

## St. Margarets Home Care Home Service

St. Margarets Crescent  
Polmont  
Falkirk  
FK2 0UP

Telephone: 01324 716 149

**Type of inspection:**  
Unannounced

**Completed on:**  
7 March 2025

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003015041

## About the service

St. Margarets Home is located in the village of Polmont, near Falkirk and is registered to provide care and support for up to 36 older people. It is owned by the Church of Scotland, trading as Crossreach. St. Margarets Home has good public transport links and is close to local amenities.

There are 36 bedrooms located over two floors with 15 bedrooms on the ground floor and 21 on the upper level. All rooms are ensuite with a toilet and wash hand basin and five have ensuite shower facilities. There are spacious communal areas on both floors and the ground floor has a conservatory where residents can sit and look on to a purpose-built sensory garden.

## About the inspection

This was an unannounced inspection which took place on 5 and 6 March 2025. The inspection was carried out by one inspector 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:

- Spoke with 10 people using the service and 27 of their family, including pre-inspection survey results.
- Spoke with 8 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

## Key messages

- People benefitted from regular healthcare assessments and access to community healthcare.
- The service needed to ensure care reviews were being completed every six months for all people experiencing care.
- People would benefit from improved communication, in particular, regular, recorded, evaluations of their personal plans.
- The service had a creative approach to promoting health and wellbeing that benefitted people living in the service and their family and friends.
- Although regular temporary staff were in use, staffing levels were good and the service was in the process of recruiting permanent staff 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?	4 - Good
How good is our staff team?	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 benefitted from prompt access to healthcare when this was needed. One external professional we spoke with said staff have "a good instinct re when people are not right and they tend to be right about that." Each person living in the service had risk assessments in place that let staff know when there may be a health concern and therefore, when they needed to contact external health professionals. Visits by professionals were recorded in people's personal plans. This meant people experiencing care could be confident they would be assessed by a qualified person, who involves other people and professionals as required.

People's personal plans had good information about their care and support needs. The information made it easy to understand the needs and wishes of people living in the service. Some personal plans had not been reviewed for some time. We discussed with the leadership team the importance of recording the evaluation of all personal plans a minimum of four weekly or sooner if required, so that the most up to date information was available (**see area for improvement 1**).

Not all people living in the service had the opportunity to participate in a six-monthly review of their care and support. The service's policy and procedures identified the need to review people's care and support every six months, with one of these reviews being led by a social worker. Most people had only received one review during the previous year whereas others had received two. Not all review notes were present in people's personal plans for reviews that had happened. We discussed with the leadership team the need to include people and their nominated representatives in regular reviews of their care and support. This is so that they may be fully involved in decisions about their physical and emotional wellbeing (**see area for improvement 2**).

There was a robust medication management system. Protocols were in place for 'as required' medicines with personalised information about when these medicines should be administered with the desired effect described. Staff recorded medicines administered well and organised reviews of people's medicines when required to ensure people were receiving the right medication. Topical medicines were stored in people's rooms and were clearly labelled, however they were not signed and dated when opened. Staff were not always recording the administration of topical medicines. The leadership team had identified this issue in the audits they regularly carried out and had noticed some recent improvement. We discussed this and the leadership team acknowledged further improvements were required, which we will review at the next inspection.

Opportunities were available to promote people's health and wellbeing. The service provided a creative project called 'Heart for Art' to help improve communication opportunities for people living with dementia and provide a different way for families and friends to communicate with their loved one. The results of this were celebrated by one artwork being chosen to be used in last year's Christmas card and another two artworks were made into large murals for people to admire. One family member said, "I had no idea my relative was able to paint like that, it was such a lovely experience." The service had also arranged a dementia learning event for families and friends, focusing on improving communication with their loved ones. There were regular opportunities to engage meaningfully with various activities. Some activities were designed for those who enjoyed social events and others for those who preferred quieter activities. One

family member said, "There is always something going on. My relative prefers not to join in many activities but enjoyed it when the Shetland ponies visited." We discussed with the activity co-ordinator the need to advertise activities in a way that was clearer to people living in the service and they changed the activity notice board from weekly activities to daily activities before the end of the inspection. With the opportunities on offer, people could choose to have an active life and participate in a range of activities.

People had regular access to food and drink. There was relevant information available about people's nutrition and hydration needs and preferences and staff were well prepared with regards to ensuring these were met. Alternatives were available should people not like what was on the menu. We discussed with the leadership team the importance of displaying the menu in a way that is visible to people and will review this at the next inspection. The new chef introduced themselves to people living in the service and took notes on their preferences prior to updating the menu. This meant people were involved in menu planning and could choose healthy meals and snacks including fresh fruit and vegetables.

### Areas for improvement

1. In order to support people's health and wellbeing, the service should ensure people's personal plans are evaluated a minimum of four-weekly or sooner, as required. There should be a summary of the effectiveness of each care plan, including whether there has been any changes to planned care and the outcomes this has had for the person.

The leadership team should audit personal plans to ensure they are being completed fully, including the completion of any daily charts and the application of topical medicines, and are reviewed as described in the above paragraph.

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

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

2.

So that people living in the service and their nominated representatives are fully involved in assessing and planning their health and wellbeing needs, the service should ensure that formal reviews of care and support are organised for all people experiencing care a minimum of every six months. The service should also ensure records of these reviews are documented in people's personal plans.

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).

### How good is our staff team?

**4 - Good**

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

The leadership team used a staffing tool to determine people's dependency needs. The manager used their professional judgement to adjust staffing to suit the needs of people living in the service, for example, an extra member of staff was added when someone needed to be accompanied to a hospital appointment. The

service had a high number of direct care staffing vacancies so were regularly employing temporary staff to meet the desired staffing levels. Recruitment was ongoing at the time of the inspection and the manager said they were finding it difficult to recruit to the vacant posts so were ensuring, where possible, that the same temporary staff returned to work in the home. One family member said they, "Would like to see more permanent staff and be less reliant on agency workers" and another said, "You see a lot of the same people all the time." On one day of the inspection there was a higher concentration of temporary staff and some staff appeared to be unaware of what to do. On the same morning people were using the call system for support and these were not being answered for a long time. Induction learning was in place for temporary workers but one family member said, "You see agency staff standing about." This meant that people's needs were being met by the right number of people but outcomes could be improved if all staff were more aware of the service's routines and people's support needs.

The service could improve some of their communication processes. There were various opportunities for staff to communicate with one another and they generally did this well. People and their families said staff and the leadership team all communicated very well with them. The leadership team had identified an issue regarding a lack of communication in people's personal plans, for example, staff did not always record when they evaluated care plans or the results of a person's review of their care and support or when they had applied a topical medicine. We made an area for improvement about this under key question one (please refer to 'How well do we support people's wellbeing?'). This meant people's wellbeing may have been compromised because rigorous processes were not in place to support effective communication about changes to people's wellbeing.

Permanent staff said they felt well supported. Staff were divided into teams with a senior care worker responsible for supporting staff in their team to reflect on their practice, discuss any concerns, promote compliance with mandatory training and to help look after staff wellbeing. There were regular staff meetings with the leadership team which focused on improving outcomes for people living in the service. The service had met with staff regarding their wellbeing at work and had gathered quotes from staff. One staff member complimented the supervision process and another spoke about the difficulty of working with so many temporary staff, though had noticed a recent improvement. Staff said the manager had an open door policy and the leadership team were approachable and very supportive. One staff member said, "There is always someone you can go to." and another said, "Every time I have asked something the manager has helped out and found out an answer." This meant people could expect staff to be confident in building positive interactions and relationships.

## 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 good nutrition for residents the service should ensure that food and fluid charts are completed robustly and monitored by senior staff for effectiveness.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 21 November 2023.**

#### Action taken since then

Senior staff allocated the task of ensuring food and fluid charts were completed to one staff member at the beginning of each shift. Staff we spoke with correctly described the process involved for recording food and fluid intake and were aware of who had a food or fluid chart. This information was recorded digitally. Information on people's nutrition and hydration needs and preferences was clearly visible for staff. To protect people's dignity and privacy and protect them from the risk of cross contamination, we requested the service remove some handwritten notes with details of people's personal needs that were taped to the servery area. The manager removed these during the inspection.

The leadership team carried out nutrition and weight audits regularly, identified appropriate actions and followed these up. We discussed the need to record a date in the 'timescale' and 'date completed' columns rather than 'ongoing' and the manager agreed to this.

**This area for improvement has 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good



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