

Avonbridge Care Home Care Home Service

50 Old Avon Road
Hamilton
ML3 7BT

Telephone: 01698 283 366

Type of inspection:
Unannounced

Completed on:
20 June 2025

Service provided by:
Larchwood Care Homes (North)
Limited

Service provider number:
SP2011011695

Service no:
CS2011301120

About the service

Avonbridge Care Home is a purpose-built care home situated in Hamilton, South Lanarkshire. The provider is Larchwood Care Homes (North) Limited. The service provides care to a maximum of 41 older people of which one place can be used for an adult with learning disabilities and one place can be used for an adult with a physical or sensory impairment or mental health problems. Within this to include one person under the age of 65 years (named in the report granting registration) whose needs can be met in this setting. At the time of this inspection there were 38 people living in the home.

The home is built over two levels with a passenger lift providing access to the first floor. There are two units occupied by residents within single occupancy rooms, some of which have en suite toilet and washbasin facilities. There are also communal lounges, dining areas, and bathrooms in each unit. The ground floor provides communal living and dining space for people to access as well as a courtyard garden area. There is limited parking available to the front and side of the building.

About the inspection

This was an unannounced inspection which took place on 17, 18, and 19 June 2025 between 09:30 and 17:40 hours. Feedback from the inspection was provided on 20 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 and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with seven people using the service and five of their relatives
- spoke with 25 staff and management
- spoke with three visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Staff had responded positively where there had been changes to people's health to make sure people received the right care at the right time.
- Infection control practices, cleanliness of the environment, and quality assurance of these areas required improvement to help keep people safe from cross-infection.
- There were no requirements or areas from improvement made at the previous inspection. However, an area for improvement relating to falls management made on 18 December 2024 following an upheld complaint was found to have been met at this inspection.
- At this inspection we have made four requirements and seven areas for 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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Support provided to people generally followed what was outlined within their personal plans and risk assessments. People's healthcare was monitored and was responsive to changes in their health and needs. Where required, advice had been sought promptly from healthcare professionals and instructions had been followed. This had helped prevent further deterioration in people's health. One visitor described their relative as being "very well looked after" and how "they [the staff] act very quickly with anybody that has taken unwell".

Regular clinical meetings reviewed people's health needs and looked at actions required to maintain and/or improve their wellbeing. Daily meetings and handovers had been effective in sharing important information to inform staff about people's needs.

Where there had been accidents or incidents, including falls, actions had been taken to help prevent reoccurrences. Health checks were completed after people had fallen to make sure there was no further health decline or medical assistance required. Staff we spoke with were confident about the actions they would take if there were any concerns about protecting people.

People were not being supported with hand hygiene before eating and some people's fingernails were noted to be long and dirty. Not all staff followed 'bare below the elbow' good practice relating to the wearing of artificial or polished nails. This meant washing and decontaminating of hands was compromised and placed people at a higher risk of cross-infection (see requirement 1).

Medication systems were in place to support people to take their medication safely. Where newly prescribed or changed medication was added to the medication administration records (MAR), handwritten medications were not all recorded in line with guidance. Records were in place to support the use of 'as required' medication known as PRN medication. We found these were not being completed consistently which made it difficult to track how effective the medication had been to meet people's needs (see area for improvement 1).

The way people spend their day should promote feelings of purposefulness and wellbeing. People were supported to maintain relationships with those important to them to promote meaningful connections. The opportunity to take part in meaningful activities had also helped support people's wellbeing. We observed some group activities during our visit and staff also shared photographs of recent activities and celebrations of significant events. However, one-to-one activities were less frequent for some people than others. During the inspection, we observed a lack of engagement and stimulation at times and some people were seen sleeping in lounge chairs. This could have a negative impact on people's physical and mental wellbeing (see area for improvement 2).

Well managed and sociable mealtimes can help support people's health and wellbeing. The dining experience was well organised and people appeared relaxed and unhurried while being assisted. We have commented on the use of dining areas under key question 4 ('How good is our setting?').

Where required, people's food and fluid intake was being monitored to make sure they were eating and drinking enough to maintain or improve their health. People were being encouraged to eat and drink throughout the inspection and there were choices available.

People should expect to be treated with dignity and respect. However, this had not always been maintained. Some people's personal belongings had been given to other people to use, such as walking frames and wheelchairs. One person was observed using a named drinking cup for another person. We also observed people not being addressed by their preferred name and some people sitting with stained clothes (see area for improvement 3).

Requirements

1. By 29 September 2025, the provider must ensure that care staff maintain high standards of personal hygiene to support effective infection prevention and control practices and reduce the risk of cross-infection.

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

- a) Ensure people are supported to maintain good hand hygiene prior to eating meals.
- b) Ensure people receive appropriate nail care to reduce the risk of cross-contamination and promote their dignity and respect.
- c) Ensure staff practice complies with The National Infection Prevention and Control Manual regarding 'Bare Below the Elbows' practice.

This is in order to comply with Regulation 4(1)(a) (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 care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. The provider should ensure that medication records are more accurately completed, including the recording and evaluating the efficacy of 'as required' medication. This would ensure treatments are effective, unnecessary medication use is reduced, and safer, more person-centred care is promoted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS1.24); and 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

2. In order to promote people's wellbeing and enhance their quality of life, the service should ensure that people are given opportunities to engage in meaningful engagement and stimulation. In doing so, staff engagement with people should be improved upon, to help prevent people experiencing feelings of isolation and boredom.

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).

3. The provider should ensure people's safety, dignity, and respect is consistently maintained. This should include appropriate recording, storage, and use of people's personal items, use of people's name preferences, and ensuring people are presented well.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes, and choices' (HSCS 5.21).

How good is our leadership?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. We found strengths could be identified but these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

We recognise there had been significant challenges to the service with recent management changes, however this appeared to have stabilised. Staff told us the management team were visible in the home and approachable and that they felt listened to. One staff member said, "I feel supported and can go into the office at anytime to chat over any concerns". The current management team had identified several areas where they intended to make improvements and appeared committed to completing these.

Clear and timely sharing of information among staff had helped ensure continuity between shifts. This meant that people could be assured of planned support from staff who were fully aware of their needs.

The provider had a range of audits, tools, and processes available to the staff and management team to support them in managing the service effectively. These covered a range of areas, including infection prevention and control (IPC), health and safety, the environment, falls, accidents, incidents, and reviewing personal plans. At times, these had helped inform the actions required to support positive outcomes for people experiencing care.

However, the IPC audits had not identified some of the issues of concern which we identified during the inspection. This demonstrated a quality assurance system that was not always effective and highlighted weaknesses in governance arrangements. Examples provided in this report highlight the negative consequences of this on people's experiences and outcomes. We also found that some areas of concern highlighted through environmental audits had taken an extensive period of time before being rectified. This meant that people could not be confident that they were living in a service that was safe and benefitted from a culture of continuous improvement (see requirement 1).

The service had a development plan which showed ways in which the service planned to improve in the future. This considered the findings from quality assurance systems to help drive forward improvements. However, the development plan lacked evidence of how consultation with people had influenced this. There was also a lack of evidence how feedback from people at meetings had been actioned. This did not promote person-centred care and collaborative working and could lead to people feeling overlooked and undervalued (see area for improvement 1).

Requirements

1. By 29 September 2025, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. The provider must support outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

This must, at a minimum, ensure:

- a) Audits are developed to include, but not be limited to, the quality of the environment and infection prevention and control practices.
- b) Quality assurance data is analysed to inform the actions required to support positive outcomes for people experiencing care, staff learning, and the service's improvement plan.
- c) Action plans include specific and measurable actions designed to lead to continuous improvements with detailed timescales for completion/review.

This is in order to comply with Regulation 4(1)(a) (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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. The ways in which people are involved in decision making within the home should be improved upon in order to promote people's dignity and respect. In doing so, this should include how people's feedback is actioned and used to develop the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Recruitment files we sampled showed that safe recruitment practices had been followed. This meant that people could be confident they were supported by staff who had been appropriately checked and assessed. Staff were supported with training, shadowing opportunities, and support from more experienced staff to provide a good foundation to their new role. This helped foster a knowledgeable and confident staff group who provided effective support to people.

Staff were encouraged and supported to further professionally develop through regular supervision and appraisals. Observations of staff practice were completed which meant people could be assured they were being supported by staff who were competent in providing safe care. The outcomes of the observations were shared with staff. This helped increase staff self awareness and improve practices to benefit the people they supported.

A system should be in place to review staffing arrangements to respond to people's changing needs or service demands within all departments of the home. An assessment tool was used by the provider monthly to assess people's needs and inform staffing levels within the service. However, we found that not all the relevant information about people had been included within the assessment tool. There was a lack of evidence that housekeeping staffing levels had been assessed to ensure cleaning tasks required were completed. We have commented further about how people were being put at an increased risk of spread of infections due to poor housekeeping under key question 4 ('How good is our setting?') (see area for improvement 1).

There was a reliance on agency staff on a regular basis to meet staffing requirements and to fill short-notice absences. One person told us that the "biggest issue is the high turnover of staff. There are lots of agency workers, although sometimes it's the same faces that come regularly".

We could not determine whether all agency staff had completed induction when they started within the service as not all records were available to demonstrate this. We discussed how the oversight of agency staff usage could be improved upon by ensuring all required documentation was in place and kept up-to-date. This would help demonstrate staff had the necessary information, resources, and training to provide people supported with high quality care.

In our evaluation of this key question, we also took into consideration how staff IPC practices had impacted on the quality of the environment. This is identified under key question 4 ('How good is our setting?') of this report.

Areas for improvement

1. The number and skill mix of staff should be determined by a process of continuous assessment using accurate and up-to-date information. This should take account of the complexity of people's needs, the layout of the home, and other measures linked to quality assurance, including people's views, outcomes, and experiences.

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).

How good is our setting?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. We found strengths could be identified but these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

We saw examples where people had personalised their bedrooms as they wished to make them more 'homely'. The internal courtyard area was being used well throughout the inspection for visiting and meals. This was a small area however, and not everyone would be able to access outside at the same time. We suggested management consider other available outside areas for people to access.

Records showed regular safety checks were completed on manual handling equipment where it had been assessed as required for people. This helped make sure it remained safe for use and to help identify and act on any wear and tear.

People living in the care home were being put at an increased risk of spread of infections as cleaning and housekeeping practices required improvement. There was an unpleasant smell in areas of the home. We found this was down to dirty and malodorous mattresses, bedding, and chair cushions in communal lounge areas. Not all cleaning tasks had been effective and in some areas dirt, stains, and residue had built up. Some floor coverings were noted to be heavily stained in communal lounge and corridor areas despite records showing they had been cleaned. Some personal items and moving and handling equipment was also found to be dirty (see requirement 1).

We found longstanding poor IPC practices with staff, where their actions/inactions had increased the risk of cross-contamination and spread of infection. This included failures to report or action breakages and spillages and issues with cleanliness and malodours. The way communal equipment was being stored and used between people increased the risk of cross-contamination and spread of infection. Work surfaces in some areas were cluttered which made spaces more difficult to clean. There was also a lack of clarity on staff roles and responsibilities regarding cleaning tasks. This could lead to inconsistent hygiene standards, increased infection risks, and undermined accountability (see requirement 1).

People should experience an environment that is well looked after and has been well maintained. We found some areas where furnishings and equipment were damaged or in poor condition. This meant that any cleaning would prove ineffective in the control of infection spreading. Although there had been no recent outbreaks within the service, people could not be assured of living in an infection free environment. (see requirement 2).

The home had one full-time maintenance person employed and there were arrangements to cover routine safety checks in their absence. A system was in place for reporting jobs/repairs which required to be carried out. However, the date that works were completed and the action taken were not always recorded. During the visit we identified a number of repairs which were required which had not been included within the maintenance book. This included broken fixtures and fittings and general wear and tear. Therefore, people could not be assured of living in an environment that was well looked after (see requirement 2).

Due to the layout of the building there were times where it was very busy and noisy. Some people were displaying periods of stress and distress. People who remained seated in these areas were experiencing the increased noise levels from other people experiencing distressed episodes. People were not offered alternative places/areas to sit which may affect their health and wellbeing and did not promote a calm, homely atmosphere.

Dining rooms were available for meals, however space was limited within these areas. This meant that not all people could be accommodated for meals in the dining rooms at the same time (see area for improvement 1).

Requirements

1. By 29 September 2025, the provider must ensure that the premises are suitable for the provision of a care service and that safe infection prevention and control practices are always followed to ensure the safety and wellbeing of service users.

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

a) Ensure all areas and equipment used within the home are free from contamination and are cleaned or disinfected effectively, in doing so;

b) Quality assurance checks must be effective and demonstrate how they have led to improvements where issues are identified surrounding the cleanliness of the environment.

c) Ensure staff infection prevention and control practices are improved and, where issues are identified, there are clear actions set and timescales for achievement identified.

d) Undertake a root cause analysis to determine why infection prevention and control issues were insufficient and avoid future reoccurrences.

This is in order to comply with Regulation 4(1)(a) and (d) (Welfare of users) and 10(2)(d) (Fitness of premises) 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: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

2. By 29 September 2025, the provider must ensure that people live in a setting which is safe and well maintained in relation to the building and any required equipment.

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

a) Ensure the environment is maintained in a good state of repair and able to be effectively decontaminated and cleaned, in doing so;

b) Quality assurance checks must be effective and demonstrate how they have led to improvements where issues are identified surrounding the safety and maintenance of the environment.

c) Ensure staff are aware of and adhere to their responsibilities to appropriately address and/or report any environmental issues they identify promptly.

This is in order to comply with Regulation 3 (Principles) and Regulation 4(1)(a) (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: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

Areas for improvement

1. The service should review how dining areas are organised and used to ensure space is utilised effectively during mealtimes to provide a choice of dining location for people. Consideration should also be given to creating quieter, calmer environments within lounge areas that support people's dignity and wellbeing and promotes good communication. This should include arranging seating to support positive social interaction, and minimising excessive noise that can cause distress or discomfort for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes, and choices' (HSCS 5.21).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Every person living in the home had a personal plan in place which aimed to help staff deliver safe, consistent, and respectful care. There was evidence people had been involved in contributing to their personal plans and where their wishes and preferences were being followed. The health and wellbeing needs of people were assessed when they started using the service along with any relevant information the person wished to share. The information provided aimed to inform staff as to the best support methods to help maintain or improve people's health.

Most personal plans had been reviewed regularly to take account of changes in people's health, wellbeing, or needs. The plans were generally person-centred and covered a range of areas, such as personal care, nutrition, mobility, and any risks that needed to be managed.

There were examples of ongoing reassessments which had helped make sure people's needs were reviewed and care provided continued to be appropriate. When people's needs had changed, most personal plans were promptly updated. This helped ensure care and support delivered was responsive to people's changing needs.

However, not all personal plans contained up-to-date or accurate information and some parts contradicted the information contained elsewhere within the plan. One person did not have a care plan in place identifying how to support them during periods of stress and distress. Daily recording records had missing entries, therefore we could not be sure that personal plans were being followed consistently. This could negatively impact on people's wellbeing, safety, and care may be inconsistently provided (see area for improvement 1).

Six-monthly care reviews had involved the person and, where appropriate, their family or representatives. This helped make sure that care being provided was person-centred and reflected the individual's preferences, choices, and outcomes.

Areas for improvement

1. To ensure people's needs are being met, care plans and risk assessments should clearly identify and set out how people's health, welfare, and safety needs are to be met in line with good practice and legislation. In doing so, the completion of daily recording notes should be able to demonstrate that care provided is in line with what is written in care plan instructions and in line with outcomes.

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); and '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).

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 positive outcomes for people's health and wellbeing after a fall, the management team should have oversight of all falls and provide quality assurance. This includes, but is not limited to, ensuring staff are aware of their responsibilities to report falls accurately and to complete post fall clinical observations in line with the provider's policy.

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 18 December 2024.

Action taken since then

The management team had a good oversight of falls within the home and incidences of these. Quality assurance systems helped analyse information and identify where there were any trends or themes. These helped inform actions to be taken to help prevent any reoccurrences.

Staff had attended a meeting specifically to discuss falls management within the home and the measures planned to help improve outcomes for people at risk of falling. This included appropriate recording and reporting. The falls policy had been reissued to staff and almost all staff had completed falls training.

Where people had fallen, we found that post fall clinical observations had been completed appropriately to help make sure people's health did not deteriorate.

This area for improvement has 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
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?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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