

# The Beeches Care Home Service

14 Paddock View  
Thorntoun Estate  
Crosshouse  
Kilmarnock  
KA2 0BH

Telephone: 01563 572 626

**Type of inspection:**  
Unannounced

**Completed on:**  
16 January 2026

**Service provided by:**  
Thorntoun Limited

**Service provider number:**  
SP2003002275

**Service no:**  
CS2004070909

## About the service

The Beeches care home is registered to provide care for 10 adults with physical disabilities and health conditions, who do not require on-site or on-call nursing care. The provider is Thorntoun Limited.

The service is situated on the Thorntoun estate between the villages of Crosshouse and Springside on the main bus route to Kilmarnock. The Beeches is a purpose-built care home with 10 spacious en-suite bedrooms. Some rooms have adaptations to aid the safe transfer of individuals. The property further benefits from a dining kitchen, lounge and enclosed outdoor space.

At the time of inspection, there were 10 people living at the service.

## About the inspection

This was an unannounced inspection which took place on 8, 9, 13 and 14 of January 2026 between the hours of 10:30 and 19:00. The inspection was carried out by one inspector 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 five people using the service and three of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People experienced warm and caring interactions from staff, which contributed positively to their wellbeing.
- Staff were committed and worked well together, but staffing levels and deployment did not always support responsive care or meaningful engagement.
- People did not consistently have access to meaningful activities or opportunities to take part in the community. This had a negative impact on their stimulation, independence and quality of life.
- Personal plans had improved and were generally detailed, helping staff understand people's health and wellbeing needs.
- Some health monitoring records, including fluid balance charts, were not reliably completed, meaning important information was sometimes missing.
- The environment was clean, comfortable and homely, and most safety checks were completed, although some records needed improvement.
- The provider responded promptly to feedback and took immediate action to strengthen staffing levels and review practice.
- Requirements were made in relation to meaningful activity and staffing arrangements to support improvement and ensure people experience better outcomes.

## 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 staff team?	3 - Adequate
How good is our setting?	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?

3 - Adequate

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

We observed warm and compassionate staff interactions that contributed positively to people's emotional wellbeing. Families told us staff were caring, knowledgeable and supportive, and felt confident their relatives were safe.

During the inspection, we observed that people often spent long periods sitting with the television on, with little planned activity or conversation. Staff interactions were brief and task-focused due to workload pressures. The activity planner had not been completed and resident participation meetings were not taking place. This meant people had limited influence over activity planning or menu choices, and their interests were not routinely used to shape the day (see requirement 1). Areas for improvement had been made at a previous inspection relating to meaningful activity and participation. These can be found under the 'Outstanding areas for improvement' section of this report.

Access to the community was extremely limited. Both staff and relatives described a lack of outings and said people were spending increasing amounts of time indoors. Families felt this loss of stimulation was contributing to reduced wellbeing (see requirement 1).

During the inspection, we sampled daily notes and recordings. We found that staff demonstrated commitment and took appropriate action when people required input from external health professionals. There was evidence of positive partnership working with the district nursing team, GPs and other professionals.

Medication was generally well managed. Medication Administration Records (MARs) were mostly completed correctly, and protocols for "as required" medicines were in place. While some inconsistencies remained with topical MARs, the management team had oversight of these and were taking the necessary steps to improve.

People had mixed experiences of food and mealtimes. Some told us they enjoyed their meals, but others said choices were limited and menus were not always followed. We spent time with management discussing how people could be involved in planning menus. As discussed above, an area for improvement had been made at a previous inspection relating to participation. This can be found under the 'Outstanding areas for improvement' section of this report.

## Requirements

1. By 11 March 2026, the provider must ensure that people experience meaningful activity and have regular opportunities to engage in the community in ways that reflect their choices, interests, and outcomes.

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

a) implement a structured, person-centred activity programme that includes meaningful indoor activities, outdoor opportunities, and routine access to the local community for people supported

- b) ensure staff have sufficient time allocated within the staffing model to plan, prepare and deliver meaningful activities consistently
- c) ensure people's views, preferences and life histories are routinely gathered, recorded, and used to shape activity planning, including the re-establishment of resident participation forums (for example, resident meetings or keyworker discussions)
- d) introduce a system of quality assurance that regularly evaluates the impact of activities and community participation on people's wellbeing, takes account of people's feedback, and demonstrates how this evidence is used to improve practice.

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 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 can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

### How good is our staff team?

### 3 – Adequate

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

The staff team worked well together and described their colleagues and seniors as supportive, approachable and positive. Staff expressed pride in their work and were dedicated to the people they supported. This contributed to a warm atmosphere and helped people feel reassured and comfortable in the home. Families also told us that staff were kind and caring, which further supported people's wellbeing.

During the inspection, we found that staffing levels were not sufficient to consistently meet people's needs. Staff were covering additional duties, such as kitchen responsibilities, laundry, and supporting frequent visits from health professionals. These tasks were not fully captured in the service's dependency assessment, meaning staffing levels did not reflect the true workload or complexity of people's needs. This contributed to staff feeling stretched. As a result, people did not always receive timely support or meaningful interaction (see requirement 1).

During periods of observation, people were left sitting for long stretches without staff present in communal areas. Although individual interactions were warm and respectful when they occurred, long gaps without engagement meant people had limited stimulation and reduced opportunities for choice or social connection. This affected the quality of their day. Further information can be found under 'Key question 1 – How well do we support people's wellbeing?' section of this report.

We discussed concerns identified with the provider and management team who put a plan in place to review staffing and practice. This demonstrated a willingness to improve and address the impact of staffing pressures.

## Requirements

1. By 11 March 2026, the provider must ensure that staffing arrangements are sufficient, properly deployed and responsive to the assessed needs of people living in the service. This is to ensure people experience safe, compassionate, person-centred care and have meaningful opportunities for engagement throughout the day.

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

- a) review and update the service's dependency assessment system to ensure it accurately reflects people's needs, time spent supporting visiting professionals and all routine task demands, such as kitchen duties and laundry
- b) use the outcomes of the dependency assessment proactively to determine safe staffing numbers and deployment across all shifts, ensuring that staff are not routinely diverted from direct care due to competing tasks
- c) ensure predictable presence of staff in communal areas, so people are not left without contact or support for extended periods
- d) implement a quality assurance process that routinely evaluates the effectiveness of staffing arrangements, including how staffing levels impact people's outcomes, choice, activity and engagement
- e) evidence the actions taken and improvements made, including any adjustments to staffing numbers, deployment and task allocation to ensure people's wellbeing is not compromised.

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:

'My needs are met by the right number of people' (HSCS 3.15); 'People have time to support and care for me and to speak with me' (HSCS 3.16); and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

## How good is our setting?

4 - Good

We evaluated this quality indicator as good. There were several clear strengths in the environment that supported positive outcomes for people, and these outweighed the areas where further improvement was needed.

The environment at The Beeches was generally clean, comfortable and homely. People benefitted from personalised bedrooms which reflected their choices, helping them feel settled and at ease in the service. The communal areas were tidy, well-maintained and appropriately furnished, creating spaces where people could relax and spend their time. This contributed to people feeling safe and comfortable in their surroundings.

People had access to ensuite bathroom facilities and could choose to use the communal bathroom if they preferred a bath. This flexibility supported dignity and personal choice. The layout of the home also helped staff to observe and support people discreetly, promoting a calm and relaxed atmosphere.

Most environmental safety checks were in place and up to date, which supported people's safety and wellbeing. We saw completed records for fire safety, equipment checks and cleaning schedules. The home was clean throughout, and staff were following routines that helped prevent infection and maintain good standards of hygiene.

However, some areas required further attention to ensure that all aspects of the environment consistently met best practice. For example, records of legionella checks were not available at the time of inspection, and thermostatic mixer valve (TMV) checks were overdue. This had the potential to affect people's safety and comfort. When we raised these issues with the manager, they took immediate action by contacting maintenance and putting plans in place to ensure records would be kept up to date. This responsive approach reduced the level of risk and demonstrated a willingness to improve.

## 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 ensure people's health and care needs are correctly documented and met, the provider should ensure that where people have been assessed as requiring food and fluid monitoring, that these records are accurately completed and calculated.

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

**This area for improvement was made on 14 February 2025.**

#### Action taken since then

During the inspection, one person had recently been commenced on a fluid balance chart. This had not been fully completed.

As this was the only example we were able to see and it was not completed fully, **this area for improvement will continue.**

#### Previous area for improvement 2

To promote the health and wellbeing of people using the service, the provider should ensure that activities are available to all people supported, including those who choose not to spend their time in communal areas. This should include ensuring enough time for staff to spend meaningfully with people supported.

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 can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 14 February 2025.**

#### Action taken since then

As discussed in the main body of the report, regular planned activities were not taking place. A requirement has been made under 'Key question 1 - How well do we support people's wellbeing?' section of this report.

**This area for improvement will continue.**

### Previous area for improvement 3

To ensure that people are supported by staff who are able to reflect on their practice, the provider should improve by implementing a supervision schedule to make sure that all staff have regular access to meaningful supervision.

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 14 February 2025.**

#### Action taken since then

We found that there was a supervision tracker in place. Staff had access to regular supervision.

**This area for improvement is met.**

### Previous area for improvement 4

Personal plans should be developed further to ensure they capture all relevant information regarding people's health and wellbeing needs. This should include ensuring there is a consistent approach to detailing person-centred information within personal plans.

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 14 February 2025.**

#### Action taken since then

We sampled personal plans and found that they had improved since the last inspection. They contained information to capture people's health and wellbeing needs and contained person-centred information to help guide staff on how to support people the way that was right for them.

**This area for improvement is met.**

### Previous area for improvement 5

People should have regular and meaningful opportunities to provide their views on the service they receive so that improvements can be identified and acted upon.

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

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'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.19).

**This area for improvement was made on 14 April 2023.**

## Action taken since then

Resident meetings were not taking place. The service had recently started key worker meetings. Further work was needed to ensure people were able to participate and be involved in their service. A requirement has been made under 'Key question 1 - How well do we support people's wellbeing?' section of this report.

**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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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?	4 - Good
4.1 People experience high quality facilities	4 - Good

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