

## Cumbernauld Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 February 2024

**Service provided by:**  
Tamaris (RAM) Limited (Cumbernauld)

**Service provider number:**  
SP2007009152

**Service no:**  
CS2003010563

## About the service

Cumbernauld Care Home is based within a residential area of Cumbernauld, North Lanarkshire and is provided by Tamaras (RAM) Limited. This service has been managed by Each Other Care since June 23. They are a family-owned company who provide long-term and respite care for older people.

The aim of the service is to encourage people to stay active, making their own decisions about what they want to do and spend their time to help them remain positive, happier and healthier.

The home was only functioning on the ground level. The first floor is unoccupied with essential refurbishment works about to commence. Once this work has been completed, the service will re-open this floor to new residents.

There were 20 people living in the home at time of inspection.

The home also have a longstanding contractual arrangement with Lanarkshire NHS Trust, to provide a dedicated continuing care service. Ten people were using this service.

## About the inspection

This was an unannounced inspection which took place on 29 30 and 31 January 24. The inspection was carried out by two inspectors and an inspection volunteer 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:

- Received feedback about the service via care inspectorate questionnaires from 11 resident, eight relatives and 10 staff
- Spoke with five people using the service and two of their relatives
- Spoke with three relatives over the phone
- Spoke with seven staff and management
- Observed practice and daily life
- Reviewed documents
- Made contact by email with two visiting professionals
- Spoke with one visiting professional over the phone

## Key messages

- Residents and their families told us they were happy with the support and the management of the home.
- To improve resident's health and wellbeing, meaningful and stimulating activities need to be introduced that is based on their likes and preferences.
- Care plan documentation needed to improve to ensure that resident's health and wellbeing needs was right for them.
- Quality assurance and scrutiny needed to improve as there were some issues that had not been picked up within recent audits that could impact on resident's health and wellbeing.
- Information about how to support resident's experiencing stress and distress needed to be better documented to ensure their care was right for them.
- There was no tracker for repairs and renewals which could impact on keeping people safe.
- The cash handling protocol within the service needs to be fully established so that relatives and residents know how they can access their monies.
- The service was being managed by new owners who were in the process of implementing new systems in efforts to improve outcomes for people.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our setting?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Residents told us they were happy with their care and support. Everyone knew each other and people appeared relaxed in the presence of staff. They told us, "The lounge is comfortable and I can chat to other residents which I enjoy," "food is good" and "staff know how to look after us."

Responses from care inspectorate relatives' questionnaires, were mainly positive. There were some suggestions for improvements such as more activities, spaces outside of resident's bedrooms where they could visit their relative and redecoration and upgrading of the environment. These suggestions were fed back to management team who have said they plan to meet with relatives and share information about where they were with those suggestions.

Relatives who we spoke to, made positive comments about the service. There were mixed messages about when relatives could visit. Some residents and relatives had thought visitors could not visit during mealtimes. This was fed back to management who assured us that that relatives can visit when they wish. Some relatives were also not sure about reviews. We also fed this back to the manager who had put together a resident's guide. We suggested that the manager share this document with residents and their families to gather their thoughts and views on what they think they need to know about the home.

A few relatives also told us that they would like to see activities that were more meaningful and stimulating. Group activities were happening indoors at set times of the day or week. Choices were limited to board games, bingo, watching movies and monthly entertainment. Resident's aspirations had not yet shaped the activity schedule. There is a risk that people who do not wish to participate in group activities could become lonely and isolated (see area for improvement 1).

The dining experience was calm, relaxed and unhurried. There were menus on display and residents could select what they wished to eat. Residents appeared to enjoy their meals. Information about people's food and nutrition had been shared with the kitchen staff. However, there were some gaps within care plans about what residents liked to eat and drink, particularly those on fluid watch. This means that these residents may not be offered drinks of their choice which could impact on their health. This was discussed with the manager who assured us that resident's food and drink choices would be recorded within their care plan.

Care plans were part digital, part paper based. The service was in the process of transferring all paper documentation to a digital system. Information about resident's needs was held digitally. This ranged from their communication needs to health care needs. There was enough detail within the digital care plans on how to support residents with their health and wellbeing needs. However, information about how to support residents with all aspects of care including managing stress and distress needed to be better. There was limited information within care plans about preventative strategies and guidance which could further impact on resident's health and wellbeing (see requirement 1).

To ensure resident's health and wellbeing needs were being met, the service completed daily recording charts. Daily records did not consistently contain the detail of the care given. For instance, records did not highlight if residents had been supported to have a bath or a shower. Oral care was inconsistently recorded.

We were concerned that some oral care had not been carried out in line with people's assessed needs. This may result in poor oral hygiene and lead to issues with eating. We were not reassured that people were being supported to carry out personal care based on their needs and preferences (see requirement 2).

Running notes about resident's health and wellbeing were handwritten. These were not live and being completed at the end of shifts. It was difficult to track resident's care and support during the day as the last entries that had been completed, were by the nightshift. This means that resident's health and wellbeing could be compromised if processes are not in place to support effective communication about their health and wellbeing as and when required. The service had a plan in place to digitally record all care plan documentation which means it would be live however, they were not at this stage yet (links to requirement 2).

## Requirements

1. By 1 May 2024, care plans must accurately reflect the care provided.

To do this the provider must at a minimum ensure:

- a) care plans are fully audited to ensure all the information held within them can be cross referenced as being accurate. This includes assessing tools to determine risk, such as, falls, nutrition and stress and distress
- b) the effectiveness of the care provided is measured through feedback from residents and those important to them, observation of their care experiences, and other relevant evaluation and review processes, such as, quality audits, external feedback and clinical governance reviews
- c) all observations must be documented
- d) there are clear guidelines and actions on how to support people who exhibit stress and distress.

This is to comply with Regulation 4(1) (a) (welfare of users) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. By 1 May 2024, daily records of care based on care plans must accurately reflect the care agreed.

To do this, the provider must at a minimum ensure:

- a) daily records of care are improved to reflect preferences and identified needs, this includes all aspects of personal care and health and social activities
- b) staff are trained in the completion of daily records on the digital system
- c) there is a management audit and overview of daily records which link into the quality assurance process.

This is to comply with regulation 4 (1) (a) and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: " I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## Areas for improvement

1. The provider should ensure that all those experiencing care, engage regularly in meaningful and stimulating activities to benefit their wellbeing, in line with their personal preferences, interests, and choices, both in groups and individually, inside and outside the home.

This is to ensure care and support is consistent with Health and Social Care Standards 1.25 which states; 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.'

## How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We acknowledged there had been changes within the service over the past year. This included new owners and management team. The nature of the service had also changed as it had only been utilised by NHS community care for the last few years for small groups of residents. Since October 23, the service had begun to receive admissions for long term care under Each Other Care who were now providing care and support.

The vision of Each Other Care had not yet been fully embedded. The service was working between the previous providers policies and procedures and were in the process of introducing their own policies and procedures. There was limited, evidence that the provider's vision had impacted on care and support as there had been minimal competency observations of staff practice. Therefore, staff's awareness or knowledge of the provider's vision, values and aims were minimal and had not yet informed their practice (see area for improvement 1).

Quality assurance and scrutiny activities were not effective. The service had carried out several audits however, they had failed to pick up on areas that needed to improve. This included missing medication protocols, overall cleanliness in the home and issues over access to call bells. This was discussed with the management team who have assured us they would make improvements. However, residents' health and wellbeing could be at risk if quality assurance and scrutiny is not effective in assessing deficits in the service and making improvements needed (see requirement 1).

The service had introduced their cash handling policy and procedures. This had not yet been embedded within day-to-day practice as there was limited information about what the protocol was for residents and staff to access monies. This was discussed with management who have assured us this will be implemented (see area for improvement 2).

The service improvement plan needed to be updated. There were several improvements that management told us about however, these were not yet reflected within this plan. Some timescales were also not noted which would have helped to see when each area for improvement was due for completion or had been completed. This was discussed at feedback. The management team had recognised that the current service improvement plan needed further work.

We spoke to several staff who had worked within the service for some time. They told us they enjoyed their job and felt they worked well together as a team. A few staff had said there had been some issues with communication and were unsure about what the next stages of development would be within the service.

The service had identified sharing a communication plan with residents and stakeholders within the service improvement plan. However, they had not included staff within this area for improvement. This was fed back to the management team who assured us that staff would be included within this plan.

Meetings had happened across the home this year. However, none of the meetings had identified action plans which meant there was a risk that issues raised, may not be resolved. Management have assured us that future meetings will contain agreed plans.

The service had records of accidents, incidents and complaints and these had been reported in alignment with their policy. The service did not have a complaints tracker in place however, the manager implemented a complaints log during inspection. This document needed to be finalised to make sure that it captured the chronology of a complaint and if complainants were satisfied with how the complaint was managed. The manager assured us that they would ensure the tracker was finalised and ready for use.

## Requirements

1. By 1 May 2024, to ensure resident's experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance must be improved.

To do this, the provider must, at a minimum, ensure:

- a) audit trackers are fit for purpose and gather the necessary information required to ensure effective oversight of the home and resident's support
- b) feedback is provided to residents, relatives and staff where improvements have been agreed, actions taken as a result of feedback and audits and recorded and linked into the overarching improvement plan
- c) all actions must be specific, measurable, achievable, realistic and timely (SMART)
- d) views of relatives, residents and staff are recorded as part of the quality assurance process.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## Areas for improvement

1. To ensure that residents are being supported by a competent and well-trained workforce in alignment with the company vision, the provider should observe staff practice and use this to reinforce best practice and inform training needs.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To minimise the risk of potential financial abuse and effectively support residents to manage their finances where required, the provider needs to implement an in-house cash handling system.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

## How good is our setting?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Residents benefitted from spacious walkways on the ground floor. There was a communal lounge where residents sat together. The lounge had a TV and a range of different sofas and seats. There was a clock within the lounge however, no indication of the day and date which would have been good to see.

Residents own spaces were personalised however, orientation to their rooms may have been difficult as all the corridors were the same colour and bedroom doors appeared similar. Some signage also needed to be replaced which the management were aware of. We suggested that the provider carry out a *Kings fund audit tool* as this would help them to improve the environment for residents who were living with dementia.

We were not assured that resident's health and safety was being continually monitored. Some residents, would be unable to call for assistance if needed due to emergency cords for call bells, being out of reach. We had a discussion with management who assured us they would lower all emergency cords so residents could reach these when needed (links to requirement under key question 2).

There also did not appear to be a system in place for the effective reporting of repairs and renewals. There were a few outstanding repairs of equipment that staff used within their daily tasks such as the washing machine and tumble drier. Staff were unsure when these repairs would be happening. We would expect that staff would be able to track when repairs and renewals were due to be completed (see requirement 1).

The home had a redecoration and refurbishment plan in place. There were some areas of the ground floor which looked tired and in need of being updated. This included the sluice rooms which were basic and not in alignment with current best practice. The management were made aware of this and have added assessing the sluice areas to the service improvement plan to ensure they are fit for purpose (links to requirement 1).



## Requirements

1. By 1 May 2024, the provider must ensure that there is an effective repairs and renewals system in place which keeps resident's safe from harm.

To do this, the provider must, at a minimum, ensure:

- a) there is an active log to record all repairs and renewals
- b) there is clear guidance on what is a reportable repair and renewal
- c) key staff monitor the repair and renewal log to ensure identified repairs and renewals are resolved in a timeous manner then closed and signed off
- d) all areas of the home are continually monitored to ensure they are fit for function and purpose
- e) where repairs or renewals cannot be resolved within timescales, there is a clear 'next step' escalation process and chronology within the log which evidences actions taken so far.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## Complaints

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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