

Marchglen Care Centre Care Home Service

2 Gannel Hill View Fishcross Alloa FK10 3GN

Telephone: 01259 750 703

Type of inspection:

Unannounced

Completed on:

23 June 2025

Service provided by:

ARIA HEALTHCARE GROUP LTD

Service provider number:

SP2013012090

Service no: CS2013318121



Inspection report

About the service

This service registered with the Care Inspectorate on 30 August 2013.

Marchglen Care Centre is provided by Aria Care Group Limited. The care home is registered to provide care for 37 people. The service provides support for adults who have Learning Disabilities and complex needs; Learning Disabilities and/or neurological and Physical Disabilities; Physical Disabilities and complex needs, or Physical Disabilities.

The purpose built home is located in a small village a short distance from Alloa. The home is separated into four units arranged over one floor. Three of the units were open at the time of the inspection. All the rooms have ensuite shower facilities and there are a number of accessible garden areas.

On the day of the inspection there were 26 people living in the care home. The service states its aim is to "provide high-quality nursing care and offer a day-to-day programme of agreed meaningful activity, this will enable the residents to maximise their independence and purpose."

About the inspection

This was an unannounced inspection which took place on 18 and 19 June 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 and received feedback from 17 people using the service and six of their families
- · spoke with staff and management
- · observed practice and daily life
- · reviewed documents
- spoke with visiting professionals.

Key messages

- · People benefited from a maintenance person onsite
- All people had a care plan in place, with a good level of detail to guide staff around how best to care and support each person
- People were supported in Marchglen Care Centre by staff that were kind and respectful
- We found that unit leaders within the home reported feeling confident to identify, assess and monitor the health needs of people
- · Staff worked hard to meet people's care needs safely
- Improvement was needed to support team working and deployment throughout the home
- The manager needed to improve how incidents of potential harm to people are reported
- The management of complaints and concerns needed to improve, to ensure that the service was responsive and develop a culture of continuous improvement.

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?	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.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People were supported in Marchglen Care Centre by staff that were kind and respectful. People living in Marchglen care centre and their families were happy with the care and support. One person told us "I am happy with my care and support" while a relative said "my mother is always well cared for, she views Marchglen as her home." All families' feedback was positive, they felt involved and reassured that their loved one was cared for.

The dining experience was calm and unhurried although many people required support with eating and drinking, staff were attentive to their needs. Special diets were catered for including fortified and modified diets and were presented nicely with choice and variety on offer.

People should be protected from harm and expect any health and wellbeing concerns to be responded to. We found that unit leaders within the home reported feeling confident to identify, assess and monitor the health needs of people. Where there had been any health related concerns, healthcare professionals had been contacted quickly for advice. The service had developed good relationships with the healthcare teams and this meant that they knew who to contact when people needed additional healthcare assessment or support.

All residents had a support plan in place, which provided guidance for staff and staff knew people well. The team had good oversight of people's skin integrity and people could be confident that medication was administered safely as staff followed good practice guidance.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator: 2.2 Quality assurance and improvement is led well

The management team within the home worked hard to support ongoing changes within the home. We received mixed feedback on the management and leadership within the service. Some people told us they felt supported, while others didn't feel listened to or supported.

People who live at Marchglen Care Centre can expect that the management team have an overview of their health outcomes. There was a quality assurance system in place, which monitored standards of care key areas including falls, nutrition and skin integrity, we found this was completed effectively and helped drive improvement.

The service had taken some positive action to evaluate people's experiences. Family and resident meetings were taking place, however we found it difficult to see any improvements resulting from these. It is important to ensure that people are kept up-to-date with any changes, to support them to make informed decisions

The manager needed to improve how incidents of potential harm to people are reported. We found some incidents relating to Adult Support and Protection concerns reported to social work were not notified to the Care Inspectorate. This meant people were potentially at continued risk of harm because appropriate actions had not been carried out. The management of complaints and concerns needed to improve, to ensure that the service was responsive and develop a culture of continuous improvement. (See Area for Improvement 1).

Areas for improvement

1. To support a culture of continuous improvement and better outcomes for people who experience care through effective leadership and management.

The provider should:

- a) Ensure that staff and management recognise potential harm and understand their duty to report this under the Adult Support and Protection Act (Scotland) 2007.
- b) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- c) Implement a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.
- d) review its current process to manage complaints and concerns and implement a robust log of concerns/complaints, clearly record actions and outcomes.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together

Staff worked hard to meet people's care needs safely. Many staff told us they never knew which unit they are working in from day-to-day. Relatives also told us "staff are not consistent they move from unit to unit which means mums care is very inconsistent", whilst another said "I feel moving staff reduces the relationship and confidence in the care for my relative and me."

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People should benefit from care and support that is consistent because staff work together as a team. We heard that where possible staff work well and help each other out whilst others spoke about low staff morale due to the lack of support from senior management and the uncertainty of which unit they would be working in. We addressed this with the management who assured that the moves between units was being supported by management through robust staff supervision and regular team meetings taken place. These meetings and supervisions are important to monitor staff's wellbeing and practice and to ensure people being supported experience a good quality of care and support from a competent workforce and concerns can be raised when needed. We found the volume of meetings, the inconsistency of deployment of staff and the punitive approach towards staff didn't support team working, therefore an area for improvement was made. (See Area for Improvement 1)

People who use services have the right to have their needs met by the right number of staff who have time to support and care for them. The service used a recognised tool to identify people's dependencies and this was used to inform the staffing levels throughout the home. The home was recruiting new care staff and had a reliance on agency staff.

We saw from training records that staff had completed a range of mandatory training both online and face-to-face in key areas, from moving and assisting, fall prevention and adult support and protection. Staff were clear about their roles and responsibilities.

Areas for improvement

1. To support team working and monitor staff's wellbeing and practice and to ensure people being supported experience a good quality service. The service should review staff deployment within the home and review current communication platforms between staff and management.

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

3.19 'My care and support is consistent and stable because people work together well.'

How good is our setting?

4 - Good

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

Quality Indicator: 4.1. People experience high quality facilities

The home was all on one level with four separate units, all with access to a secured garden of which only three of the units were operational. We observed people benefit from a comfortable, warm and homely environment. Overall the environment was clean and tidy, with no evidence of intrusive smells. People's bedrooms were comfortable and nicely personalised which helped to give people a sense of belonging. Feedback from people and staff on the environment was positive, however from relatives we found a mixed response. One relative told us "Marchglen is a lovely, quiet home with good garden areas and lots of light in the building", whilst another told us "the unit my daughter lives in has had its life sucked out of it, you walk in to her unit and it very bland and lifeless." The manager gave assurance that each unit would incorporate points of interest, talking points and sensory spaces to support and enhance the living spaces for people within the home.

People benefited from a maintenance person onsite, regular checks and records were being completed which meant people could be assured that they were living in a safe and well maintained environment as internal and external maintenance checks were carried out. Some areas of the home were in need of refurbishment and the home improvement plan did incorporate these areas identified.

How well is our care and support planned?

4 - Good

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

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

All people had a care plan in place, with a good level of detail to guide staff around how best to care and support each person. Risk assessments were also in place which also informed the care plan.

We saw a process in place for reviewing care plans regularly and from the sampled plans we found them to be reflective of people's changing needs.

People and their representatives were involved in care planning, advocacy was sought where it was deemed appropriate. We saw six monthly reviews had taken place. A relative told us "we are always contacted if anything changes in my daughter's condition and we are invited for reviews regular to discuss her care plan."

Personal plans and supporting documentation were stored electronically, which enabled ease of access for all staff and the service planned to support access for people and their families.

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

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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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