to be done to improve documentation.
- Staffing continuity and levels improved but still needs time for this to be fully embedded and enhance and maintain continuity of care.

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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The provider has responded and taken action to improve the continuity within the nursing and senior staff team. We found evidence of increased staffing levels and plans in place to recruit more permanent nursing staff. This will help to improve some level of consistency of staff on shifts. This created better leadership presence, and greater consistency in clinical oversight.

Senior staff were more visible, and the introduction of new nurses and plans to introduce and new system to help with the rota in an attempt to reduce the previous reliance on agency staff.

This helped to improve experiences when core staff were on duty, with increased confidence in the support being delivered. While some variability remained, we concluded that the progress made was sufficient enough to meet this requirement.

The service has taken steps to strengthen staff continuity and improve the leadership. Greater presence of senior staff and improved rota stability had supported more consistent care delivery, enabling the requirement we made under this key question to be met. (See section Outstanding Requirements)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Although parts of the quality assurance system had been strengthened, such as the clinical risk register and the new manager and deputy maintained a good overview through daily flash meetings and various other methods of communication. There were still gaps that meant we could not be assured that these systems were being used effectively enough to drive improvement and influence positive outcomes for people.

The ability to move forward with the outcomes of quality auditing procedures has also been impacted on by the continuing staffing situation, with the reliance on agency staff for nursing and senior roles within the service. Although, new permanent staff are being recruited, this will take time to allow these new staff to settle into the service and provide the on going leadership and support that is required to maintain these quality procedures consistently.

Several audits had been completed, but follow up actions were inconsistent or absent, with some issues identified in audits had not been fully addressed. While the manager and provider's quality team were working hard to support improvement, the service had not yet demonstrated the necessary impact on outcomes for people.

The requirement we made under this key question therefore remains unmet and will therefore be extended to allow more time for new staff to be recruited and the service to implement and evidence that the quality assurance systems are demonstrating improved outcomes for people. (See Requirement 1.)

Requirements

1. By 30 January 2026, the provider must ensure quality assurance systems are updated and implemented effectively to monitor and improve care standards. To do this, the provider must, at a minimum:

- a) Review and update the audit schedule to reflect current service needs.
- b) Ensure sufficient senior staff are available to complete audits and follow up on findings.
- c) Implement a system to monitor audit completion and outcomes.

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

How good is our staff team?

3 – Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The provider had reviewed staffing levels and patterns and had recruited some new permanent staff for various positions including nurses and carers. There were plans in place to implement a more accessible and consistent rostering system, supported by the introduction of the provider wide rostering tool. These steps had already begun to stabilise staffing arrangements and reduce agency usage.

Improvements in continuity, and staff confirmed that the environment felt more settled. The service now needed time to build on this by ensuring that positive staffing changes were fully reflected in more positive outcomes for people.

Staffing levels and deployment had improved, with new permanent staff appointed and more effective rota planning in place. These actions reduced reliance on agency staff and improved continuity, meaning this requirement we had made under this key question has therefore been met. (See section outstanding requirements.)

How good is our setting?

3 – Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The provider had undertaken environmental audits and begun addressing the most urgent repairs. Inspectors confirmed progress in areas such as maintenance scheduling, window repairs arranged with contractors, and an improved approach to equipment and storage issues.

However, while the requirement was met, the environment still needed significant investment, as inspectors observed multiple areas with worn surfaces, damaged fixtures, unsuitable storage, and dignity compromising practices. Continued monitoring and investment were required to ensure the environment provides a clean, safe and comfortable place for people to live. The provider had completed environmental audits and had begun necessary repairs and improvements.

Although some issues remained, sufficient action had been taken to meet this requirement. (See section Outstanding Requirements.)

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

After reviewing care and support plans we continued to find gaps in the ongoing evaluations, including outdated assessments or inaccurate risk assessments, and poor alignment between clinical information and care plans.

Key risks areas from health needs assessments such as, falls risks, and personal care needs were often not reflected accurately in plans.

Despite the provider's work on implementing a clinical risk register and initial health needs assessments, this progress was not translating into updated, evaluative personal care and support plans.

The management team acknowledged the care planning format was not as good as it could be across all plans and a redesign is scheduled.

This requirement remains unmet and will be repeated with extended timescales. (See Requirement 1.)

Requirements

1. By 30 January 2026, the provider must ensure all care plans are reviewed and updated at least every six months to reflect people's current needs and preferences.

To do this, the provider must, at a minimum:

- a) Audit all care plans to identify those overdue for review.
- b) Implement a schedule to ensure timely reviews.
- c) Involve residents and families in care planning and review processes.

This is to comply with Regulation 5(2)(b)(iii) 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 the Health and Social Care Standards (HSCS) which state: "My personal 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)

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

Requirements

Requirement 1

By 30 November 2025, the provider must improve continuity within the staff team, particularly among nursing and senior staff, to ensure consistent leadership and care delivery. To do this, the provider must, at a minimum:

- a) Review staffing arrangements and implement measures to retain permanent nursing and senior staff.
- b) Ensure senior staff are available to lead and support care teams effectively.
- c) Monitor the impact of staffing continuity on care outcomes through regular feedback and audits.

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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." (HSCS 4.16)

This requirement was made on 29 July 2025.

Action taken on previous requirement

This requirement is met, but with a need to ensure that the ongoing evaluation and impact of this is included in care planning documentation.

Met - outwith timescales

Requirement 2

By 30 November 2025, the provider must ensure quality assurance systems are updated and implemented effectively to monitor and improve care standards. To do this, the provider must, at a minimum:

- a) Review and update the audit schedule to reflect current service needs.
- b) Ensure sufficient senior staff are available to complete audits and follow up on findings.
- c) Implement a system to monitor audit completion and outcomes.

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 care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 29 July 2025.

Action taken on previous requirement

This requirement has not been met.

There is no follow up on the findings of some of the audits carried out and there remains a need to assess the way audits are conducted, and a consideration the detail of this.

Not met

Requirement 3

By 30 November 2025, the provider must ensure staffing levels are sufficient and reduce reliance on agency staff to maintain consistent and high-quality care. To do this, the provider must, at a minimum:

- A) Review staffing levels and patterns to ensure they meet resident's needs.
- B) Develop a recruitment and retention strategy to reduce reliance on agency staff.
- C) Monitor the impact of staffing levels on care quality and resident outcomes.

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My needs are met by the right number of people." (HSCS 3.15

This requirement was made on 29 July 2025.

Action taken on previous requirement

This requirement has been met.

The service continues to implement their recruitment strategy and recruit more permanent nursing and senior staff with several new posts being filled and awaiting staff to commence.

The manager and deputy work closely with the care staff team to provide leadership and guidance within the service. Including liaising with agencies and ensuring consistency with the staff deployed to the service which helps the continuity of care.

This requirement has therefore been met.

Met - outwith timescales

Requirement 4

By 30 November 2025, the provider must ensure the environment is improved to promote safety, comfort, and wellbeing for residents. To do this, the provider must, at a minimum:

- a) Undertake a full environmental audit to identify areas requiring improvement.
- b) Develop and implement an improvement plan with dates when work will be commenced and completed.
- c) Ensure there is participation and involvement in the decisions about environmental improvements to reflect people's preferences and needs.

This is to comply with Regulation 10(2)(a) 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 the Health and Social Care Standards (HSCS) 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 requirement was made on 29 July 2025.

Action taken on previous requirement

There remains a need to continue to ensure the environment is improved, with ongoing monitoring of developments and the need to maintain this momentum. We still noted areas that needed attention, including some bathrooms not working and tiles needing replaced. We discussed these areas during feedback with the management.

However, we would also note the considerable progress made in upgrading and improving the environment within such a short timescale. This should be recognised with the provider investing and ensuring these issues we raised were addressed promptly.

This requirement has been met.

Met - outwith timescales

Requirement 5

By 30 November 2025, the provider must ensure all care plans are reviewed and updated at least every six months to reflect people's current needs and preferences.

To do this, the provider must, at a minimum:

- a) Audit all care plans to identify those overdue for review.
- b) Implement a schedule to ensure timely reviews.
- c) Involve residents and families in care planning and review processes.

This is to comply with Regulation 5(2)(b)(iii) 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 the Health and Social Care Standards (HSCS) which state: "My personal 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 requirement was made on 29 July 2025.

Action taken on previous requirement

Care plans were not being updated and we still continue to find gaps in the recording and documentation that required attention. Reviews and evaluations of clinical review oversight and assessments were not always reflected in the care plans.

We recognise that the staffing situation has an impact on the care planning recording and evaluation and with new permanent nurse starting the service will require some time to allow these staff to settle into their roles and influence the overall standard of documentation and recording that is required.

This requirement therefore remains unmet.

Not 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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