

# Tranent Care Home Care Home Service

1 Coal Neuk Court  
Tranent  
EH33 1DR

Telephone: 01875 616 560

**Type of inspection:**  
Unannounced

**Completed on:**  
23 June 2025

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300790

## About the service

Tranent Care Home sits in a residential area in Tranent. The provider is HC-One Limited. It is located close to the shops, bus links and local amenities. The home can care for and accommodate up to 60 older adults.

The building is over two floors accessed via a lift or stairs, with communal lounge and dining areas. People have their own bedroom. Kitchen, laundry and staff facilities are on site. People can access outside space to the front of the home and there is an enclosed rear garden.

## About the inspection

This was an unannounced inspection which took place on 2, 3 and 4 June 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 people using the service and some families;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- People were supported well with their health and wellbeing.
- People knew the staff team who cared for them.
- People enjoyed a range of activities.
- Involvement with the local community had grown.

## 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 leadership?                | 5 - Very Good |
| How good is our staff team?                | 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 and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

On arrival at the home, staff were welcoming and friendly. We observed kind, caring interactions between people and staff. Where people needed additional reassurance this was provided in a supportive way. This meant people experienced care and support that was right for them.

People experienced care from a stable staff team they knew who were aware of their preferences. Family members we talked with told us that staff were kind and caring and knew them as well when they visited their loved ones. It was evident from interactions we observed that staff promoted people's independence and provided care and support they needed to achieve their outcomes. This provided people with continuity and consistency in their care arrangements which promoted their health and wellbeing.

A variety of activities were offered in the home to support people's wellbeing. The activity team provided group and one to one activities each day that included entertainers, local brownie group visits, exercise class and pet therapy visits. Some people attended their local church with family which they enjoyed. A gardening club each week encouraged use of the outdoor space and some family members were involved.

People also attended events in the local community. The service had started a Community Participation Group to consider ways to build on these community connections for people. These approaches meant people were involved in things that were meaningful to them.

The service had regular contact with a range of health professionals. Professionals we spoke with told us referrals they received were relevant, staff followed advice provided and sought additional guidance to support people when required. As a result of this people's health and wellbeing needs were supported by the right people who worked together to keep them well.

An electronic system for safe medication administration was in place. Regular internal and external audits were completed by the staff team, if any issues were identified actions plans were place. Medications were stored safely. These measures helped to reduce the risk of errors and kept people well.

A range of regular assessments were in place to monitor people's health and wellbeing. Regular staff communication included daily handovers, head of department and daily flash meetings to discuss people's wellbeing and any changes. In addition clinical meetings were held regularly that provided oversight of people's health and wellbeing. This meant staff were aware and regularly updated about people's health and how to support them well.

People came together for meals and a range of alternative choices were available. A range of snacks which included fresh fruit platters and drinks were available throughout the day. People provided feedback about the food at their residents' meetings. Kitchen staff were aware of people's preferences including special or fortified diets. As a result of this people had a positive mealtime experience that benefitted their health and wellbeing.

**How good is our leadership?****5 - Very Good**

We found significant strengths in the leadership of the service which supported positive outcomes for people. We evaluated this key question as very good.

The service had an annual quality assurance plan. This included the managers completing regular audits which guided service improvements. The home had an improvement plan which included self-evaluation and was linked to outcomes for people. The managers monitored accidents and incidents, action plans were in place, if required. A clear process was in place for any complaints received by the service. This meant people benefitted from a service that had continuous quality assurance processes in place.

The manager had worked to build links with families as they arrived and left the home. Recent questionnaires had been circulated to gain feedback from people and families' experiences. The activity team held meetings monthly for people who used the service to capture their feedback. A social media page for relatives shared information and a newsletter was produced each quarter. As a result of this people and their loved ones had opportunities to provide feedback about their experiences and how the service could be developed.

Staff had access to training that was relevant to their role. Training was up to date and the managers had oversight of training completed. Additional training had been identified through staff discussions during supervisions and a planner was in place for extra learning opportunities. Competency checks were in place for staff who administered medications. The service planned to commence observations of practice for staff. These measures meant people could be confident staff had been trained, competent and skilled to provide their care and support.

Team meetings were regular within all the teams. Daily handovers gave managers and staff the opportunity to provide updates or changes for people. Monthly organisational and clinical meetings provided further oversight of assessments of people and actions were planned. Staff told us they had support from the managers who had an 'open door' and were approachable. Staff also told us they got on with their peers and had good working relationships. This meant people had care and support from a team that had the necessary information and resources.

**How good is our staff team?****5 - Very Good**

We found significant strengths in the recruitment processes and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Safer recruitment processes were in place. This included checklists in each file that indicated how much of the process has been completed. New staff did not start work until all the relevant checks were completed. This meant people experienced care and support from a staff team that had been safely recruited.

Staff induction included four days off site training. New employees had an allocated mentor. One staff member we spoke to told us their induction was 'very supportive and detailed, had a mentor allocated and shadowed for a month'. To monitor quality assurance, the service sought induction feedback from staff to continuously review the process. Training and supervision was ongoing for staff after their induction.

The provider also offered staff employee benefits. Staff had access to online and face to face training to help them develop. They had shadow experience and regular competency checks. A staff member we spoke to told us they felt training covered what they needed to undertake their role. As a result of this people

experienced care and support from staff who were trained and had time to reflect on their practice.

## 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.

Staff offered a warm welcome to people on arrival at the home. The building was tidy and clean. We noted no odours or intrusive noise during the inspection. The housekeeping, kitchen and laundry teams had cleaning schedules that maintained the cleanliness of the home. People had access to private and communal areas. Each person had their own personal bedroom spaces, which they were able to decorate as they wished with things that were precious to them. This meant people lived in a space that was clean and met their needs.

Communal living included dining areas and lounges and small nooks that had been developed at the end of corridors. A bar and namaste room also offered spaces for people to use. Outdoor space to the rear was enclosed. People had access to the outdoor space as they wished. For those who enjoyed a cigarette a separate area had been developed, including a shelter for bad weather days. People had a choice and access to indoor and outdoor spaces to meet their needs.

The manager had an environmental plan in place with areas for improvements recorded. This plan had identified the need to replace some of the soft furnishings and refurbishment and decorating. The area manager and head office were aware of this and we were advised by the provider this was planned. We will monitor this at our next inspection.

Where people needed specialist equipment or devices this was in place for them, and some had chairs that were specifically adapted. Staff received training to support the use of any specialised equipment. Regular maintenance of equipment and repairs of the premises was supported by the maintenance person. This meant regular monitoring and checks of equipment used to keep people safe were in place.

## 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 had a personal plan in place that was relevant for them. If required, risk assessments were completed. People were encouraged to be independent with care and support tailored to their individual needs. People's likes, dislikes and preferences were recorded. A planner was in place for reviews and people and their families were involved. A family member we spoke to told us they 'were involved in the review and had calls when their relative was resident of the day'. Contact information about family members and involved health professionals was noted in people's plans. This meant people had a plan in place that was right for them.

A new on line system had been introduced for the personal plans called Nourish. Staff had received training on how to use the plans. The service had nominated staff that were champions and a point of contact for advice. Staff we spoke with told us they were getting used to using the system. The plans were being reviewed and audited regularly and actions noted where things could be improved.

Daily notes for people's care and support were being completed, however, additional information about people's activity was not being regularly recorded. This was an area the service had identified needed some improvement. We will monitor this at our next inspection.

## 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 support people's health and wellbeing, the provider should ensure that people's nutritional needs are effectively assessed, reviewed and action taken to address any concerns. This should include, but is not limited to, ensuring effective monitoring of people's weight, analysis of food and fluid intake records and onward referrals to appropriate professionals.

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)

**This area for improvement was made on 7 June 2024.**

#### Action taken since then

People have risk assessments completed regularly with weekly weights in place for some people. Clinical meetings provide the manager with oversight. The kitchen team were aware of those needing supplements and fortified drinks and additions were available. Onward referrals made where it was identified that people required additional support.

This area for improvement has been met.

#### Previous area for improvement 2

To support people's health and wellbeing the provider should ensure that personal plans, risk assessments and all supporting documents detail how people are to be supported are kept up to date and reviewed regularly.

This should include, but is not limited to, training staff in personal plan completion and any related additional documentation.

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

'My personal plan (sometimes referred to as a care 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 area for improvement was made on 7 June 2024.**

**Action taken since then**

The service had introduced a new system for people's personal plans. Plans were being updated monthly or earlier if changes noted. Risk assessments were being completed for people who needed them. Staff used handheld devices to update information as they delivered care and support. The manager and deputy have oversight of the plans and discussed these regularly. Care plan audits were being completed. Staff had received training. Further training was planned for continued development of people's plans.

This area for improvement has been met.

**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 leadership?  | 5 - Very Good |
| 2.2 Quality assurance and improvement is led well                          | 5 - Very Good |
| How good is our staff team?  | 5 - Very Good |
| 3.1 Staff have been recruited well   | 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      |

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.