

Thistle Care Home Service

14 Fairfield Road
Broughty Ferry
DUNDEE
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Telephone: 01382 213 840

Type of inspection:
Unannounced

Completed on:
3 July 2025

Service provided by:
Cygnet (OE) Limited

Service provider number:
SP2011011694

Service no:
CS2016348010

About the service

Thistle was registered as a care home in January 2017. It is registered to provide a service for 12 people who have a learning disability. The service is owned by Cygnet Healthcare Limited.

The main part of the service moved to new premises on 26 July 2023. Ten people were accommodated in new-build facilities in the Broughty Ferry area of Dundee. This provides a mix of bedrooms and self-contained flats. Another two people were accommodated in self-contained flats at Lindsay House, adjacent to Wallace Hospital in Dundee. Plans were in place to move these two people to new premises, closer to the main Thistle service in Broughty Ferry.

Information provided to prospective residents states:

"At Thistle we believe that everyone should be treated as a full and valued member of their community with the same rights as everyone else. Service users are encouraged to identify and achieve their own personal aspirations using person centred thinking and approaches. We pride ourselves at Thistle on working hard with the people, their families and those closest to them to find out what is important to them and what their hopes, dreams and aspirations are for the future. This is part of our commitment to use every opportunity we can to hear and act on the views of those we support and those who know and care about them. Our goal is to enable people to structure their time; build relationships and establish a balance between therapy, self care, work and leisure as appropriate to their individual needs. Community based activities give people opportunities to meet others, experience new activities, participate in leisure activities and practice social skills."

About the inspection

This was an unannounced inspection which took place on 30 June and 1 July 2025, between the hours of 0915 and 1715 hours. The inspection was carried out by one inspector from the Care Inspectorate. Another inspector attended as part of their induction training.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with six people using the service.
- Spoke with four family members/representatives of people using the service.
- Spoke with eight staff and management.
- Received email feedback from one external professional.
- Received feedback through care standards questionnaires from two relatives of people using the service.
- Observed care practice and daily life.
- Reviewed documents.

People indicated that they were overall very happy with the general care and support provided and were positive about the management of the service.

Key messages

- Staff were kind and caring and knew people well as individuals. Many people received one-to-one support with additional support provided where required. The service, however, recognised a need to move its culture further towards a psychological and social-orientated model of care. Plans were in place to take this forward.
- The service employed a full-time activities co-ordinator, who worked alongside people and their support workers in organising a wide range of activities.
- People and their families/representatives told us that they were involved with planning and reviewing care, and that communication with the service was very good.
- Visitors were welcomed into the home and more distant contact maintained. Some people told us that online MS Teams meetings were arranged for personal contact with loved ones, and for care and support review meetings.
- Care plans reflected people's care and support needs and were mostly up to date. The service provider was reviewing care plan documents to make them more accessible and relevant to people's individual needs.
- Appropriate legal frameworks were in place to support people who lacked capacity to make their own decisions around finances, welfare and medical treatment.
- The service's buildings were clean and well-decorated, with appropriate arrangements for infection prevention and control. There was evidence of people being given choice regarding decoration and furnishing of rooms.
- The service had the benefit of a dedicated maintenance staff member, who had positive working relationships with the care staff team.

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 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?

4 - Good

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

Staff were kind and caring and knew people well as individuals. Many people received one-to-one support with additional support provided where required. This meant that people could be encouraged to lead an active and independent lifestyle.

The service, however, recognised a need to move its culture further towards a psychological and social-orientated model of care. This would help ensure that support was more driven to promote people's independence. Culture change will take time and educational input for staff. The service had access to nursing, psychology, occupational therapy, and support staff to assist with this. There was also support from in-house psychiatrists, and a variety of external health and social care professionals.

People were supported by an assistant psychologist to help develop self-soothing strategies and self-awareness. This provided evidence that the service was developing a culture that sought to enhance people's strengths as a means to enable and promote their independence. We saw that psychology, nursing, and support staff worked together in implementing these strategies. This helped reduce people's reliance on staff support around various aspects of their daily lives.

It was positive to see that people were supported to make transitions into the service and were assisted to prepare when moving out of the service. This helped people settle into new care settings and develop relationships with support staff in advance.

The service employed a full-time activities co-ordinator (Monday to Friday), who worked alongside people and their support workers in organising a wide range of activities. They also planned activities for weekends and times when they were not on duty. Activities included regular one-to-one and group outings to local and more distant attractions, such as parks, Edinburgh Zoo, the circus, and swimming lessons. People were encouraged to use public transport where appropriate, and there was access to a minibus. One person had their own 'Motability' car. In addition, independent living skills were developed around personal care and shopping. The home's garden was being renovated at the time inspection to make it more pleasant and useable for people in all weathers.

It was positive to see that the service was developing joint activities with another local care home, which aimed to broaden the range of activities on offer and allow people to make new friends.

People and their families/representatives told us that they were involved with planning and reviewing care, and that communication with the service was very good. At the time of inspection, the service was enhancing communication through 'key worker' email updates to people's families/representatives about their daily lives and activities. This would help ensure better contact with people who lived at greater distances from their loved ones.

Care plans reflected people's care and support needs and were mostly up to date. Any updates and reviews that were outstanding were known to managers, and actions were planned to address this matter. The service provider was reviewing care plan documents to make them more accessible and relevant to people's individual needs.

Consideration was being given to implementing an electronic care planning and review system; however, it would be some time before this was put in place.

The implementation of end-of-life care plans was progressing with the involvement of people and their representatives. End-of-life care can be a difficult subject to discuss with people; nevertheless, it is important to identify people's wishes and preferences, so that their care experience can be tailored to their needs and expectations at the appropriate time. Consideration should be given to developing future care plans which recognise changing needs and pathways through life, not only end-of-life support.

People's medication was managed effectively, with clear protocols to direct staff around the administration of 'as required' medication. However, audits of medication counts, required development to highlight when staff were not accurately recording medication stocks after medication administration. This is important in ensuring that medication administration errors can be quickly identified. The service managers agreed to review the audit processes to make them more robust. This will be reviewed at future inspections.

Appropriate legal frameworks were in place to support people who lacked capacity to make their own decisions around finances, welfare and medical treatment. This helped ensure that people's views and preferences were known and taken into account when planning and reviewing their care.

Some of the service provider's policies and procedures tended to reflect legal frameworks and care standards used in England and Wales, rather than those used in Scotland. Given the differences, it would be helpful for policies and procedures to be reviewed to better identify with the Scottish perspective. Senior managers agreed to discuss this at corporate level.

How good is our setting?

4 - Good

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

The service's buildings were clean and well-decorated, with appropriate arrangements for infection prevention and control. Public areas and bedrooms had sufficient space for people to move around. There was evidence of people being given choice regarding decoration and furnishing of rooms. This helped provide a more personal setting, especially in individual bedroom and living areas.

It was positive to note the availability of a sensory room and quiet rooms, which helped ensure that a calm atmosphere could be maintained. There were easily accessible individual and communal garden areas, with developments taking place to make them more appealing and appropriate to people's needs. Suitable laundry facilities were available, and people were supported to use these where their abilities allowed. This helped promote independent living skills.

There was easy access to local shops and an adjacent park. People were supported to walk or use public transport to access community resources. One person had their own car and the service had its own minibus, which was used regularly.

The service had the benefit of a dedicated maintenance staff member, who had positive working relationships with the care staff team. Communication was good and this gave confidence that any matters of concern would be promptly addressed. Maintenance records were well kept, and there was management oversight of these documents.

Visitors were welcomed into the home and more distant contact maintained. Some people told us that online MS Teams meetings were arranged for personal contact with loved ones, and for care and support review meetings. People were encouraged to spend time on activities in the home and regular outings were organised. It was encouraging to see that the service was developing joint activities with another local care home, which aimed to broaden the range of activities on offer and allow people to make new friends.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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