

## Thorn tree Mews Care Home Service

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Falkirk  
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**Type of inspection:**  
Unannounced

**Completed on:**  
10 July 2025

**Service provided by:**  
MMCG (CCH) (3) Limited

**Service provider number:**  
SP2013012124

**Service no:**  
CS2013319184

## About the service

Thorntree Mews is a care home that is registered for 40 older people, some of whom may be living with dementia and/or a physical disability. The Provider is MMCG (CCH) (3) Limited.

The care home is in a residential area close to Falkirk town centre, and is near to local amenities including shops, train and bus routes.

The care home is a spacious converted period type house with accommodation on two levels. It is divided into two self-contained units, each with a lounge, dining area, other quiet areas and bedrooms. The care home has an enclosed garden at the rear and a seated area at the front.

## About the inspection

This was an unannounced inspection which took place on 8 and 9 July 2025. 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 15 people using the service and 8 of their family members
- Spoke with 24 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

## Key messages

- Staff supported people warmly and respectfully.
- The service looked after people's health and care needs very well.
- The service responded well to our suggestions about refurbishments required to the setting.
- People's personal support plans were person centred.
- The service needed to improve the recording of people's fluid intake.

## 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?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	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?

5 - Very Good

We found significant strengths in aspects of the care provided which supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a calm, relaxing atmosphere throughout the inspection. Staff intervened respectfully when people living in the service began to appear stressed or distressed and quickly supported people, directing their attention to another area. This meant people could have confidence that staff would support them in a dignified way and feel at ease with staff who acted with warmth, kindness and compassion.

People benefitted from regular health assessments and screening. Risk assessments and screening tools were carried out at specified intervals for each person. People were referred to external health professionals when required. Staff discussed people's care and support needs at care and clinical governance meetings, and included information gained from risk assessments and screening tools to inform any actions required. This meant people living in the service were supported and cared for sensitively by staff who planned for any known vulnerability or frailty.

Technology was used to support people to be as independent as possible. People who were able to use them, had a portable staff call device so they could call staff, from wherever they were in the home, when they needed support. Sensor mats were in place for people who were unable to use a portable device, to alert staff to check if they needed support. Staff observed and interacted with people sitting in lounges to ensure their safety. This meant people could expect to feel safe and secure in their community.

Staff promoted a person-centred approach to preventing and managing falls and fractures. People were encouraged to move as much as possible. Many people were walking independently around the home. Staff prompted people to use their prescribed walking aids and assisted people who were unable to walk independently, using moving and assisting equipment. People who had fallen were assessed promptly and referred to the appropriate professionals when required. The leadership team had an up to date overview of falls occurring and discussed actions and future preventative measures with the staff team. People living in the service then, could feel confident that staff would respond appropriately to their mobility needs and promote independence.

Medication management was safe and effective. The service was using a digital medication administration system but chose to keep paper copies of protocols for 'as required' medicines. Some protocols had been recorded digitally, but not all of them, which could cause some confusion for staff. We asked the leadership team to consider removing the 'as required' protocols from the digital system and insert a note to reference the folder holding the paper copies. We will review this at the next inspection.

The dining experience was relaxed and unhurried. People were given choice and attended to by respectful staff. People's views about food and drink, including their preferences, had been gathered using a 'hug on a plate' survey. Alternatives were available when people did not like what was on the menu. There was an evening menu, clearly displayed stating what snacks were available when kitchen staff were not present. We discussed with the leadership team the need to make it clearer what alternatives were available during the day as a small amount of people said they didn't like some of the food.

## 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.

There was a range of spacious, communal and private areas for people to use. Staff respected when people preferred to spend time in their own bedroom and were welcoming when people chose to be in communal areas. There was a good amount of natural light and sufficient space to meet people's needs. There was a garden area to the rear of the home, however areas of it were overgrown, the garden shelter was being used for storage and was locked. Access to the garden area was through a locked door and storage room so people had to rely on staff to access it. We discussed with the leadership team the importance of tidying the raised beds and freeing up use of the garden shelter for people to enjoy.

People would benefit from better signage throughout the home. Some signage was appropriate for people's needs, for example, there were signs on bathroom doors with an image and text, placed midway down the door so that people using a wheelchair could see it. Handwashing techniques signs were beside sinks demonstrating in words and pictures, how to effectively wash hands. There was a lack of directional signage, for example, there were no signs directing people to the garden area, bedrooms or lounges. We discussed this with the leadership team who advised the provider would review and install signage in a format suitable for people living in the service. We also discussed the need to review how menus are displayed, to support people living with a cognitive impairment to understand what was on the menu for each meal. We will review these areas at the next inspection.

The service needed to ensure all areas of the home were cleaned to the expected standard. The home was generally clean and fresh smelling but a small amount of areas were dirty. We discussed this with the leadership team who arranged for these areas to be cleaned. Cleaning records showed daily cleaning was being carried out in all areas, however, that deep cleaning was not being carried out as often as it should have been, which could put people at risk of infection. The leadership team had identified this in their audits and discussed required improvements with the appropriate staff; we will review progress at the next inspection.

The service ensured there was planned monitoring and maintenance of the premises. There was a clear process for staff to follow when reporting repairs required, these were then signed when completed. Weekly, monthly and quarterly safety checks were in place and up to date and the manager and senior leadership had oversight of these. External contractors carried out safety checks of specified areas and all safety certificates were in place. People then could be confident their environment was secure and safe.

The service needed to improve several areas of the setting. The wet wall coverings on most bathrooms, shower rooms and toilets were badly damaged, with many dents and holes. Some shelves in people's ensuite toilets were stained with dye from packets of wipes or had small holes. A toilet floor had small holes in the vinyl. This meant it was not possible to clean these areas properly and posed an increased risk of infection to people. The dining room on the ground floor was in the process of being decorated, following a leak, which had been repaired. The conservatory at the front of the house had not been used in a long time as it was not safe. The leadership team advised the provider had plans to remove the old conservatory and make a new, outdoor seating area for people to enjoy, however they did not have a date for work to start. These improvements had been documented in the service's home development plan. We discussed timeframes with senior leadership, who responded positively and agreed completion dates for all works. We will review this at the next inspection.

The service had made recent improvements to the upper floor, making it more suitable for people living with cognitive decline. There were appropriate murals on the walls, seating along the corridors to allow people to rest, which were well used during the inspection. Colours had been chosen carefully, considering good practice guidance for people living with dementia and there was an activity wall at the end of the corridor. There was a refurbished family room and dementia cafe for people and their visitors to enjoy in privacy. This meant people were benefitting from a setting that was adapted to support good practice.

## How well is our care and support planned?

4 - Good

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

People's personal support plans reflected their rights, choices and wishes. There was detailed information about people's preferences, preferred outcomes and support needs that was evaluated at the right times. Evaluations gave a comprehensive summary of people's needs and how effective the care plan had been. This meant people could expect their support plan to be person-centred.

The service needed to ensure information in people's personal plans was consistent. In one support plan we noted conflicting information across different documents about whether the person was a choking risk; some records said there was a choking risk and others said there was not. This increased the risk of negative consequences for the person if staff read the document that said there was no choking risk and acted on that. We discussed this with the leadership team, who arranged for this support plan to be corrected. We will review this area at the next inspection.

Most support plans gave clear information on how to support people according to their needs and preferences but some information was too vague. The word 'regular' was used in one plan when it should have been replaced with a specified time frame to clearly state how often staff should check on the person to determine if they needed support with their continence needs. Alternatively the care plan could describe what behaviours the person displays when they need support with continence. Another person's personal support plan stated staff should regularly monitor the person's weight, instead of stating exactly how often their weight should be monitored. One care plan needed to have more detail on how to support the person when they were experiencing stress or distress. We discussed with the leadership team the need to ensure all support plans accurately reflect how staff should support people to achieve their preferred outcomes and enhance their wellbeing. We will review this at the next inspection.

The service needed to improve how they record fluids when people need to have their fluid intake monitored. Several fluid charts were not fully completed and it appeared as though people had consumed very little fluid. During the inspection people had access to fluids, staff encouraged people to drink and people told us they had enough to eat and drink. The service used a digital system to record fluid intake which alerted staff when to offer a drink to a person. Some staff were incorrectly recording fluid intake for some people who did not need to have their fluid intake monitored, whereas other staff knew not to do this. This resulted in partially completed fluid charts. We had discussed accurate recording of fluids with the leadership team at the previous inspection when the digital system was new and staff needed time to adjust to the new way of working. The leadership team had been discussing the required improvements in this area with staff but as the pace of change was too slow, we decided to make an area for improvement (see area for improvement 1).

People and their nominated representatives, where appropriate, were involved in developing their personal plans. The service organised reviews of people's care and support, some of which were attended by social workers, to ensure support plans met the needs and preferences of people.

### Areas for improvement

1. To protect people's health and wellbeing, the provider should ensure people's hydration needs can be accurately assessed. To do this, the provider should ensure, as a minimum:

- a) They involve staff in reviewing the process around recording fluid intake.
- b) All direct care staff are aware of who does and does not require to have their fluid monitored.
- c) Fluid charts are reliable because they are accurately and fully completed.
- d) The leadership team is involved in monitoring and auditing fluid intake records, taking action where necessary.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

### 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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