

Three Towns Care Home Care Home Service

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Telephone: 01294 469 711

Type of inspection:
Unannounced

Completed on:
3 February 2026

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 room.

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 inspection which took place on 2 and 3 February 2026. 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 four people using the service and seven of their relatives
- Spoke with 27 staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- Feedback from people in the service and their relatives continues to be positive.
- Reduced reliance on agency staff & better continuity of care delivered.
- Environmental improvements are having positive impact.
- All staff demonstrated commitment to providing compassionate care to people.
- Requirements have been met and grades have increased in response.
- Improvements need to continue to embed progress within the service.

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 good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How good is our leadership?

3 - Adequate

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

Since the previous inspection, the service has taken meaningful steps to strengthen quality assurance and oversight.

Management demonstrated improved visibility within the home and by implementing a clinical risk register they have a clearer understanding of individuals' health and wellbeing needs.

Staff feedback during the follow up inspection was consistently positive, reporting that "things are getting better" and that the home feels calmer, more organised.

The provider acknowledged the previous challenges relating to staffing stability and the significant use of agency staff. This has been reduced considerably and improved continuity of care evident. Actions taken since then have improved the staff continuity and strengthened consistency.

Management has better oversight and the leadership team has begun to rebuild confidence across the workforce.

The requirement has been met and has resulted in regrading to reflect this improvement. There still remains the need to ensure these improvements are sustained and maintained within the service.

How well is our care and support planned?

3 - Adequate

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

There has been a significant amount of work undertaken to review, update, and restructure care plans. Plans sampled during the follow up inspection demonstrated improved detail, clearer personal histories, and better sequencing of information.

"Getting to Know Me" documents have been completed and incorporated into the front sections of plans, improving staff understanding of the person before reading risk based or clinical needs and personal care information.

Relatives spoken to were positive about the care their family members receive and confident in the staff's knowledge and approach. Staff reported that they feel better equipped to meet people's needs due to clearer documentation and more stable staffing across the home.

The service has demonstrated that care planning processes are now routinely reviewed, updated, and informed by meaningful engagement with residents and families. While work should continue to ensure consistency in the long term, the current standard represents an acceptable level of performance resulting in regrading of this key question.

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

Requirements

Requirement 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)

This requirement was made on 29 July 2025.

Action taken on previous requirement

From the information and evidence we gathered during this follow up inspection we noted that:

- A range of written updates and audit outcomes were available, demonstrating that regular auditing is now taking place.
- The audit schedule has been reviewed and updated, and there is improved senior oversight of daily care practices and environmental checks.
- The management team has strengthened continuity within the senior structure.
- Senior staff are clearer on their delegated responsibilities and how to escalate concerns.
- The return of a quality support person is expected to further consolidate oversight and ensure improvements are sustained.
- Management now demonstrates a good awareness of risks, individual needs, and required follow up actions.

The service has made sufficient progress to demonstrate that quality assurance systems are now implemented to a level that supports improved outcomes. While further embedding is required, the systems in place are appropriate and are beginning to produce reliable improvements in practice.

This requirement has been met.

Met - within timescales

Requirement 2

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)

This requirement was made on 29 July 2025.

Action taken on previous requirement

From the evidence and information gathered during this follow up inspection we note that:

- Care plans sampled were updated, detailed, and well-organised, with personal histories and key information clearly presented.
- Reviews have been undertaken with residents and relatives, with evidence of involvement in care planning discussions.
- The service has conducted a full audit of care plans, identifying plans requiring updates and completing these within expected timescales.
- Plans now provide a clear overview of medical needs, risks, capacity information, and support requirements.
- The documentation was consistent across multiple files, confirming that this is now a broader improvement rather than isolated good practice.

The provider has demonstrated that care planning processes are now routinely reviewed, updated, and informed by meaningful engagement with residents and families. While work should continue to ensure consistency in the long term, the current standard represents an acceptable level of performance.

This requirement has been met.

Met - within timescales

Complaints

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

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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