

Tyneholm Stables Care Home

Care Home Service

Tyneholm Estate
Pencaitland
Tranent
EH34 5DJ

Telephone: 01875 340 823

Type of inspection:
Unannounced

Completed on:
17 April 2026

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378616

About the service

Tyneholme Stables Care Home is located in Pencaitland, East Lothian. The care home is registered to care for a maximum of 45 older people. The provider is Sanctuary Care UK. The service is spread across two floors and has three separate living areas. Each living area has its own lounge and dining area, and there is an enclosed garden.

There were 42 people living at Tyneholme Stables Care Home at the time of the inspection.

About the inspection

This was a unannounced inspection which took place on Sunday 12, Monday 13 and Tuesday 14 April 2026. We gave feedback on Friday 17 April 2026. The inspection was carried out by an inspector and an inspection volunteer from the Care Inspectorate.

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:

- observed interactions between staff and people living in the care home
- observed people's experiences of receiving care and support
- spent time with people living in the care home and spoke with seven family members
- spoke with eight staff and the leadership team
- reviewed documents in connection with people's care and support
- reviewed documents relating to staffing and the management of the service.

Key messages

- People experienced kind interactions with gentle care and cheery conversations.
- People experienced good support with their health and care needs.
- The care home had undergone extensive renovations and redecoration.
- The new leadership team were committed to building positive relationships with people, their families and staff.

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?	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 evaluated the performance of the service under this key question as good. We found several strengths in aspects of the care and support provided and how these supported positive outcomes.

People experienced kind interactions with the staff who supported them. There was a good balance between gentle care and cheery conversations. Staff knew people and their families well. This was supported by care plans that included information about people's family, career, significant events and wishes for their future. One family member remarked that even new staff had got to know their relative quickly.

A person told us: "everybody is good with me"

We saw that family could spend time with their relative as often and as much as they liked. This meant that people were able to keep in touch with the people who were important to them. People could choose where to spend their day, with some choosing to be with company in the lounge or enjoy the privacy of their own rooms. Those who wandered with purpose did this with ease and enjoyed the space available to them. People were encouraged to take part in a varied programme of activities which provided stimulation and fun. Mostly people experienced a calm atmosphere. We discussed the possibility of reducing obtrusive noises such as doors and the volume of the television/music in some lounges. People were well presented, with neatly laundered clothes. They were living in a well maintained and clean environment.

Staff assisted people to take their medication in a calm and organised fashion. Staff were confident in the use of the newly established electronic recording system. They had also recently made a smooth transition to a new pharmacist. A number of health screening tools were used to identify people's health needs and risk assessments, for instance for falls, continence, nutrition and skin care. There was clear correlation between the assessments in people's care plans and information that was shared amongst the wider staff team, including the chef. This team approach was effective in promoting people's positive outcomes. Some visiting professionals commented that the documentation they needed to assess people's health and wellbeing was not always as detailed as it could be.

Appropriate medical attention was sought when people's health or wellbeing changed. Visiting professionals and staff felt that communication about people's wellbeing had improved. Staff had gained confidence in making clinical assessments and seeking further medical support at the right time. A family member commented how well staff had listened to their views. As a result their relative was cared for at the care home rather than in hospital when they were unwell. Families and where appropriate social workers were invited to six monthly care reviews. Where family were not confident about their relative's wellbeing, it might be helpful to schedule more frequent short review meetings to share any concerns.

Meals were well presented and people's mealtime experience was largely positive. Where people required assistance this was given respectfully. The menu was varied and the chef and staff had good knowledge of people's dietary needs and allergies. We saw that staff made positive attempts to support people to choose their meals and drinks from the options on offer. Efforts were being made to produce a written menu every day of the week. This will promote discussions amongst people, visitors and staff about the meal time experience. The recording of meal temperatures before meals were served needed to be more consistent.

People told us that: "food is good".

Where people were assisted with their finances there were good systems in place to ensure this was transparent and accountable. This gave people the opportunity to supplement what was on offer with their individual choices. One of the people living at the care home told us they liked the arrangement.

One person commented: "I'm really happy".

How good is our leadership?

4 - Good

We evaluated the performance of the service under this key question as good. We found several strengths regarding the leadership and how this supported positive outcomes.

The new leadership team felt well supported by the organisation's quality assurance systems. This was complemented by the support they received from their line management. This meant that they had quickly gained good oversight of the care and support that people received.

The leadership team held daily flash meetings to share concerns about people's wellbeing, staffing levels, kitchen, domestic and maintenance issues. They had also implemented regular meetings with each staff group. As a result, concerns were attended to quickly. This promoted the service's 'one team' approach whereby all staff were valued for their positive contribution to people's life at Tyneholm Stables Care Home.

A number of effective quality assurance activities were undertaken regularly, including a review of people's accidents and incidents, falls, and medication. Results were analysed with a view to identifying any trends, learning and areas for improvement. We saw that this correlated with the service's improvement plan. Nursing staff shared that they continued to see the benefit of receiving regular observations and supervision about their clinical practice. This enhanced their confidence in their role. Most care staff felt they received feedback about their practice. This was during their induction period, or later during practice observations, supervision, annual appraisal or informally as part of their working day. Staff approached the leadership team when they had concerns and they felt listened to.

The manager also reviewed people's wellbeing, staffing levels and other factors that might impact on the care and support that people experienced monthly. This gave helpful insights into any changes that were needed to meet people's needs. Staff recorded all the care they provided electronically. This provided a high degree of accountability. In contrast, some of the paper based recordings, such as cleaning schedules and meal temperature checks were less reliably completed.

By using the 'resident of the day' approach, each person received focussed attention approximately every two months. On this day their care plan, health and wellbeing, meal preferences and room cleanliness were reviewed and attended to. This also gave them the opportunity to share their experiences of the care and support they provided. People and their families were also invited to monthly meetings. This was another positive way of involving them in evaluating the care home's performance. We discussed the possibility of involving people and family in the regular audit of the care home environment.

The new leadership team were committed to building positive relationships with people, their families and staff. They were open to considering ways of enhancing the experience of people living at Tyneholm Stables Care Home.

How good is our staff team?

4 - Good

We evaluated the performance of the service under this key question as good. We found several strengths regarding the staff team and how this supported positive outcomes.

Since the last inspection the provider had increased its staff complement to enhance cover during planned staff absences. During this inspection we found that staffing numbers and their day to day care commitments reflected people's care needs.

The service had established a stable staff team who knew residents well. They communicated well with each other and worked as a team to support people throughout the day. Interactions amongst the staff were respectful and calm. New staff were given opportunities to shadow other staff until they had gained the necessary confidence and competence to support people on their own. Staff received on going training, supervision and annual appraisals, as well as occasional observations of their practice. Together this meant that staff were well supported and were confident in their role. In particular staff had appreciated an immersive learning event about dementia. This had helped them to understand people's experience of dementia.

People told us: "staff are lovely" and "staff are good" and "the cleaners are super".

The use of the induction and supervision recording documents could be enhanced to encourage staff to reflect on their practice better. This will support their professional development. Staff told us that they felt well supported by their peers and the leadership team. They knew who to turn to with any concerns and felt that their concerns would be listened to. Some staff were less clear about their role in keeping people safe from harm than we would expect. We suggested this could be a focus for future team learning so that all staff have a clear understanding of their responsibilities with regards to Adult Support and Protection.

Daily task allocations meant that staff knew what was expected of them. Thought was put in to the skills mix of the staff team on a daily basis. This meant that people were supported by staff with the right knowledge and skills to meet their health and care needs. Staff supported people at a pace that suited them and attended to calls for assistance promptly. Although staff said they had enough time to support people, they did not often sit and engage meaningfully with people. This meant that many encounters with people were brief. Staff and people enjoyed the group activities. However, staff needed to be mindful of the possibility of other people also needing care and support during these times.

Daily flash meetings and six weekly staff meetings promoted good working relationships between teams, for instance care staff, domestic staff, kitchen and maintenance staff. As a result daily concerns were resolved quickly. This included attention to staff wellbeing.

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 benefits from their care and support, the provider should maintain appropriate staffing levels across the service to ensure people's safety and wellbeing needs are being met at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 24 July 2025.

Action taken since then

Since the last inspection the provider had increased its staff complement to enhance cover during planned staff absences. During this inspection we found that staffing numbers and deployment reflected people's care needs. Staff supported people at a pace that suited them and attended to calls for assistance promptly. Staff reported that they had enough time to support people well. People can be confident that staffing levels across the service ensure that people's safety and wellbeing needs are being met.

This area for improvement is met.

Previous area for improvement 2

The provider must ensure that staff are well led and managed. In order to achieve this the service must undertake the following:

- a) Management to undertake regular one to one supervision with staff including a written record and actions.
- b) Management to undertake regular team meetings with staff including a written record and actions.
- c) Management to undertake regular direct observations of staff regarding their practice. Direct observations to have a written record with any actions when issues arise.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14)

This area for improvement was made on 23 November 2023.

Action taken since then

Since the last inspection improvements had been made to the way in which staff were led and managed. Staff had experienced supervision, annual appraisals, some observation of practice and team meetings. Recording templates for these activities encouraged reflective practice to support staff professional development. Plans for more regular staff oversight were in place for the future. Staff felt well supported in

their role. People can be confident that they are supported by staff who are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes.

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

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?	4 - Good
2.2 Quality assurance and improvement is led well	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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