

## **Townend Meeting with Enhance Healthcare**

**Tuesday 2<sup>nd</sup> December 2025**

**South Ayrshire Council Offices, County Buildings, Wellington Square**

In attendance:

Cllr Julie Dettbarn, SAC (Chair)

Cllr Duncan Townson, SAC

Dave Houfe, SCC

Sharon Johnston, SCC

Deborah Lochhead, SCC

Andy Jamieson, Enhance Healthcare

Katie Murtagh, Enhance Healthcare

Representative from Sharon Dowey MSP

Various Current residents/householders, Townend Estate

Julie Dettbarn opened the meeting and welcomed everyone and reminded those present to be respectful of all parties.

She had prepared the minutes from the last meeting, but due to technical issues, she apologised that these were not complete and only available in hard copy at present. They will be circulated electronically.

She reiterated that at the last meeting held between representatives of Symington Community Council and Enhance Healthcare (EH), chaired by Elena Whitham MSP, it was agreed that EH would be willing to attend a meeting with the residents/householders within the Townend Estate, as they were likely to be most affected and have expressed a degree of concern over the impact of the facility. EH are keen to talk in detail over the running of the facility and work through neighbours' concerns.

Andy Jamieson (AJ) provided an overview of EH. They are Scottish based care operator and have been in business for 20 years, providing circa 1200 beds over a number of facilities in Scotland, generally split into half elderly care and half specialist care.

Townend Care Home was originally caring for 17 adult residents with learning difficulties. EH recognised that the building was becoming tired and needed bringing up to standard, so they took the opportunity to relocate the existing long-term occupiers and undertake significant refurbishment/upgrade while discussing proposed service requirements with their commissioning team. They currently have one drug and alcohol rehabilitation unit based at Calderglen which is oversubscribed and they felt there was a need for more of this service provision. They have commenced the building works to bring Townend House up to standard and have planning consents running concurrently.

Sharon Johnston introduced herself and noted that this follow up meeting had been called at short notice, and whilst a number of residents from the Estate were in attendance there were a few who were unable to attend. A list of residents' questions had been compiled and the intention from the meeting was to have a factual record of the queries and responses.

No one was in anyway criticising EH. Everyone realised that there is a need for rehab facilities and no one was opposing the service or the organisation. A lot of the community have lived in close proximity to the care home for 40+ years with no sense of risk, however they felt that this change of service provision did pose a risk.

The care home had been considered part of the community. They held Christmas and summer events, children waved and spoke to the original residents, with no sense of inherent risks. The change in type of care/service provision removed the community feeling due to regular changes in occupier, as the protocol was for a 12-week rehab programme.

*How was the repurposing decided without any engagement or discussion with local residents?*

AJ agreed that Enhance did not handle this well. They felt that the preliminary discussions between Council Social Care team and their commissioning team had escalated quickly with hearsay and rumours even before a decision had been made and they shut down communication.

*One of the residents had made a Freedom of Information request from the Care Inspectorate, and the first inspection had been in May 25 not August 25 as advised to the meeting, so EH did have time to engage with the community before making the decision to change the service.*

*Where are EH in approval process?*

They have an agreement in principle subject to variation by the Care Inspectorate. There is no date as yet. They need to complete the building works before going back to the Care Inspectorate for approval.

*The context is that the Scottish Government have a Drug and Alcohol rehab policy, so the likelihood of not getting approval is not expected.*

*EH hadn't gone about consultation properly. They should still need to have wider community engagement/consultation. It feels like EH have a clear run through to delivering this service at Townend.*

EH responded that they had not taken wider community engagement off the table even though there is no legal requirement. They agreed that there had been gaps.

*Are the gaps the lack of planning and consultation?*

EH replied that retrospective planning consent for the alterations had been applied for, that this is not a done deal.

*Would EH review plans to follow through this after the meeting?*

JD suggested running through the service provision and practicalities. SJ wanted to run through the residents' questions.

*What clinical safeguarding and risk assessments have or will be carried out? It is to be noted that there is no streetlighting within the Estate, no fences or physical boundaries between the various demises, open access to woodland.*

EH advised that their other facilities abut onto private dwellings. They wouldn't undertake a risk assessment based on the aforementioned. The Care Commission do require Risk Assessments but not based on location.

*Residents are not kept in – so how will EH stop them wandering through the Estate?*  
EH advised that their residents are working on a tight timetable over the 12 weeks and there is little opportunity for them to leave.

*David Houfe asked about what compliance might look like – might it be that residents in rehab would be able to wander? Non-compliance is that resident doesn't want to do this anymore. Non-compliance could be a whole manner of things. What are they?*  
EH replied that the staff that work in these facilities are very well trained, so can spot if someone has "checked out". There are a number of specialist roles such as psychiatrists, advance nurse practitioners etc. The service is well managed; they have never had anyone placed in danger. They operate robust practices with a very high success rate.

*Are EH escorting them to and from the care home?*

Anytime they are out and about they will have a care worker with them. No-one can wander around unattended.

*Does this then indicate a level of risk?*

No, the care worker supports them when they are out, easing them back into integrated society and day to day life such as choosing items in a shop, paying etc.

*Back to location – at Calderglen, there is much more land within its own estate. From the Calderglen report, there is land, fishing woodland walks. Townend is 1/5<sup>th</sup> the site size of Calderglen. Could there be a risk assessment to determine how this impacts on Townend Estate?*

AJ advised that similar type properties to Townend are located in residential areas, and we don't need to keep comparing this to Calderglen. Back gardens of houses do back onto the Calderglen facility.

KM advised that the model of care is the skill set, not the location. Environment is only one requirement.

*SJ asked for a statement on the category of clients to be accepted into the service.*

EH responded that there is a preassessment process. They do not take Category/Schedule 1 prisoners, no arson offenders. With other convictions there is a pre assessment, and they link in with the psychiatrist. Also though there are some clients referred through the prison estate, the vast majority of clients are referred through the local authorities.

*There is concern over the Schedule 1 prisoners as this only relates to offences to children, so if they have previously assaulted adults, would they still be able to come?*

EH confirmed that they do not want to put anyone at risk. When they pre-assess they look at the whole scenario and factors and would not take any risks from their own staff's point of view.

Over a three-year period at Calderglen, there has only been one Police call out.

*But apparently, within the Police estate, this is not the number....*

AJ advised that this is inaccurate and disappointing.

*DH asked what the threshold is to risk losing a licence to operate?*

AJ commented that he suspected that this was not a volume question. If there was a major incident, the Enhance would self-refer to the Care Commission.

*It's not always the big things that cause concern; it's the day-to-day issues. Previously Townend housed long term residents who were engaged with the community. With a 12-week programme, there will be a constant turnover of clients. Neighbouring residents will constantly need to think about new occupiers of the care home which is disconcerting in day-to-day life. There will be a process of rolling changes with new people every day/week leading to no continuity with neighbours and the loss of a community feeling.*

EH commented that these are people, and not all pose risks. There are policemen and doctors etc who are addicts and in care.

*Response was that with existing neighbours you build up a relationship, but there will be new people coming all the time.*

*Prison to rehab is a concern, and the Townend residents have been told so many different things. Yes, it could be a potentially small issue, but it is putting strangers into a small local community. It always comes back to location.*

*We recognise that the biggest part of child protection is addiction, but providing this service here can't be at the detriment of others health and safety.*

*The location is within a shared space with a shared road, unlit as mentioned previously. There is an evidential lack of trust if the clients need to be chaperoned, and is there going to be enough staff to chaperone them all?*

EH commented that there would be a curfew in place from 8pm.

This is a short programme of recovery, only 12 weeks. It's not that they are not trusted to be on their own. They are not there for an easy ride. Everything is well planned. Free time is programmed within the care. For the first four weeks, EH do not like clients to leave, but they can't stop them.

*So where does that leave residents at Townend?*

The first four weeks are crucial, and they will get to know the clients, and although they can't stop someone leaving there will be a lot of warning from the staff. It is in Enhances best interests that their clients feel safe and secure in their environment.

*It seems to be the same again and again, that the local community will be impacted.*

EH are confident that they can deliver this service, and there is no overarching concern to providing this.

*Is Townend still the place having heard the comments?*

This is not fait accompli as far as Enhance are concerned.

*Enhance may be confident but what guarantee can they offer?*

*Is there anything that Enhance can offer to provide confidence?*

*We have seen Enhance “break rules” and just crack on. There has been secrecy, it feels underhand and disingenuous, with an apparent lack of integrity, so how can they give confidence to local residents?*

AJ agreed that there had been a mishandling in planning and will feed back that genuine concern. There are no gaps in the core provision of the service. The model of care is robust.

*SJ has the adjacent property to the care home, with windows overlooking her property.*

*With the development works, how can she be assured of her own privacy?*

This particular room has not been used as a bedroom, and no one can guarantee that no one will look out of a window.

*The road usage will be increased. Will there be an adjustment to maintenance contributions? And why has the car park been extended? There was previously only parking for two cars, and there are now an extra 12 spaces, so obviously Enhance are planning to have more vehicles.*

AJ advised that there would be no change to number of parked cars. They have simply resurfaced the area where cars park.

*SJ advised that with the heavier road usage, then Enhance should contribute. The roadways within the Estate are not adopted and privately owned by Townend residents. There will be increased traffic, and it is right that Enhance should contribute to the roads and grounds maintenance.*

*Will there be an exterior smoking area?*

Yes, the existing smoking area beside the conservatory to the left-hand side of the building will remain.

*There are proposals for an outside gym. Where will this be located?*

This is likely to be sited to the front of the house.

*The external spotlights in use are horrendous, requiring the use of black out blinds to the neighbours’ properties. Bats have been disturbed.*

*It is felt that everything is about a lack of trust and transparency. There is a continued lack of regard for neighbours. The water to the Estate has become discoloured to the works ongoing. There is a private water supply to the Estate, so with all 17 rooms becoming ensuite, how will this affect the water pressure to every property in the*

*vicinity? Again all residents are responsible for maintenance of the water pipes, which will probably require replacement.*

*Has anyone from Enhance visited the property in the dark? There is a genuine perceived concern over safety.*

*Original use was part of the community, and it no longer can be.*

*There will be a large volume of strangers coming and going.*

*There are over 700 signatures on the petition. Does this change Enhance's view? Will they reconsider?*

Yes, Enhance will consider all that has been said. AJ sees the concerns, but he also sees the tremendous outcomes.

*Enhance is a private company and works to a profit. Has this influenced the service provision at Townend?*

AJ replied that the Scottish Government control the surplus margin. They deem 5% an acceptable margin of profit. This is in line with the original service provision at Townend.

*EH have 22 other care facilities. Is there one not more suitable for this service?*

EH advised that they were still of the opinion that Townend is the best place.

*How will the progress be fed back to the Townend residents after any board meeting and when?*

Probably early next year, and feedback will be made through relevant channels.

*What is the staffing level at night v day?*

It depends on the profile of resident. This alters staffing ratios depending on the composition of service users.

It is noted that there are no security guards and this is not deemed a secure facility.

*How does the model work? Do EH collect clients?*

If the client is referred through the community, then likely that a social worker will deliver them. There are arranged family visitation once per month, when the care home would facilitate a lunch, or take the client back to their home if that was more suitable.

*Please can we work towards a meeting with the wider community.*

Yes. JD will offer to chair such a meeting.

Feedback from Community Council.

- Can we undertake to share minutes from each side
- Can they come back to us early in the New Year.
- Can they ensure that the planning applications are accurate
- Can they pass on feedback and timing from the Care Inspectorate.

*What is the rough timetable to operation?*

They need to recruit staff and obtain licences and if they do decide to proceed in January, then roughly 3 months until they are operational.

JD closed the meeting and thanked everyone for their attendance and confirmed that channels of communication would be kept open.