

Carnbroe Care Centre Care Home Service

40 Paddock Street
Coatbridge
ML5 4PG

Telephone: 01236 421 893

Type of inspection:
Unannounced

Completed on:
8 May 2025

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 service is purpose-built over two levels with a passenger lift providing access to the first floor. The service 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.

The service had 70 residents at time of inspection.

About the inspection

This was an unannounced inspection which took place between 07:00 and 16:00 on the 29 and 30 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.

To inform our evaluations of the service we:

- Reviewed questionnaire responses from 16 staff and four external professionals.
- Spoke to four relatives and reviewed questionnaire responses from three relatives.
- Spoke with staff and management.
- Spoke briefly to seven residents.
- Reviewed service 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.
- Audits processes need to be better understood by senior staff.
- Senior staff should receive ongoing management training.
- Staff should be made aware of how to report concerns and the organisation's whistleblowing policy.

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?	3 - Adequate
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 of people supported during the inspection included: 'Needing more staff present in sitting room to prevent falls and injuries', 'Staff are great, but I feel as though they are over worked and understaffed', 'Very happy with the care given', 'Staff team are excellent. Nothing is a bother to them and they go above and beyond if there are any issues.'

There were some other minor 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 care 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.

Lunchtime observations were carried out during the inspection, and mealtimes 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.

People were receiving the medicines they needed in line with prescriber's instructions. It was evident that most topical medications were being given in line with people's need. However, it was noted that in a small number of cases where people required a number of applications of topical medicines per day only one was being recorded. Each time topical medicines are applied this should be recorded accordingly. We also noted when checking medicines stock balance that the physical balance didn't always match the recorded one. It was felt in both instances this wasn't that people weren't being provided with their medicines it was simply records were not always accurate. To ensure records are in line with people's support needs we have made a area for improvement (see area for improvement 1).

Areas for improvement

1. To provide assurances that people have had the medicines they need the service should improve record keeping. This applies particularly, but not limited to medicines stock balance and recording of topical medicines 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 service 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. Attendances at some of the 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 service promotes participation in these meetings to ensure the widest range of views and suggestions can be considered in improving its service provision.

A wide range of audits were in place that, in some areas, matched our findings on inspecting the service. We did, however, find some issues with regard to medicines that could have had better oversight. This related to audits of topical medication administration and other medicines' stock balance. Audits sampled had indicated these were being completed well with no issues. However, we found that where people were to receive, for example, three doses of topical medication daily only one dose was being recorded. In this instance there should be three entries recorded per day. It was also found when we considered medication stocks that records made did not always balance with the physical stock held. 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 (see area for improvement 1).

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 action 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.

Areas for improvement

1. To ensure audits are accurate senior staff and unit managers that carry them out should be trained and provided with clarity on what it is they are checking and ensure the audits they complete reflect their checks accurately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HCSC 4.23).

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate because strengths under this key question only just outweighed areas for improvement.

Most 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. However, some staff felt that other colleagues 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

The morale in the service was not good in some staff and it was agreed there was a culture of differing practice standards that still 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. We had recommended roles and responsibilities meetings with staff at the previous inspection, which had taken place. The culture of practice standards, however, remained inconsistent. To remedy this we identified three areas for improvement that may help resolve this issue. Senior staff and unit managers should be clear about their roles, particularly with regard to staff practice and improvement. It was noted that a significant number of senior staff had not had recent management training (see area for improvement 1). It is important that staff concerns about staffing levels are heard and staff views should be canvassed regularly in staff meetings and in supervision meetings to get their opinions on this crucial area of support. Where necessary these opinions should be responded to and any issues clarified by management (see area for improvement 2). Where staff have concerns about other colleague's practice they should report these through appropriate channels in the service without having concerns about their own roles as a result (see area for improvement 3).

Areas for improvement

1. To ensure people benefit from a well led staff team all management, unit managers and senior staff should be provided with up to date and ongoing management training. They should be clear about their roles and responsibilities as leaders, particularly when dealing with staff practice concerns.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HCSC 4.23).

2. To provide high quality care, the service should, in consultation with all staff, consider and regularly review staffing levels across all units day and night to ensure people's needs can be met effectively.

This is to ensure that care and support is consistent with Health and Social Care Standard (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 speak to me' (HSCS 3.16).

3. To keep people safe and ensure their needs are being met fully all staff should be aware of their duty to report any concerns regarding care practice and be clear about how they should report such concerns. The service should also reinforce its whistleblowing policy so staff have confidence to approach management appropriately with issues and concerns.

This is to ensure that care and support is consistent with Health and Social Care Standard (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 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, continued to appear 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 30 November 2024. Some further works had been carried out and one carpeted area remained to be completed. Senior management assured us this would be completed by the 31 August 2025. 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. The previous area for improvement made about this had been met.

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 service had a personal care and support plan that provided sufficient information to meet people's care and support needs. These were updated frequently and could be made available to all appropriate staff, visiting professionals, people living at the home, and their relatives if required.

It was noted that the entries made in care plan documentation were descriptive. This information was clear, detailed and individualised. Staff clearly knew the residents well and this was also described well in the

associated care plan sections. 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 and/or their representatives took part in regular six-monthly review meetings. Review documentation sampled at this inspection provided an improved level of detail. This was in comparison to the records sampled at the previous inspection. There was clear summarising of people's health, wellbeing, and overall experiences during the period of review. It was noted, however, that some review records could still be further improved. It was clear that overall improvement was evident. This level 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. This also provides evidence that any changes or adaptations have been clearly identified and agreed by all key stakeholders.

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 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).

This area for improvement was made on 1 August 2024.

Action taken since then

We noted that 'as required' medication records sampled were fully completed. This element of this area for improvement had been met. We identified, however, ongoing issues with medicines recording and the related physical stock balance. A further area for improvement has been made in this regard.

Previous area for improvement 2

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).

This area for improvement was made on 1 August 2024.

Action taken since then

Evidence was provided that supported meetings taking place with staff since the last inspection regarding their roles and responsibilities. This area for improvement had been met. However, there was still an inconsistent practice culture among a small number of staff that remained an issue. A further area for improvement was made in this regard.

Previous area for improvement 3

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).

This area for improvement was made on 1 August 2024.

Action taken since then

Two areas of flooring had been replaced in the upper areas of the service since the previous inspection. One carpeted area remained to be replaced on the upper floor. We were given assurances by the provider this would be completed by the 30 August 2025 along with other planned improvements. This area for improvement had been met.

Previous area for improvement 4

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

This area for improvement was made on 1 August 2024.

Action taken since then

It was noted that the detail in the service's care review meeting records had improved. There was still some inconsistency but significant improvements in this regard had been made. This area for improvement had been met.

Previous area for improvement 5

In order to ensure positive outcomes for people, the provider should ensure that staffing levels are reflective of the needs and wishes of people experiencing support. This should include, but is not limited to: undertaking focussed observations of key support times to ensure staffing levels reflect people's needs; and consulting with people, staff and visitors on staffing levels.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: 'My needs are met by the right number of people.'

This area for improvement was made on 11 February 2025.

Action taken since then

At the time of inspection there was a sufficiency of staff in place to support people and meet their needs. Staff and relatives we spoke to informed us this had recently improved. We have made further areas for improvement in this report regarding staffing concerns. This area for improvement had been met.

Previous area for improvement 6

In order to ensure positive outcomes for people, the provider should ensure that accurate records were kept of the support offered to people regarding their personal care. These records should include, but are not limited to, when the

person has been bathed, when they have had their hair washed, when they have been supported to bathe by family members, and, if necessary, when they have declined support to do so.

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

Daily records sampled at inspection were up to date and reflected supports provided to people, and, included records of where these supports had been refused. This area for improvement had been met.

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
1.3 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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