

# Centenary House Care Home Care Home Service

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Telephone: 01236441114

**Type of inspection:**  
Unannounced

**Completed on:**  
14 November 2024

**Service provided by:**  
Divine Care Homes (Scotland) Limited

**Service provider number:**  
SP2023000457

**Service no:**  
CS2024000269

## About the service

Centenary House care home is a care home for older people situated in a residential area of Coatbridge. It is close to local transport links, shops and community services. The service provides nursing care for up to 28 people and there were 18 people living at the service at the time of this inspection.

Divine Care Homes (Scotland) Limited became the new providers on 29 July 2024.

Accommodation is arranged over two floors with lift access. There are lounge and dining areas on both floors. Two bedrooms have en suite facilities, however there is an agreed action plan with the Care Inspectorate to carry out work to provide an en suite facility in each bedroom.

## About the inspection

This was an unannounced inspection which took place on 12-14 November 2024 between 09:00 and 20:30. 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. In making our evaluations of the service we:

- spent time with people using the service and obtained feedback from six of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals.

## Key messages

- Staff treated people with compassion, dignity and respect.
- The new owners had started some refurbishment and people spoke positively about this and in general about them.
- People could be assured that Centenary House was being kept clean.
- People living in the care home and their families were mainly happy with the care and support.
- We could not be assured that people benefitted from a safe and well-maintained environment.
- Improvement was required to ensure that accidents and incidents were managed correctly to keep people safe.
- We were not assured that the manager had received adequate induction, training and support to understand or carry out their responsibilities from the previous provider.
- The standard of care and support planning was inconsistent and was not supported by strong leadership, staff competence and quality assurance processes.

## 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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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?

## 3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

People experienced warmth, kindness and compassion in how they were supported and cared for. The service ensured people maintained relationships with those important to them. Family and friends were made to feel welcome. One relative told us, "I'm made to feel welcome when we visit", whilst another said, "staff are very friendly and approachable and ask after my relative and me".

People living in the care home and their families were mainly happy with the care and support. One person told us, "Since Divine took over its been great", whilst another explained, "My relative is clean and tidy and I think they are doing fine with them". Another felt, "My relative is happy and content".

People benefitted from regular staff that knew them well. However, healthcare assessments were inconsistently completed and some had not been reviewed for many months or not at all. These assessments should be used to inform care plans to guide staff on the support people should receive. Care plans were similar to healthcare assessments (see requirement 1 under key question 5).

People's skin integrity was maintained because staff were proactive and supported people to change position throughout both the day and overnight.

People benefitted from access to a tasty and varied diet. They could choose from a variety of meals, snacks and drinks. People enjoyed their meals in an unhurried, relaxed atmosphere when and where they wanted to.

We were concerned that people's health and wellbeing may be compromised because processes were not in place to support effective communication about changes or deterioration in their condition (see area for improvement 1).

People had limited opportunities to maintain, develop and explore their interests and hobbies. A handful of people had been out to the local high school last Christmas and had been invited again this year, but otherwise no one had been out and about, unless supported by family or friends. Since Divine had taken over, there had been a summer fayre, with a Christmas one planned too and the home had started having a regular visiting entertainer. Divine were keen to improve how people could spend their day and support the activity co-ordinator. (see area for improvement 2).

Whilst the new provider had made a positive impact, they have not been in post long enough to see sustained improvement.

### Areas for improvement

1. To support people to receive consistent care and to ensure that no aspects are overlooked. The service should review the processes in place to support effective communication about changes or deterioration in peoples' condition.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. The service should ensure that people are supported to get the most out of life and be part of their local community. In order to do this they should, as a minimum, provide people they support the opportunity to have an active life and participate in a range of recreational, social, creative and physical activities both indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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).

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

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. We made two requirements for the service to address.

The provider had only taken ownership at the end of July 2024. They were still in the process of familiarising themselves with all aspects of the service. They were available during the inspection to support the inspection process and accepted and responded to our concerns.

Staff told us that they had met with the new provider whom they had found to be supportive and approachable. The benefit of this was they felt able to discuss any ideas or issues they may have.

The provider had engaged the support of an external consultant to establish quality assurance, including self-evaluation and improvement plans. An action plan had been put in place to address key areas, but needed oversight to ensure actions take place. This demonstrated their commitment to establish standards of good practice and drive change and improvement where necessary.

We found inconsistent reporting and oversight of accidents/incidents. This put people at risk from future re-occurrence of similar events and prevented accidents/incidents from being assessed and referred to other bodies, where necessary. Events that should have been notified to us had not been. Similarly, events that should have been reported to North Lanarkshire Health and Social Care Partnership under adult support and protection legislation had been missed (see requirement 1).

Whilst the manager was not new, we were not assured that they had received adequate induction, training and support to understand or carry out their responsibilities from the previous provider. This led to them not being inspection ready when we arrived. The lack of evidence expected by a registered manager to support the inspection process was not readily available. Whilst we appreciate that the service was in the midst of transition to the new provider, this did not fully excuse our findings (see requirement 2).

### Requirements

1. By 28 February 2025, the provider must ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed.

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

a) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.

- b) Ensure that they adhere to the Adult Support and Protection (Scotland) Act 2007.
- b) Implement a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.

This is to comply with Regulation 4(1)(a) (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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. By 28 February 2025, the provider must ensure they keep people safe and healthy by ensuring that the registered manager has the skills, knowledge and experience necessary for managing the care service.

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

- a) Provide the registered manager with a full re-induction.
- b) Provide the manager with a programme of planned supervision and appraisal.
- c) Ensure that there are robust systems in place with clear lines of responsibility and professional accountability, including clinical and care governance.

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

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).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.

Whilst people could be assured that the numbers and skill mix of staff were determined by a process of assessment, there had been a very recent reduction on night duty of one carer. We discussed this with the provider who seemed unaware and immediately increased the numbers back up. We discussed aspects which could further support them to demonstrate that they act in accordance with the newly enacted Health and Care (staffing)(Scotland) Act 2019.

People living in the care home and their families were positive about the staff group. One person told us, "They are very approachable" whilst another felt, "The staff in this care home are excellent and caring and do everything they can to help care for the residents".

Following a recently upheld complaint, a requirement was made around induction, training and supervision of staff. We found that work had started, however, the provider needed more time to work through this (see requirement 2 under 'What the service has done to meet any requirements made at or since the last inspection').

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

People benefitted from a comfortable, warm and homely environment where residents were able to sit and chat to each other. Some recent painting and other small improvements had taken place. People were able to move around the care home as they wished and choose where to spend their day. The home was clean with no intrusive smells.

We spoke with people who explained that they were able to personalise their bedrooms with photographs, ornaments and small pieces of furniture to make them their own space. We observed this to be the case as bedrooms were individual to each person.

The provider had only taken ownership at the end of July 2024. They were still in the process of familiarising themselves with all aspects of the service. However, we could not be assured that systems for the ongoing maintenance of the environment and equipment were fully organised or followed, which may place people at risk. Before the end of the inspection, steps were taken to provide reassurance about safety measures being in place.

The care home had been without a maintenance person for some time, with this only very recently being filled. During that long period of time, no one else in the care home, including the registered manager, had organised for any of the expected daily, weekly and monthly checks to take place. We could not be assured that all equipment was fully functioning (see requirement 1).

We had some concerns about the adherence to fire safety regulations, therefore, we have passed information on to the Scottish Fire and Rescue Service as this sits under their remit.

## Requirements

1. By 23 February 2025, the provider must ensure they keep people safe by ensuring that the premises are fit for the provision of the care delivered.

To do this, the provider must, as a minimum:

- a) Premises are suitable for the purpose of achieving the aims and objectives of the care service.
- b) Ensure that the premises are of sound construction and kept in a good state of repair externally and internally.
- c) Ensure that there is a planned structure for safety checks to be in place.

This is to comply with Regulation 10(2)(Fitness of Premises) 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: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS

5.16) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. We made one requirement for the service to address.

Findings under key question 1 are also relevant to this key question.

Personal plans were basic or static documents and were not routinely used to inform staff practice and approaches to care and support. They inconsistently reflected the care and support experienced by people who lived in the service (see requirement 1).

Personal plans did not include outcomes important to people and mainly focused on people's needs and tasks to be carried out. There was little recognition of enabling assets-based approaches to nurture personal strengths, social and community networks.

It was unclear how the service obtained consent from people or their representatives, including where there were restrictions placed on people's freedom of movement, choice or independence.

The provider was in the process of implementing a new electronic care planning system. Training had started around this for staff and management to support a smooth transition.

Care reviews had not been taking place in line with legislation. However, these had re-started this month and were now being worked through.

## Requirements

1. By 28 February 2025, the provider must ensure each service user has a personal plan in place which sets out how the service user's health, welfare and safety needs are to be met.

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

- a) staff have the knowledge and skills to use their electronic system.
- b) relevant risk assessments are completed and used to inform the personal plan.
- c) where a service user needs a specific aspect of their health monitored, that supporting documents are completed and that trained staff have an overview of these.

This is to comply with Regulation 5(1) and (2) (Personal Plans) 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: '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).



## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 11 November 2024, the provider must ensure that all staff can demonstrate that they communicate safely and effectively with people, their families, colleagues and other relevant professionals. In order to achieve this, the provider must:

- a) Assess all individual staff members ability to communicate effectively in writing and in interpreting and expressing information through effective language skills
- b) Record the outcome of that assessment
- c) Record a clear SMART style action plan to assess any support needs for individuals who require to further develop their communication skills.

This is in order to comply with:

Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) that 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).

**This requirement was made on 9 October 2024.**

#### Action taken on previous requirement

The provider had identified a few staff who were now in the process of attending college for English as a second language. The interview process had been amended and now included aspects that would allow any interviewer to establish a candidate's level of English.

**Met - within timescales**

#### Requirement 2

By 11 November 2024, the provider must ensure that all staff can demonstrate in practice all of the appropriate knowledge and skills required for to effectively provide care and support. In order to achieve this they must:

- a) Audit induction records and record the plan to provide further assessment of the effectiveness of the outcome of training delivered
- b) Provide training as a matter of urgency for any subjects not yet delivered at induction
- c) Assess and plan for any further training required or desirable in accordance with staff members roles and responsibilities
- d) Observe practice regularly as part of the system of ongoing quality assurance and identifying learning and

development needs

e) Provide regular supervision which provides an opportunity to reflect on practice and identify learning and development needs

f) Appropriate records should be kept to detail discussion and actions agreed.

This is in order to comply with:

Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

This is to ensure care and support is consistent with 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).

**This requirement had not been met and we have agreed an extension until 28 February 2024.**

**This requirement was made on 9 October 2024.**

### Action taken on previous requirement

Following a recently upheld complaint, a requirement was made around induction, training and supervision of staff. We found that work had started, however, the provider needed more time to work through this. A plan for training was in place and staff had completed some of the courses.

**Not met**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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