

Centenary House Care Home Care Home Service

128 Dundyvan Road
Coatbridge
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Telephone: 01236441114

Type of inspection:
Unannounced

Completed on:
5 March 2025

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 25 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 4 - 5 March 2025 between 10:30 and 17:15. The inspection was carried out by one inspector from the Care Inspectorate. The inspection was to follow up on the five requirements and two areas for improvement made at the previous inspection in November 2024. 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 nine people using the service and one of their family members that was visiting
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals.

Key messages

- Improvements had been made around care planning with the introduction of a new system. Staff needed further training on some aspects, including charts to support nutrition, hydration and skin integrity.
- An experienced new manager had been in post for just 6 weeks and was being well supported by the provider to settle into their role.
- Systems were now in place to manage accidents and incidents and ensure that these were reported to external bodies where required.
- People could be assured that systems were now in place to ensure that the premises are fit for the provision of the care delivered.
- Some improvements had been made to ensure that staff were better supported to practice as trained, competent and skilled workers, however, more time was needed to embed this.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 made an area for improvement in November 24 for the service to review the processes in place to support effective communication about changes or deterioration in peoples' condition. The new manager had introduced better communication opportunities to discuss people's health and wellbeing, including daily morning meetings. We tracked a few health concerns and were assured that these had been followed up with the relevant professional and any follow up actions taken. This area for improvement had been met.

Information under Key Question 5 is also relevant here.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 1.3 from an 'adequate' to a 'good'.

How good is our leadership?

3 - Adequate

We made two requirements in November 24. The first was about ensuring that all accidents and incidents were properly managed. The new manager had implemented a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.

The second requirement was about ensuring that the registered manager had the skills, knowledge and experience necessary for managing the care service. The manager who was in post in November 2024 no longer worked for the provider. An experienced new manager had been in post for 6 weeks and was being well supported by the provider to settle into their role. This requirement had been met.

Whilst the new manager had made a positive impact, they have not been in post long enough to see sustained improvement. This requirement has been met.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 2.2 from a 'weak' to an 'adequate'.

How good is our staff team?

3 - Adequate

We made a requirement in October 24 following an upheld complaint. This was to ensure that staff were better supported to practice as trained, competent and skilled workers. Training was available to staff both in the form of elearning and face to face. Observations of staff practice had started and staff had received supervision. Whilst this requirement had been met, we made an area for improvement to ensure that the service focused on embedding this for all staff (see area for improvement 1).

Quality indicator 3.2 is graded as an 'adequate', therefore the overall grade for this Key Question remains as 'adequate'.

Areas for improvement

1. To ensure that people are supported by staff that are trained, competent and skilled the service should ensure that staff training is up to date and that practice is regularly observed as part of the system of ongoing quality assurance.

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).

How good is our setting?

4 - Good

We made a requirement in November 24 about the provider keeping people safe by ensuring that the premises are fit for the provision of the care delivered. Since then a new maintenance person had started and checks were in place to monitor in-house health and safety along with a programme of servicing checks made by external companies. This requirement had been met.

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 4.1 from an 'adequate' to a 'good'.

How well is our care and support planned?

3 - Adequate

We made a requirement in November 24 about ensuring that each person has a personal plan in place which sets out how their health, welfare and safety needs are to be met. Improvements had been made around care planning with the introduction of a new system. Whilst this requirement had been met, we made an area for improvement to ensure that staff are given further training on some aspects, including charts to support nutrition, hydration and skin integrity (see area for improvement 1).

Because we could see better outcomes for people as a result of the improvements made, we have re-assessed the grade for quality indicator 5.1 from a 'weak' to an 'adequate'.

Areas for improvement

1.
To support good outcomes for people, the service should ensure that all supporting documents are well completed. This includes, but is not limited to, charts to support nutrition, hydration and skin integrity.

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 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).

This requirement was made on 14 November 2024.

Action taken on previous requirement

Please see information under Key Question 2.

Met - within timescales

Requirement 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).

This requirement was made on 14 November 2024.

Action taken on previous requirement

Please see information under Key Question 2.

Met - within timescales

Requirement 3

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).

This requirement was made on 14 November 2024.

Action taken on previous requirement

Please see information under Key Question 4.

Met - within timescales

Requirement 4

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).

This requirement was made on 14 November 2024.

Action taken on previous requirement

Please see information under Key Question 5.

Met - within timescales

Requirement 5

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 was made on 9 October 2024.

Action taken on previous requirement

Please see information under Key Question 3.

Met - within timescales

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 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).

This area for improvement was made on 14 November 2024.

Action taken since then

Please see information under Key Question 1.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 14 November 2024.

Action taken since then

The service had worked hard to focus on meeting the five requirements made at the previous inspection, therefore needed more time to focus on this area for improvement. They were currently recruiting a new Wellbeing Coordinator, however, in the meantime were organising some activities including visiting entertainers, which people enjoyed.

This area for improvement has not been met and is repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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