

# Carnbroe Care Centre Care Home Service

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Coatbridge  
ML5 4PG

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 June 2023

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

Their aims and objectives are to provide residents with a person-centred care service. They provide long term, short term, convalescence, and respite packages. Their philosophy of care is to preserve and maintain the dignity, individuality, and privacy of all residents within a warm and caring atmosphere, and in doing so are sensitive to their ever-changing needs.

## About the inspection

This was an unannounced inspection which took place between 22 and 26 June 2022. 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 several people using the service and six of their relatives. We also spoke with a number staff and a referring professional and management, reviewed documents and observed practice and daily life.

**Key messages**

- People were happy with their care and supports.
- There was some good activities taking place but information about people's preferred activities and the support they needed to enjoy them could have been more detailed.
- Although people appeared well looked after and in general good health some daily health monitoring tools could have been better completed.
- The service was carrying out a refurbishment programme to improve people's living environment.
- Some support plans and associated documentation could have been more detailed and individualised.

**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?	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

Our overall evaluation for this key question was good. We found the service had significant strengths in keeping people safe and meeting their needs. There were, however, some improvements to be made with personalised activities and record-keeping.

Throughout the inspection visits we could see people were treated with dignity and respect. We saw caring interactions between staff during our visits to each of the units within the home. Staff clearly knew the residents well and understood how best to support them. We carried out a more formal observation and noted similar caring and supportive interactions. People appeared well kempt, comfortable and engaged well with the care and other staff within the home. Staff we spoke to felt happy in their work and spoke highly of the support they had received from the management. They told us people were cared for to a high standard within the home.

There was a good range of communal activities that took place regularly. There could have been more individualised detailed information about how to engage people in their chosen activities. The records we reviewed and activities we saw and discussed with residents took the form of, but were not limited to, singalongs, seated exercises and game playing. Although these types of activities are important for people's well-being, it is also vital that activities are planned to meet people's individual wishes and preferences. These can often take the form of engaging people in some of the hobbies or activities they took part in when living in their own communities at home. We asked the home management team to review their activities planning accordingly. (See area for improvement 1).

People in the home were receiving regular visits from their loved ones. Relatives told us they could see their loved ones when they wanted and they received regular communications from the care home staff. This was positive for people's wellbeing and ensured regular contact with family members. Families spoke positively about the good quality of care their loved ones received in the home.

We noted there were some inconsistencies with some care recordings. People appeared well presented and well kempt. Although we were satisfied people were receiving the care they needed we could see in some recordings an inconsistency in how these were being completed by staff. We noted that some daily oral care and topical medication recordings had gaps. Although we did note that the home had a very low level of skin integrity concerns. To ensure that care has been given appropriately the service should improve the consistency of these recordings. The management team should also carry out a system of checks to satisfy themselves that care has been provided to meet people's needs within appropriate timescales and in line with prescribers' and other health professionals' instructions. (See area for improvement 2).

### Areas for improvement

1. To ensure people can engage fully in meaningful and stimulating activity detailed guidance should be provided in support plans as to how people should be supported to engage in activities they enjoy.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: '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 (HSCS 1.25).

2. To maintain and monitor people's health and wellbeing all daily monitoring charts including, but not limited to topical medicines administration sheets and oral care records should be accurately completed in line with assessed need and/or prescriber's instructions.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

### How good is our leadership?

### 4 - Good

We evaluated this key question as good because we found strengths in aspects of leadership and quality assurance that outweighed areas for improvement.

The home had a stable management team. This stability in leadership allowed the service to develop an improving picture of culture and practice. There were improvements that had been made since the previous inspection.

There was a quality assurance system in place in which all key issues within the service were audited to a good standard. It was evident that any actions identified from the audit process were taken forward and then signed off when completed by the person assigned to complete it. However, the level and manner of audit was high, somewhat repetitive and brief. This may need to be more streamlined going forward as a few areas identified as needing to be improved during inspection had not been identified by the service itself. Discussions were had with the management team about potential improvements in this regard, and it was a matter for them to take forward.

Falls within the home were monitored and examined to understand people in their environment and help prevent reoccurrence. We could see referrals to an external falls team had been made appropriately when needed. The management had a good general oversight in this regard. People's weight and nutrition were frequently tracked to promote their wellbeing. The service worked collaboratively with external agencies to meet people's needs well, and we received positive feedback from these partner agencies about the service's approach. The dentist and podiatrist visited during one of our inspection visits to meet people's relevant needs.

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.

The management team supported staff with a comprehensive training programme, and regular supervision and staff team meetings. Keyworker roles were in place linking residents to specific workers to assist in improving communication and providing support to changing needs. Where staff had expressed an interest in developing their expertise in specific areas this had been supported by the home management team and training provided. This meant people were supported by a competent, motivated staff team.

We did note, however, that staff morale was somewhat mixed. The vast majority of staff we spoke to felt positive towards the management of the home and others felt less so. It is important that staff feel included and listened to in efforts to create a relaxed and supportive environment that delivers high standards of support and care. The management team were to consider how it could enhance its methods of engagement to improve the situation.

## How good is our staff team?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Staff presented as happy working in the home and demonstrated a good knowledge of people's needs and how these could best be met. A lot of staff we spoke to had been in the home for a number of years and were clearly happy working there. 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 full and comprehensive training package. Staff had completed their training in key areas, such as moving and assisting and adult support and protection where completion rates had been high. Some other areas of training were completed to a lesser level, but this was, in part, due to a recent change in the service's online training provision. The home had plans to ensure that staff completed all their training as necessary going forward.

Staffing levels and mix of staff were sufficiently in place to meet people's needs. The management dependency tool which calculated the number of staff needed to meet people's assessed needs consistently showed over the last few months the home had above the level of required staff. Staff confirmed this in conversations, but some felt there were times during a typical day where an extra staff member may be needed to assist, albeit not to the detriment of people's safety. 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 asked by staff the management team did respond well to requests for more staff which was evident recently in one of the home's units.

Staff took part regularly in supervision meetings with a senior member of staff. This is time staff have with their supervisor to discuss practice, development and raise any personal issues that may impact on work. Staff felt these were useful meetings where not only the services, but their needs and issues were discussed and considered. On reviewing records of these meetings, it was identified that some of these records could have been more detailed. This is to ensure that participants in the meetings were clear on what was discussed and any areas or concerns that needed to be addressed. These meetings are important to monitor staff wellbeing and practice to ensure people supported experience a good quality of care and support from a competent workforce.

## 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 home was generally clean, tidy, and free of clutter. There was a housekeeping team who had a cleaning schedule, appropriate products and resources, and an established routine. This helped maintain good standards of cleanliness across all communal and personal areas.

The service had taken account of best practice guidance for people living with dementia and completed an assessment of how dementia friendly the home was. There was some signage and visual markers to assist people to orientate themselves within the home. However, there was some further need for some directional signage that we identified that would improve the ability of people to orientate themselves within the home. This was discussed with the management team and will be addressed accordingly.

The communal areas were welcoming, spacious and tidy. The environment and equipment were cleaned to a

high standard and well maintained. Some areas of the home were decorated to a particularly high standard with new flooring, modern furnishings, and freshly painted walls. Other areas, however, appeared dated and tired. We were pleased to see that there was an ongoing refurbishment plan in place to address these issues with target dates for completion set for the end of 2023.

There was a large, well-kept enclosed garden for people to use. People could independently use the garden, weather permitting. There was plenty of social space across the home and people chose where to spend their time. During the inspection a large number of residents used the garden for a singalong with a professional entertainer.

The home had a maintenance team to manage 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.

## 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 home had a personal care and support plan that detailed their care needs. These were updated frequently and available to all appropriate staff, visiting professionals, people living at the home, and their relatives.

It was noted that some of the entries in some support plans and associated documentation could have been more detailed and descriptive. For example, in documentation reviewed at inspection where agitation or anxiety were identified issues information entries about how these behaviours were displayed by each individual were very brief. This information should be clear, detailed and individualised. Although staff who knew the residents and could describe how they would present if anxious or agitated this wasn't described in enough detail in the associated plans and protocols. It is important this detail is provided so that anyone who needs to access the support plans would be able to effectively identify significant behaviours or symptoms in maintaining someone's health and wellbeing. (See area for improvement 1)

People had six-monthly review meetings some of which some were comprehensive and provided a useful summary of people's health, wellbeing, and overall experiences. We found, however, that there were some inconsistencies with the amount of detail provided in the records of these meetings. We asked the service to make them more outcome-focused, highlighting what people want to achieve from living at the care home, and measuring how successful they were in achieving these goals. This would help further evidence good practice and could make the care and support received even more meaningful for people.

### Areas for improvement

1. To ensure people's health and wellbeing can be provided for all support plans, protocols and associated documentation should clearly describe individual behaviours, symptoms or specific needs to assist staff in providing support and making decisions about how to keep people well.

This is to ensure care and support is consistent with Health and Social Care Standard (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

People's personal belongings and items should be respected and cared for after their death and a protocol should be in place to ensure such until family members are in a position to uplift personal clothing and items.

This is in order to comply with: Health and Social Care Standard 5.3: I have an accessible, secure place to keep my belongings.

**This area for improvement was made on 6 December 2021.**

#### Action taken since then

The service had put in place a detailed protocol following the death of a resident. This protocol had clear instructions on what should be done with residents' rooms and belongings following their death. All personal belongings will be stored securely until collected by families. These steps assured us that residents continued to be treated with dignity and respect after their death.

This area for improvement had been met.

#### Previous area for improvement 2

In order to provide a varied activity programme, the service should continue to develop individual activity plans.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 18 November 2021.**

#### Action taken since then

There was a good range of activities on offer within the home that residents appeared to enjoy. Activities ranged from baking to accessing the community. We observed the entertainer in the garden which everyone appeared to enjoy. Residents' meetings had also been regular which had given residents the opportunity to voice their likes and dislikes with all activities across the home.

There was a regular newsletter which kept everyone up to date with what was going on in the home. The activity planner appeared to have been shaped by residents including 'This is me' document within care plans. This document provided good information about individual wishes and preferences. However, there was limited guidance about how to support residents with their preferred activities. There was also limited information about what continued to work well within the timetable. This would ensure that the activity planner continued to meet resident's needs. A further area for improvement was made under Key Question 1 in this report.

This area for improvement had been met.



### Previous area for improvement 3

Care plans should ensure guidance for staff to support any stress or distress is fully documented.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) which state that: '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).

**This area for improvement was made on 18 November 2021.**

#### Action taken since then

Each resident had a stress and distress plan. These plans contained person-centred actions and interventions to be used during times of stress for the resident. However, there was not enough detail within the actions and interventions about how to successfully support someone when they were upset. This meant that residents could experience further distress if staff did not have enough information on how to successfully de-escalate any signs of stress and distress. These steps will help to keep residents safe.

A new area for improvement will be made to ensure that all support plans, protocols and associated documentation contain a good level of detailed guidance on how to successfully support residents with all elements of their support.

This area for improvement had been met.

### Previous area for improvement 4

To support people's health and wellbeing, the provider needs to carry out regular review of each persons needs for support to maximise continence.

This is to ensure 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).

**This area for improvement was made on 29 July 2022.**

#### Action taken since then

Each resident had a section within their care plan which detailed their continence needs. This included information about continence products and when they should be used. The service had carried out a number of continence assessments to ensure residents' continence needs continued to be met in line with their needs.

This area for improvement had been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very 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

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

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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