

The Beeches Care Home Service

14 Paddock View
Thorntoun Estate
Crosshouse
Kilmarnock
KA2 0BH

Telephone: 01563 572 626

Type of inspection:
Unannounced

Completed on:
12 March 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 nine people living at the service.

About the inspection

This was an unannounced follow-up inspection which took place on 12 March 2026 between the hours of 10:00 and 14:00.

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 four people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service had made significant improvements in the quality and delivery of meaningful activities, with people fully engaged in a wide range of indoor, outdoor and community-based experiences.
- People experienced greater choice and involvement, supported by regular resident meetings and food forums that influenced meal planning and activity programmes.
- Improvements to staff deployment, including changes to laundry, kitchen tasks and medication administration, meant staff had more time to spend meaningfully with people, contributing to improved outcomes.
- The provider had strengthened staffing oversight and coordination, with an improved dependency tool and structured allocation sheets enabling more responsive support.
- People told us they felt happier, more active and more connected, and observations confirmed warm, positive interactions between staff and those they support.
- The introduction of the new electronic care system had reduced administrative burden, enhanced record keeping and freed staff time for engagement.
- All requirements and areas for improvement from the previous inspection had been met, with clear evidence of progress and improved experiences for people living in 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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our staff team? | 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?

4 - Good

We found that the provider had met the requirements from the previous inspection in January 2026.

Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We have re-evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

How good is our staff team?

4 - Good

We found that the provider had met the requirements from the previous inspection in January 2026.

Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We have re-evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

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

Requirements

Requirement 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 reestablishment 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 (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 requirement was made on 16 January 2026.

Action taken on previous requirement

The service had made significant improvements in activity provision, engagement, and opportunities for people to participate in the community. A structured activity planner was in place and implemented flexibly in line with people's preferences. We could see that people supported had access to a wide range of meaningful indoor, outdoor and community-based activities, including movement groups, walks, bowling, shopping trips, meal outings. People were visibly engaged during the inspection, with laughter, group participation and personalised activity choices evident.

Changes to staff task allocation had freed staff to spend more time with people. The new electronic care system also reduced administrative burden, making it easier for staff to evidence activities and allowing more direct engagement.

Residents' meetings, food forums and wider involvement opportunities were now embedded, enabling people to influence planning. Activity audits were being completed with improving quality.

Met - within timescales

Requirement 2

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 (HSCS) 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).

This requirement was made on 16 January 2026.

Action taken on previous requirement

The provider had taken meaningful action to improve staffing arrangements. The dependency assessment tool had been updated to accurately reflect people's needs, staff tasks and was reviewed weekly. Outcomes of the tool were now used to inform staffing numbers and deployment across shifts. The shift allocation sheet provided clearer oversight for seniors, supporting more structured delegation.

We observed strong communication within the staff team, appropriate staff presence in communal areas, and meaningful engagement between staff and people supported. Staffing improvements, including revised cook hours, redistribution of tasks, and more efficient medication administration procedures which contributed to better flow and availability of staff.

People were not left without support, and staff reported improved workload balance.

Met - within timescales

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

Food and fluid monitoring records had recently transitioned to a new electronic system with the aim of improving ease of input and oversight. Where people required monitoring, including those recently prescribed antibiotics, fluid balance checks were in place and completed.

This area for improvement is met.

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

All residents had access to activities regardless of whether they spent time in communal areas. Staff were proactive in offering one-to-one engagement, prompting and encouraging participation sensitively. Examples included personalised outings, such as shopping trips and tailored in-room activities when preferred. People told us they were excited about daily activities, and observed practice confirmed good engagement levels.

This area for improvement is met.

Previous area for improvement 3

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:

'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

Regular resident meetings and food forums were taking place, with people supported to express preferences about activities, menus and general aspects of daily life. Action points were recorded and followed up, and people's involvement in planning was evident. People knew how to raise views and told us they felt listened to.

This area for improvement is 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

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| How well do we support people's wellbeing? | 4 - Good |
| 1.2 People get the most out of life | 4 - Good |
| How good is our staff team? | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together | 4 - Good |

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