

Monkbarns Care Home Service

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Type of inspection:
Unannounced

Completed on:
29 April 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272058

About the service

Monkbarns is operated by Balhousie Care Ltd and is registered to provide care to older people.

The service is registered to provide a care service to a maximum of 67 service users. The service is located in the Angus town of Arbroath. This service has been registered since 01 October 2010.

Accommodation is over two floors and is accessible in design. The service has a dedicated hair salon and café area. All bedrooms have ensuite facilities, most are single occupancy but the service does have provision for twin occupancy should a request be made.

The service brochure says: 'Balhousie Monkbarns offers a safe and supported continuation of the lifestyle you have been used to enjoying, and we welcome and encourage visitors'.

About the inspection

This was an unannounced inspection which took place on 27, 28 and 29 April 2025. The inspection was carried out by two 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:

- spoke with 18 people using the service and seven of their family
- we also received feedback from a further 13 people using the service and seven families through care surveys
- spoke with 12 staff and management and received 15 completed surveys prior to inspection
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- There had been two changes in managers since our last inspection.
- The atmosphere in the home was calm and relaxed during our visit.
- Residents appeared comfortable and content with their care and support.
- The staff team were working hard to help bring about improvements in the home. At times the delegation and organisation of staff could be better to help improve their visibility and accessibility.
- More care should be taken with peoples belongings.
- Access to community events and activities had improved.
- Care and support plans must be reviewed at least once every six months in consultation with people and any legal representatives.

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

People had made social connections and were enjoying spending time together. For example, a group of residents were chatting throughout mealtimes and clearing plates at the table. During our inspection we saw different groups of people enjoying discussions in the magazine group, or spending time in the garden.

There were a range of different activities for people to enjoy in the home. For those who were less able or chose to spend time in their rooms, staff spent 1-1 time with people to keep them engaged. People told us, 'I've never played so much bingo in my life!' and 'I go to activities; they are suitable for me'. People were enjoying a visit from owls and we heard about a lively music session and dancing.

People were encouraged to keep connected with family and friends. Trips out to the local community were arranged and some people were attending pottery group and local cafes and garden groups. Some people told us that the lack of accessible transport was a barrier to getting out of the home and attending appointments. The manager was considering what could be done to help in this area but should ensure clear communication with people to clarify expectations.

People could be confident that their needs would be met. Staff had received a range of training to help enhance and improve their knowledge about people's health needs which had helped them to recognise changes in people's presentations. We observed a flash meeting where relevant information was reviewed and discussed. This demonstrated that staff had a good knowledge of people's needs, when further escalation may be required and what actions need to be taken.

The home has a relatively relaxed, calm atmosphere. People were being supported kindly and discretely maintaining their dignity and comfort. People were well presented, and attention was given to people spending time in the hairdresser, who visited the home two days per week. People looked forward to having their hair done.

There was a robust medication procedure in place. Since our last inspection, an electronic medication administration record 'emar' programme had been introduced. Staff were confident using this system which provided a clear overview and prompts of who had received their medication and who had still to receive their medication. We highlighted some minor areas for improvement which were acted upon promptly. For example, ensuring dates of opening are on creams and lotions and making sure stock is checked in accurately to reflect current stock.

Protocols for as required medication - 'PRN' protocols were also recorded electronically. We suggested these could be improved by adding information about how people are able to tell staff they are experiencing symptoms, for example, pain. The protocols should be explicit and signpost staff to further information such as pain assessment tools where required particularly where people may not be able to tell staff how they are feeling.

People had access to fresh fluids throughout the day and people's nutritional needs were met. There was a varied menu of dishes available for people to choose from. Mixed views about food, 'Would like food to be hot not cold', 'The food is sometimes cold' but we also heard 'I like the food'. Where there was a clinical need to do so, food and fluid intake was monitored and discussed through the daily flash meetings. We were reassured that people's nutritional needs were being met.

We carried out an observation over a mealtime and provided feedback to the management team where improvements could be made to ensure people are consistently offered choices in a respectful manner.

People's mobility and confidence was supported and promoted. People were encouraged to move regularly and this promoted good physical and mental wellbeing. During our visit people told us, 'My relative regularly takes a walk along the garden' and we saw some people participating in garden games during the inspection.

There were no restrictions on visiting. Families told us they could come and go or just 'pop in'. Entering and exiting the home had been a source of frustration for some families and the manager had discussed this recently at a relatives meeting. A process had been put in place to help make it easier whilst maintaining security and safety. The manager plans to review these actions before the next relatives meeting and seek further feedback and suggestions from families and visitors.

People told us that moving into the home had been 'managed well and was well organised'. People had felt 'welcomed'. It is important to ensure that there is attention to the safety of people's belongings when they move in and as their stay continues. Following a complaint investigation, we made an area for improvement about this which we found had not been met. There was not a consistent approach to maintaining inventories and we saw there was an excessive amount of clothing that was unclaimed. We have repeated this area for improvement below. **See area for improvement 1.**

End of life plans had been discussed with people and their families to help ensure staff had the right information about people's preferences and choices.

We found that infection prevention and control (IPC) procedures helped keep people safe. The environment was clean, tidy, and free from any offensive odours. Cleaning schedules were in place and handwashing signage visible around home.

Personal protective equipment (PPE) was readily available and in good supply. PPE should be stored in such a way that it is protected from environmental contaminants. We saw that items including PPE were being stored directly above toilet cisterns and therefore was not protected. Prompt action was taken to resolve this and regular checks have been added to environmental audits and walk rounds.

Leaders carry out regular audits and observations of staff practice. We saw that environmental cleanliness was considered through resident of the day, housekeeping audits and mattress and bed check.

Areas for improvement

1. In order to ensure the safety of people's belongings, and to support their sense of identity, the service should ensure that an accurate inventory is taken on admission and updated to reflect any items brought in to or removed from the service. The service should also review their laundry systems to reduce the levels of unclaimed clothing.

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

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.

There had been two changes to managers since our last inspection. Temporary management cover and support had been provided by experienced managers from other areas. The current manager was getting to know people and had identified where improvements were still required and had a plan to address these.

A service improvement plan was in place. This was a detailed document which highlighted areas for development, which had been identified through quality assurance processes and feedback from meetings. This demonstrated a commitment to consulting with people about improvements and developments of the service.

Areas for improvement highlighted through the inspection were responded to quickly and appropriate actions taken or planned to help bring about improvement.

The service used a range of quality assurance processes to monitor all areas of the service. Audits were completed and were identifying areas for improvement. Actions were clearly defined following audits and followed up timeously to ensure compliance.

There was a variety of meetings each month and these were well attended by everyone. People were encouraged to participate and voice their opinions.

There was a robust complaints procedure which was visible within the home. This was accessible and user friendly. Some people told us they felt confident they could raise concerns however were not always confident of a positive outcome. Recording of informal concerns and complaints would be of benefit and provide an overview for the manager to ensure any actions are completed and feedback is provided to family. We discussed the importance to people of agreeing timescales and methods of communicating outcomes when people have raised concerns as some people told us they did not feel they had been listened to. The provider told us they were introducing a new recording process and format to capture this feedback and ensure that all formal and informal concerns were dealt with timeously.

Following our last inspection, we made an area for improvement about staffing. We saw that there was an assessment for staffing hours required and there was consistent staffing observed across the days and weeks. People told us however that at times it continued to be difficult to find staff at times. We have made an area for improvement about the delegation and management of staff with a view to optimising staff availability and visibility. **See area for improvement 1.**

People also told us that communication with families and professionals could improve. Some of the feedback we received reflected that communication between staff could also improve. This would ensure that the right people received the right information at the right time to support better outcomes for people. The manager was taking steps to address this.

Areas for improvement

1. In order to ensure people's needs are met, the provider should ensure that staffing are deployed and organised effectively within the home to ensure there are sufficient staff available to respond to people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

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.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff at Monkbarns had access to a range of training opportunities. This included adult support and protection, infection prevention and control and food hygiene. Staff had also completed workbooks around diabetes and catheter care. We observed a flash meeting where it was evident that staff had a sound knowledge of people's care and support needs. The manager should continue to consider what further learning opportunities are required to help meet specific needs of people living in the home. For example, around mental health and supporting good outcomes. **See area for improvement 1.**

Staff competence was assessed to ensure learning and development supports better outcomes for people. Observations of practice in relation to infection prevention and control (IPC) had been completed through the IPC audit. Following feedback from people we highlighted other areas where observations would help to support and develop staff and help bring about better outcomes for people. For example, interactions and engagement and meal times. It was positive to hear that the provider was introducing a more formal observation tool which would help to identify where further support was required.

It is important that staff have regular supervision with managers in order to identify any, practice, training and support needs promptly. Not all staff had planned and regular opportunities for supervision. There was not an easily accessible record of events to assist the new manager to prioritise and plan supervision with staff. However, during the inspection the manager had created a planner to help plan and monitor supervision activities. This would help staff to stay up to date with best practice guidance and be able to support people better. Staff would also have protected time in which they could discuss any concerns or to share ideas. **See area for improvement 2.**

Areas for improvement

1. In order to ensure good outcomes for people, the manager should complete a training needs analysis. This would help to ensure that training plans are reviewed and updated to help meet the needs of people living in the home.

This is to ensure that peoples 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. In order to ensure good outcomes for people, the manager should ensure that there are regular and planned opportunities for staff supervision.

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 setting?

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 environment was bright and spacious and free from offensive odours. The home provided small group living and people could use a range of private or communal areas to spend their time. The manager was reviewing the use of some areas and hoped to introduce a library for people to enjoy. Some areas in the home were clinical such as corridors and lounges. These areas could also be developed to feel more homely or offer more stimulation for people.

People had single en-suite rooms. Rooms were decorated well, and furnished with personal items from home such as ornaments, furniture and pictures. It was clear that people were encouraged to personalise their rooms to make them feel more comfortable and homely.

People could be confident that their home would be well maintained and safe. Maintenance records were in place and up to date which confirmed there was regular servicing and maintenance of fixtures and fittings as well as any care equipment such as hoists and stand aids. There was a process for reporting faults and repairs was in place, and all repairs were completed timeously. People felt reassured that the maintenance of the service was upkept, to maintain their safety.

People told us, 'The home is always clean and has a friendly feel'. The residents have access to the gardens and whilst some people did access this area independently others were reliant on staff even in the enclosed garden. On day one of our inspection, the enclosed garden was littered with cigarette ends which detracted from the attractive planting. We asked the management team to attend to this and a system was put in place to ensure regular checks and clean up of this area.

We have made an area for improvement under key question 2 about staff delegation and organisation. Opportunities for people to enjoy outside spaces should be considered within this. There are quiet areas out with the resident's rooms for some quiet relaxation or reflection. People told us its a 'Pleasant setting', 'Monkbarns is a lovely home in a lovely setting' and 'The setting of the care home is great'.

Some of the outside spaces and gardens could be developed further. Relatives and residents told us how they would like to see the gardens improve. There was limited seating provided for people to enjoy the sea views and views of the trains passing. People told us they would like to see more colour introduced. There is an opportunity for the manager to involve people in the development of this area and the manager was keen to do so.

There was appropriate signage around the home to help identify dining rooms, toilets and bathrooms. This meant people with visual impairment or dementia had visual cues to orientate them in their environment.

People had access to the local community. Some residents were enjoying trips out to local cafes, and others were enjoying walks in the local area. People were getting out in the fresh air, and also had access to the local community facilities, which contributed to their wellbeing.

The balconies leading from up-stair rooms we were told were not safe for people to access. These areas however could be more visually stimulating as they were before so they could at least provide attractive things to look at.

How well is our care and support planned?

3 - Adequate

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

People had electronic care plans which in general, were detailed and outlined the care and support people required. Some plans contained good detail about the person what was important to them and their past experiences whilst others lacked this detail which would help to ensure that little but important details about people are known and are used to help improve their outcomes. We highlighted an example and were pleased to hear from staff how they had started to consider this to help bring about improvements.

A range of assessment screening tools contributed to support plans. These had been reviewed regularly, to help highlight any obvious risks to people's health and wellbeing. For example, skin assessments, malnutrition risks, and falls assessments. Appropriate referrals had been made to other professionals where required. This helped to ensure that people received the right support to maintain good health and wellbeing.

Where people had restrictions in place such as bedrails and lap straps, it wasn't clear what discussions had taken place with people and their families to ensure they were fully aware of all associated risks and for consent. The provider did have a restraint register in place however this needed to be reviewed. The provider was planning a restraint audit which would capture this information but they should ensure the need for any technology is fully described and reviewed regularly to help ensure peoples rights are respected.

Some people needed help to make decisions about their welfare. Any legal representatives and the powers they had were documented in people's care plans and a copy of legal documents evident, such as power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

Anticipatory care plans were in place and reflected discussions that had taken place informed staff of people's last wishes.

It is a requirement that people's care plans are reviewed at least once in every six month period to ensure information is up to date. These reviews should be in consultation with people and/or their representatives to ensure that the care plan reflects people's individual preferences and choices. There was insufficient evidence of reviews happening at this frequency. Previous improvements in this area had not been sustained and therefore we have made a requirement. **See requirement 1.**

Requirements

1. By 30 November 2025, in order to ensure people and any legal representatives are fully consulted and involved in the development and review of their care plan, the provider must;

- Ensure all care plans are reviewed in consultation with relevant people.
- Ensure there is an accurate record maintained of the discussion and any actions agreed.
- Ensure that there is a plan going forward to ensure the frequency of reviews meets the regulatory requirement of at least once every six months and when peoples needs change.

This is to comply with Regulation 5 (1)(b) of the The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

In order to ensure people's needs are met, the provider should ensure that staffing levels are regularly reviewed in anticipation of people being admitted into the care home. This should take into consideration the needs of people already living in the home as well as the needs of people being considered for admission.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 13 June 2024.

Action taken since then

Staffing appeared to be consistent across the days/weeks. A dependency tool was regularly reviewed to reflect people's needs and the number of staff hours required.

There was an allocation sheet delegating staff to areas within the home dependant on need.

Whilst there was evidence of enough staff, we were not confident that staff were delegated and organised effectively.

We have made a new area for improvement under key question 2.

Previous area for improvement 2

In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

This area for improvement was made on 13 June 2024.

Action taken since then

There had been an improvement in this area. We heard how people were enjoying trips out into the local community. Some people were looking forward to joining local pottery classes whilst others had been out shopping.

Walks around the local area and trips to neighbouring towns all contributed to an improving picture.

This area for improvement had been met.

Previous area for improvement 3

This area for improvement was made following a complaints investigation;

In order to ensure people are supported and cared for sensitively by people who anticipate issues and are aware of plan for any known vulnerability or frailty, the service should provide sufficient opportunity for the consultation and involvement of individual's loved ones in the assessment and care planning process. In particular to making end of life decisions and under what circumstances loved ones wish to be contacted.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 18 September 2024.

Action taken since then

People had end of life plans and documents that described what their last wishes would be. We saw that families had been involved in these discussions and their views were known.

People who had recently been admitted to the care home described a well organised assessment and admission procedure.

This area for improvement had been met.

Previous area for improvement 4

This area for improvement was made following a complaints investigation;

In order to support good outcomes for people, the service should ensure that people's care plans are fully reflective of their nutritional needs and preferences, and how these needs should be met.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 11 February 2025.

Action taken since then

People's nutritional needs were reflected in their care plans. This included any equipment required and support required.

Where required guidance from speech and language therapy about modified dietary textures were clearly recorded.

Information about dietary needs was shared with catering staff who maintained a list.

Where required people's food and fluid intake was recorded and these records were reviewed at daily flash meetings.

This area for improvement had been met.

Previous area for improvement 5

This area for improvement was made following a complaints investigation;

In order to ensure the safety of people's belongings, and to support their sense of identity, the service should ensure that an accurate inventory is taken on admission and updated to reflect any items brought in to or removed from the service. The service should also review their laundry systems to reduce the levels of unclaimed clothing.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 11 February 2025.

Action taken since then

People's belongings should be recorded when they are admitted to the care home. Some people had photographic inventories completed. It was not clear how or when these had been updated. We could not locate inventories for some people who had been admitted recently which demonstrated that there was not a consistent approach to completing inventories.

We saw that there was a large amount of unnamed clothing in the cafe and laundry including coats and underwear that were unclaimed and staff did not know who they belonged to.

This area for improvement has not been met and will be reinstated. See key question 1.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes people's independence	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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