

Cumbernauld Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
7 May 2025

Service provided by:
Tamaris (RAM) Limited (Cumbernauld)

Service provider number:
SP2007009152

Service no:
CS2003010563

About the service

Cumbernauld Care Home is based within a residential area of Cumbernauld, North Lanarkshire and is provided by Tamaras (RAM) Limited. This service has been managed by Each Other Care since June 23. They are a family-owned company who provide long-term and respite care for older people.

The home is purpose built over two floors, with each floor having its own lounge and dining areas. Bedrooms have en suite toilet and wash basin facilities.

There is a large, enclosed garden which can be accessed from the ground floor lounge.

At the time of the inspection, there were 34 people living in the home.

About the inspection

This was an unannounced inspection which took place on 05 - 07 May 2025, between 08:00 and 22:15. 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:

- Spent time with 15 people using the service and spoke with one visiting family. We also obtained feedback via a pre-inspection questionnaire from nine residents and 11 families.
- Spoke with 17 staff across days and nights and management, along with feedback via a pre-inspection questionnaire from 11 staff.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from six visiting professionals.

Key messages

- People living in the care home and their families were happy with the care and support, with the exception of one family.
- People's health needs were escalated to other health professionals when needed.
- Improvement was required around supporting people who were at risk of malnutrition and skin breakdown.
- People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.
- Improvement was required to ensure staffing arrangements are safe and that people's care and support needs are met effectively.
- Personal plans should be reviewed to ensure that they accurately reflect people's current care and support needs.

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

3 - Adequate

We evaluated three quality indicators under this key question. We evaluated quality indicator 1.1 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. We evaluated quality indicators 1.2 and 1.3 as adequate, where although there were some strengths, these only just outweighed weaknesses.

People living in the care home and their families were happy with the care and support, with the exception of one family. One person told us, "I like my home - its not my old house but I like it", whilst another explained, "There's nothing that they could be doing differently". Family comments included, "The care is excellent as is all the support provided", "my relative is always clean and tidy" and "I feel as a relative I am kept well informed and made to feel welcome by staff".

We observed people to be clean, tidy, and well presented as staff had taken time to ensure that people maintained their dignity and sense of wellbeing.

Staff were clear about the purpose of obtaining consent, and actively sought consent, from people or their representatives. Information was available for people about local advocacy support.

We received lots of positive feedback about the activity co-ordinator who worked in the service Monday to Friday. They arranged a weekly activity programme which included a focus on both physical and mental wellbeing. Entertainers came in once or twice a month and key dates throughout the year were celebrated. The gardens were well used, with lots of seating areas and vegetables being grown. People told us, "The fitness is fun, I get to do things I enjoy" and "I like going into the garden to pot plants ". An area for improvement had been made previously around this aspect for people and about people getting out and about. This has been repeated as recently the time the activity person could dedicate to their role had been impacted due to them supporting the care staff, particularly on the first floor. People had not been able to get out and about in the local community. Please also see section 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

People could be assured that the service liaised with external healthcare professionals as and when needed including GP, falls team and community mental health team. However, we discussed where this could be more timely and these were actioned.

We were concerned that people's nutrition and hydration needs were not being fully met. The service used the Malnutrition Universal Screening Tool (MUST) to identify people who may be at risk. However, expected actions for people who were then identified as at risk were not being followed. These included a lack of appropriate care planning, inconsistency around the provision of a daily fortified diet and inadequate monitoring of people's intake. We had further concerns around the management of people following recent choking events. For one person, although staff had made a referral to Speech and Language and amended their diet to a softer texture, there was no care plan in place. We observed this person to be unsupervised whilst eating lunch and at risk of choking again. A different person had also recently choked and as yet there had been no further actions taken or their care plan updated.

People who needed regular support with their continence care and with pressure relief to maintain a healthy skin integrity were not always receiving this as often as was detailed within their care plan.

Staff spoke of this being due to staffing constraints, provision of continence garments, and were open and honest about their concerns that this had now led to people's skin being more prone to tears and blisters and for some, small breaks had occurred. Please also see information under key question 3.

Improvement was needed around the dining experience for people, particularly on the first floor. The provision of snacks and drinks throughout the day and overnight should be reviewed. The morning tea trolley had recently stopped due to staff still supporting people to get up and dressed until after 11am, sometimes until 12 midday. This was reintroduced on the last day of the inspection. People who lived with dementia were being asked to decide what they wanted to eat for lunch and dinner at breakfast. We observed people to be unable to recall this by the mealtime and no choice was then given. For some it was noted in their care plan that they required a visual choice at the time, but this did not happen (see requirement 1).

People's wellbeing, mobility and confidence were enhanced as the service promoted a person-centred approach to managing and preventing falls and fractures. They liaised with the local falls prevention team as needed.

People could be assured that they received their medications as prescribed.

Requirements

1. By 10 August 2025, the provider must ensure people are supported to have good nutrition, hydration, and to maintain healthy skin integrity.

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

- a) People identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day.
- b) Staff are trained in food fortification and how to support people to eat and drink well.
- c) Food and fluid charts are completed to allow for further assessment and to provide evidence that first line interventions have been implemented.
- d) People identified as being at risk of skin breakdown have a care plan in place that details clear actions to be taken to reduce the risk to them.
- e) Repositioning charts are completed to allow for further assessment and to provide evidence that first line interventions have been implemented.

This is to comply with Regulation 4(1)(a) and (b) (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: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

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.

Since the last inspection, the service had gone through significant changes due to the opening of the first floor. Staff were still coming together as a team. Some staff had recently retired, whilst recruitment was ongoing to replace them and build the staff team in line with the increasing occupancy. There was currently a reliance on agency staff to support staffing levels. That said, everyone felt that there was good team working.

People living in the care home and staff benefited from a warm atmosphere because of these good working relationships. One person told us, "I feel the staff treat me with kindness", whilst another felt, "The staff are polite and funny". Relatives were also very positive about staff with one explaining, "I really like the staff. They are friendly and helpful and look after my relative very well", whilst another told us, "The permanent staff of the home work tirelessly to improve the life of the residents in their care". Some people commented about the staffing levels and felt, "Lots of times not enough staff but they are all lovely caring and kind" or similarly, "I have noticed that they maybe appear to be a little stretched, particularly on a weekend, since the upstairs has opened".

Staff we spoke with, from the manager down, were clearly committed to caring for the people living in Cumbernauld Care Home. However, the vast majority felt overwhelmed and stressed, with many speaking of being in tears lately due to this. Staff were feeling that were not being listened to by the provider and that the pace was too fast around the implementation of new processes and the increase in occupancy. Staff spoke of feeling that they were struggling to consistently deliver the care that they wanted people to experience. Comments included, "Allow staff to gently enter into the Company principals and values without compromising the care they are providing, learn to gel as a team as the team grows in numbers", "I'm concerned that something is going to happen as people not getting care all the time that they should. I go home and worry", and "We are rushing all the time, even during mealtimes". Observations during the inspection, particularly on the first floor, aligned with staff's feedback. On the last day of the inspection, additional staff had been arranged and this made an immediate difference (see requirement 1).

The provider had recently changed the provision for elearning and staff were feeling this was unmanageable. It was unclear which courses were mandatory, with staff under the impression that they had to complete them all. The expectation was that staff should manage their time on shift to complete these, but given the current staffing situation this was not possible. Therefore, the expectation was that staff should complete these at home. On discussing this at feedback, the provider agreed to send clarification to the manager and staff around this.

Requirements

1. By 10 August 2025, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

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

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements
- c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

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.

People benefitted from a comfortable, warm and homely environment where residents were able to sit and chat to each other. They were able to move around each unit as they wished and choose where to spend their day.

The environment was clean and tidy, with no evidence of intrusive smells. Systems were in place to ensure that repairs were managed efficiently.

The provider had recently partly refurbished the first floor which people, their families and staff all spoke very positively about. Plans were in place to complete the remaining areas. Some aspects on the ground floor needed more urgent attention, particularly some bedroom doors that were badly scraped and marked.

Finishing touches to the corridors upstairs were still to be put in place and the manager advised that they would consider some best practice guidance, including 'The King's Fund Environmental Audit', to support people living with dementia or other sensory deficits.

Bedroom doors had been replaced on the first floor, but many were slamming closed creating a risk to people jamming their fingers or hands in them and causing an extremely loud banging noise, causing people to get startled. These should be adjusted as a matter of urgency.

People could be assured that the care home supported the inclusion of families and friends and promoted and supported families to take their relatives out.

People were encouraged to personalise their bedrooms how they liked with photos, ornaments and other aspects that were familiar to them.

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

The provider should ensure that all those experiencing care, engage regularly in meaningful and stimulating activities to benefit their wellbeing, in line with their personal preferences, interests, and choices, both in groups and individually, inside and outside the home.

This is to ensure care and support is consistent with Health and Social Care Standards 1.25 which states; '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.'

This area for improvement was made on 1 February 2024.

Action taken since then

Please see information under key question 1.

This has not been met and is repeated.

Previous area for improvement 2

To ensure that residents are being supported by a competent and well-trained workforce in alignment with the company vision, the provider should observe staff practice and use this to reinforce best practice and inform training needs.

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 area for improvement was made on 1 February 2024.

Action taken since then

This area for improvement had not yet been progressed. We discussed this with the provider at feedback who assured us that they would support the manager by providing staff competency forms to allow them to work through this.

This 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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

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