

# Carnbroe Care Centre Care Home Service

40 Paddock Street  
Coatbridge  
ML5 4PG

Telephone: 01236 421 893

**Type of inspection:**  
Unannounced

**Completed on:**  
1 August 2024

**Service provided by:**  
Alpha Care Management Services  
Limited

**Service provider number:**  
SP2011011670

**Service no:**  
CS2011300125

## About the service

The service is situated in a residential area of Coatbridge and is within close proximity to local amenities and transport links. The home is purpose-built over two levels with a passenger lift providing access to the first floor. The home consists of four units, two located on each floor which all provide communal lounges and dining facilities. All bedrooms have en-suite facilities and people are encouraged to bring in their own furnishings to personalise their rooms. Each floor has a communal bathroom that provides residents with an alternative to their en-suite shower. There are secure gardens to the rear of the building with seating areas for residents and visitors to use.

## About the inspection

This was an unannounced inspection which took place between the 24 July and 1 August 2024. The inspection was carried out by three inspectors 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.

To inform our evaluations of the service we:

- Reviewed questionnaire responses received from people supported.
- Spoke to people supported in the service.
- Spoke to relatives and reviewed questionnaires.
- Spoke with staff and management.
- Reviewed documents.

## Key messages

- People were happy with the care and support they received in the service.
- Relatives were mostly happy with the quality of care in the service.
- Medication administration records should be improved.
- Some staff need to better understand their roles and responsibilities.
- The service should prioritise and carry out its refurbishment programme promptly to improve people's living environment.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

## 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 leadership?	4 - Good
How good is our staff team?	4 - 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?

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 appeared comfortable well cared for and told us they were happy with their care. It was evident that people received visits from families and friends when they wished. Staff clearly knew the residents well and understood how best to support them. We witnessed some caring interactions between people supported and staff during a formal observation exercise. People appeared well kempt, comfortable and engaged well with the care and other staff within the home.

Comments from relatives and people supported during the inspection included:

'Couldn't have had better attention from staff.'

'All lovely people.'

'Sometimes feel there is not enough staff, I think staff are very busy but staff are great.'

'Care is absolutely fine.'

'Dinners could be better.'

There were some issues raised by a small number of relatives in our questionnaire responses. These included the occasional mix up with laundry and some relatives felt some elements of housekeeping could be better. However, the majority of responses evidenced these areas of the service were not a concern widely held. This information was shared with the service management team at our feedback meeting for them to take forward as necessary.

Records sampled indicated that the rate of falls within the home had significantly reduced since January 2024. A falls analysis document maintained by the home evidenced that falls had halved between January and July 2024. In discussions with management and staff this was put down, in part, to the changing occupancy within the home. However, there was also a suggestion this may also have been impacted on by a newly introduced physical activity regime offered to people throughout the week. This was encouraging to see and evidenced some improved wellbeing for people in the service.

Lunchtime observations were carried out during the inspection, and these were found to be relaxed and not rushed. Choices of food were offered to people and support to eat and drink provided as necessary. Most people we spoke to were happy with the variety of food on offer in the home. We could see that where people's diets were restricted, for their wellbeing, to certain consistencies of food this was being provided appropriately. One lunch period that was observed had just bread-based options on the menu. This identified a potential need to add more variety to the food offering. This was further discussed at inspection feedback.

It was evident that in line with a previous area for improvement daily charts were being completed well and topical medications being given in line with prescriber's instructions. It was noted that although oral care records had significantly improved occasional gaps were still identified in the records sampled. Discussion

around this further improvement were had with the management team and it was agreed that the service should continue to improve and monitor oral care recordings.

We were assured that people were getting the medication they needed for their wellbeing. However, records sampled evidenced that staff were not always adjusting stock when medications were refused. It was also found that the effectiveness of all 'as required' medications was not always being recorded on the recording system. It is important for people's wellbeing that this is accurately recorded for all such medicines. This allows proper review of medication, and, informs as to whether a dose is working, needs to be increased, decreased, or medication changed to meet people's health and wellbeing needs (**see area for improvement 1**).

### Areas for improvement

1. To ensure people receive the medicines they need, 'as required' medication administration should be supported by the recording of medication effectiveness post administering in every case. Medication records should also accurately reflect the balance of stock of medicines post administration.

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

'Any treatment or intervention that I receive is safe and effective' (HSCS 1.24).

### How good is our leadership?

4 - Good

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

To ensure people supported, relatives and staff took part in service improvement the home arranged for regular meetings to take place to discuss home operations and functions. We sampled records of these meetings and found them to be comprehensive and inclusive. Although attendances at some meetings were quite low. These meetings are important opportunities at which all key stakeholders in the home can have their voices heard and take part in the home's improvement and quality assurance agenda. It is important that the home promotes participation in these meetings to ensure the widest range of views and suggestions can be considered in improving its service. This process of feedback was also supported by a suggestion box in the foyer which allowed people to provide suggestions privately where a meeting provision may not suit or be convenient for them.

A wide range of audits were in place that, in some areas, matched our findings on inspecting the home. We did, however, find some issues with regard to oral care and medicines that could have had better oversight. It was important that checks and measures in both these areas were improved to ensure people's health needs were provided for and monitored robustly.

The service had an improvement plan in place that highlighted what the service was doing well and what it could be better. This contained insightful self-evaluation and evidenced that the management team were committed to a culture of improvement. This was a healthy approach which promoted good outcomes for people.

Records were sampled that related to incidents, accidents and complaints. These areas of management were managed well. Full records were maintained of incidents and accidents and actions plans followed and developed to keep people safe and reduce recurrence. Complaints were logged, investigated and responded

to promptly. This assured us that where unplanned issues arose the service responded appropriately to improve its provision and keep people safe.

## How good is our staff team?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Staff presented as happy working in the service and demonstrated a good knowledge of people's needs and how these could best be met. They gave an overall impression of a close team of staff who worked well together so that people experienced a good level of care.

We could see, on checking training records, that staff were subject to a wide range of mandatory training packages. Staff had completed their training, both online and face to face in key areas. Specialist training was provided in line with the needs of people identified within the service. Training was monitored to ensure staff completed refresher training within prescribed timescales. This meant that staff were competent to provide for the needs of the people the service supported.

Staffing levels and mix of staff were sufficiently in place to meet people's needs. Staff confirmed this in conversations, although some felt there were occasions where more staff could be needed. This was also the view from a small number of relatives we engaged with through the inspection process. Staff told us they would pull together to ensure people's needs were met. The management team reviewed staffing levels on a weekly basis to ensure appropriate levels of staffing throughout the service. It is important that managers keep on top of staffing levels and mix of skills to ensure people can be properly looked after.

It was clear that when interviewing staff that the management team were, in the main, approachable, supportive and would listen when staff raised concerns. We heard from one unit in the service about an instance when staff had approached management regarding an extra staff member being needed during the day. This request had been provided for and was working well. However, some staff felt that others may not have been as well managed as they could be. It is important that staff and people supported benefit from a caring management team who are also robust in demanding high standards from their staff. This was discussed with the management team who undertook to address these concerns.

Despite the morale in the home being good it was agreed there was a culture of differing practice standards that seemed to be present in a small number of staff within the service. The majority of staff seemed supportive of each other and worked to a high standard. To ensure all staff practice is at the standard required it is important to set those standards clearly. The management team was advised to meet with each individual staff member and clarify roles, tasks and responsibilities (**see area for improvement 1**).

## Areas for improvement

1. The service should ensure it sets the standards and the understanding of all staff in assisting the manager to maintain these standards in providing good quality care within the service. This should include documented meetings with all staff for clarification of all roles, tasks and responsibilities within the service.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our setting?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

The service was generally clean, tidy, and free of clutter. The communal areas were welcoming, spacious and tidy. The environment and equipment were cleaned to a good standard and most areas were well maintained. Some areas of the service were decorated to a particularly high standard with new flooring, modern furnishings, and freshly painted walls. We noted some further works had been carried out since the previous inspection. Other areas, however, appeared dated and tired. It is important that people live in a pleasant and friendly environment conducive to their needs to benefit their health and wellbeing.

There was a large, well-kept enclosed garden for people to use. People could independently use the garden, weather permitting. There was plenty of well-lit social space across the home and people chose where to spend their time.

The home had a maintenance team to manage environmental upkeep and health and safety issues. Maintenance records were up to date ensuring that things like water condition and hoisting equipment were of a good standard and safe for residents to use.

We were assured at a previous inspection that all necessary refurbishment works would be completed by the end of 2023. However, we noted on visiting the service that despite the ongoing improvements that had been made the carpets on the upper floor of the service had yet to be replaced. These carpets were holed, stained and worn in places. We received written confirmation that the works to replace these carpets would start in September 2024 which could be reasonably completed by the 30 November 2024. We impressed upon the provider the need to prioritise these works and expected necessary updates to be made regarding completion by the agreed target date (**see area for improvement 1**).

## Areas for improvement

1. The service should ensure that all areas of the home are maintained to an acceptable standard for people to live in. Specifically, the service should complete the replacement of the upper floor carpets in line with its refurbishment plan. Any further delay in carrying out these works should be notified to the Care Inspectorate.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good because strengths in this area clearly outweighed areas for improvement.

Every person living in the home had a personal care and support plan that detailed their care needs. These were updated frequently and available to all appropriate staff, visiting professionals, people living at the home, and their relatives.

It was noted that the entries we sampled in care plans, support plans and associated documentation were detailed and descriptive. This information was clear, detailed and individualised. Staff who knew the residents well and could describe how they would present if anxious or agitated and this was described in a good level of detail in the associated care plan sections. There could have been better information provided when identifying people who were powers of attorney or guardians. This knowledge is important when gaining appropriate consent within the boundaries of any legal order. It is important a good level of detail is provided so that anyone who needs to access the support plans would be able to effectively identify key information in maintaining someone's health and wellbeing.

People had six-monthly review meetings. Documentation sampled provided a brief summary of people's health, wellbeing, and overall experiences. These documents should demonstrate in more detail summaries of the period prior to the current review and some detail about planning for the coming period of review. This detail is necessary so that the review process is robust and covers thoroughly all aspects of people's care and support across the review period and provides clarity that any changes or adaptations are clearly identified and agreed (**see area for improvement 1**).

## Areas for improvement

1. To ensure care reviews meetings are meaningful and thorough a detailed record of these meetings should be documented and any updates, changes or adaptations in people's care and support clarified and agreed.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

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



## 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 ensure people can engage fully in meaningful and stimulating activity, detailed guidance should be provided in support plans as to how people should be supported to engage in activities they enjoy.

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

'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 (HSCS 1.25).

**This area for improvement was made on 26 June 2023.**

#### Action taken since then

Records sampled indicated there had been an improvement in the level of detail provided in care planning document regarding people's wishes and preferences for taking part in recreational and wellbeing activities. It was noted that physical exercise was being offered to be people regularly throughout the week. This appeared to have assisted in reducing falls within the service over the previous six-month period. This area for improvement had been met.

#### Previous area for improvement 2

To maintain and monitor people's health and wellbeing all daily monitoring charts including, but not limited to topical medicines administration sheets and oral care records should be accurately completed in line with assessed need and/or prescriber's instructions.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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 26 June 2023.**

#### Action taken since then

We sampled daily monitoring charts across the service and could see significant improvements in levels of recording. Topical medicines administration records, completed when people receive topical creams and gels applied to relevant areas of their bodies, had improved and were accurate and evidenced medicines being applied in line with prescriber's instructions. It was notable that oral care chart entries had significantly improved although a few gaps in records were identified. It was impressed upon the management team the need to further improve these records. However, the improvement overall was significant and this area for improvement had been met.

## Previous area for improvement 3

To ensure people's health and wellbeing can be provided for all support plans, protocols and associated documentation should clearly describe individual behaviours, symptoms or specific needs to assist staff in providing support and making decisions about how to keep people well.

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

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

'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 26 June 2023.**

### Action taken since then

Care plans sampled evidenced that the level of detail provided in them had improved. This was particularly the case in supporting people who experienced stressed and distressed behaviours. Records showed that people's specific conditions and any triggers to stressed behaviours were detailed in plans. This information was supported by further instruction describing how best to support and assist people to de-escalate their distressed behaviours effectively. This meant staff had access to individualised information that could help reduce people's stress and distress and improve their wellbeing. This area for improvement had 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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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