

Marchmont Care Home Limited

Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 June 2025

Service provided by:
Marchmont Care Home Limited

Service provider number:
SP2007009399

Service no:
CS2007163997

About the service

Marchmont Care Home Limited is a care home for older people situated in the residential area of Port Glasgow. The service is close to local transport links, shops and community services. The service provides nursing and residential care for up to 51 people. Four of the 51 beds can be used for respite or interim care.

The service provides accommodation over two floors. All rooms have ensuite toilet and wash hand basin facilities. Thirteen of these rooms also have bathing facilities. There are two sitting rooms and one dining room on each floor. There are toilets and bathrooms on each floor. A communal outdoor garden area is accessible from the ground floor and is situated at the back of the home. The home sits at the top of a steep hill which gives very good views of the River Clyde.

At the time of the inspection 44 people were supported by the service.

About the inspection

This was an unannounced inspection which took place on 9 and 10 June 2025 between the hours of 07:45 and 20:00. 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, complaints, observations of practice and daily life, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we spoke with:

- ten people using the service
- six family/friends
- 13 staff and management.

We also took into account feedback received from 11 people using the service via Care Inspectorate surveys.

Key messages

- We followed up on a requirement made at the last inspection, which was met.
- We followed up on three outstanding areas for improvement, which were met. Two new areas for improvement have been made at this inspection.
- A focus on continued improvement is needed to ensure staff can identify changes in people's health and take appropriate action timeously.
- People and families praised staff for their care and responsiveness to individual needs.
- A variety of activities were offered, supporting emotional, social, and cognitive wellbeing.
- Leaders facilitated meaningful conversations with people and families to ensure people's future wishes were known and respected.
- Supervision and training were well managed, with evidence of reflective practice and external training opportunities.

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

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

People experienced a positive dining experience. Meals had been varied and flexible, and staff had responded well to individual preferences. Where people did not enjoy a particular menu item, alternatives were offered, which promoted choice and dignity.

There was a warm and sociable atmosphere within the home. People told us they enjoyed singing, chatting, and spending time with others. Staff had encouraged participation in activities while respecting individual preferences. We observed people moving freely around the home, which promoted independence and confidence. Faith-based visits, such as those from local church groups, had supported people's spiritual wellbeing. However, some people told us they felt there was not always enough to do. While there had been a range of activities on offer, the service should continue to explore ways to ensure meaningful engagement for everyone.

Families appreciated the support provided to their relative which had provided them with confidence that their loved ones needs were met. One relative shared, "I cared for my mum for years, now I don't know how I managed." Communication with the staff team had been positive, and families appreciated receiving updates and phone calls when needed. This helped to build trust and reassurance.

People benefited from regular health monitoring and timely access to healthcare professionals. GPs, community health liaison nurses (CHLNs), chiropodists, and opticians had been involved in people's care. This proactive approach helped to prevent deterioration in people's health and supported early intervention. Nutritional support had been well managed. Some people had gained weight since moving to the service and others had maintained a healthy weight.

Medication management had been safe and effective. Medication administration records (MARs) were well maintained and highlighted that people received their prescribed medication as directed. We saw protocols to guide staff on how to support people with medication to be taken 'as and when required', such as pain relief. We were able to track where 'as and when required' medication had been administered appropriately which supported people's physical and emotional wellbeing.

Some staff did not fully understand the importance of daily record keeping, which could lead to missed changes in people's condition. Signs of this were evident in the inconsistent use of fluid charts and lack of follow-up action to ensure people had a sufficient daily fluid intake to remain hydrated. We have discussed this further under the section of the report titled "What the service has done to meet any requirements made at or since the last inspection". **See area for improvement 1.**

Areas for improvement

1. To improve health outcomes, the provider should ensure staff understand the importance of maintaining accurate daily records, including food and fluid charts. This will help identify changes in people's condition and ensure timely action is taken to support their health and wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): "My care

and support meets my needs and is right for me." (HSCS 1.19) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

How good is our leadership?

4 - Good

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

Leadership within the service had been a notable strength. Managers were visible, approachable, and actively involved in day-to-day operations. Staff spoke positively about the support they received, and we observed good role modelling from leaders who provided hands-on assistance in a natural and respectful manner. One staff member told us "They give praise and feedback when things go well, not just when something needs fixed." It was clear that managers knew people and their needs well, and this contributed to a culture of openness, learning, and continuous improvement.

Leaders had demonstrated a proactive approach to learning from incidents. Following a recent medication error, procedures had been improved. Controlled drugs and PRN (as required) medications were now checked daily, which enhanced safety and accountability.

People's nutritional needs were well supported. Several residents had gained weight, and people's nutritional support was monitored regularly. This showed good oversight and responsiveness, with appropriate referrals made to Speech and Language Therapy (SALT) and dietetic services when concerns were identified.

Staff development had been a clear strength. Reflective practice was encouraged and supported. A particularly good example involved a staff member who reflected on an incident when a resident became distressed. This led to a wider interest in stress and distress training, with 16 staff members attending. This demonstrated a culture of learning and improvement.

Audits were carried out regularly across key areas such as dining experience, infection prevention and control (IPC), pressure care, and falls. We saw evidence that issues were addressed promptly, with some actions taken immediately and others incorporated into the wider service improvement plan to ensure sustained focus. Some medication audits were incomplete, with missing calculations that reduced their reliability. This limited the effectiveness of audit processes and addressing risks. We were satisfied that leaders were committed to making improvements in this area.

Weekly clinical meetings with nursing staff facilitated early identification of issues, supported escalation to health professionals, and promoted accountability in clinical decision-making. This supported better improved health outcomes for people.

The nurse call system was overused, and alerts lacked differentiation between what was urgent and non urgent. For example, to notify staff when someone may have fallen in their bedroom or when people may be moving around their room. This created a risk of critical alerts being missed or delayed. There was also a risk that independently mobile residents felt over-monitored or restricted, which could affect their dignity and autonomy. Staff efficiency was impacted, as constant alerts reduced time available for meaningful care and increased stress levels. We discussed with leaders how individual assessments could promote positive risk taking and how the use of technology could support more proportionate and person-centred responses. **See area for improvement 1.**

Areas for improvement

1. To promote positive outcomes for people, the nurse call system should be reviewed to ensure alerts are prioritised based on risk. Differentiating urgent from non-urgent calls should help staff respond effectively, reduce unnecessary monitoring, and support peoples' dignity and independence.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): "I am supported to make informed choices, even if this means I might be taking personal risks." (HSCS 2.24) and "I am treated as an individual and my choices and decisions are respected." (HSCS 2.3).

How good is our staff team?

4 - Good

We evaluated this key question as good, as we recognised that staff strengths positively impacted on people's experiences and clearly outweighed areas for improvement.

Staff told us they enjoyed their work and felt they made a meaningful difference in people's lives. This was reflected in the positive feedback we received from people and their families, who consistently spoke highly of the staff and the care provided.

Leaders used a tool to calculate people's level of support to inform staffing rotas. This helped ensure that staffing levels met people's needs. We saw that the service had a clear breakdown of hours spent on non-direct care tasks. While this information was valuable, it was not always clear how it informed service planning or improvements. Staff hours for direct care were primarily focused on physical health needs. Emotional wellbeing was not explicitly considered in the same way, despite its importance in supporting people holistically. We discussed this with the management team, who acknowledged the need to refine this area.

The service was working hard to remain compliant with the Health and Care (Staffing) (Scotland) Act 2019, part of which is to ensure that there is sufficient staffing numbers to meet people's needs. Staffing vacancies and sickness continued to have an impact on this, although the use of agency staff had reduced. Where agency staff were used, they were consistent, which helped maintain continuity for people living in the home.

A record of supervisions carried out with staff over the year was in place, and we reviewed examples of supervision records. These showed a range of support approaches, including reflective discussions and observations of practice. Most staff told us they found these sessions to be supportive and helpful. Some staff described feeling overwhelmed by stronger personalities, which leaders were aware of. It is important that this is monitored to maintain the positive staff culture that has been developed since our last visit to the service.

Training records were clear and up to date. Staff valued the external face-to-face training opportunities, and access to group training was also seen as beneficial. This encouraged staff collaboration and helped to identify better ways of working to improve outcome for people.

How good is our setting?

4 - Good

We evaluated this key question as good, where positive aspects of the environment supported good outcomes for people and clearly outweighed areas for improvement.

The service was clean, tidy, and odour-free during our visit. People living in the service mostly appeared content, and the atmosphere in communal areas was warm and welcoming. First impressions for new people moving to the service and their families were positive, with lounges and shared spaces offering a relaxed and friendly setting.

Fire safety was well managed with a range of daily, weekly and, monthly checks carried out. Both planned and unplanned fire drills had been carried out regularly. The service maintained a fire system defect log with actions taken, which included where staff had been reminded not to prop open fire doors. This was being monitored effectively to ensure that fire safety arrangements kept people safe.

The service had a proactive approach to maintenance. Weekly checks of bedrooms and communal areas identified issues such as repainting and flooring, which were addressed promptly. Urgent repairs were completed without delay. New flooring and décor had been installed to welcome new residents. Safety checks and essential servicing were completed in line with health and safety regulations and well recorded.

Infection prevention and control practices for the laundering of clothes and linen were in line with best practice to ensure that people were protected from risks of cross contamination. Domestic staff were visible and active, contributing to a good standard of cleanliness.

Some carpets, particularly in the games room and communal areas, were worn and required replacement. This had been identified by leaders during weekly checks of the environment and the actions required were added to the service improvement plan. Replacing these carpets would support infection control and enhance the overall environment for people living in the service.

How well is our care and support planned?

4 - Good

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

Thorough assessments were carried out before people moved to the service. This supported a smooth transition and informed early care planning. Families were involved in care planning, including decisions around people's future care and support towards the end of their life.

People's care plans contained detailed social histories and personal preferences, including religious beliefs, routines, and interests. This helped staff understand what was important to each person and supported personalised care. Care plans included good detail about people's interests. For example, one person was supported to enjoy music, socialising, and spending time with animal visitors to the service, such as pet therapy. This helped staff plan meaningful activities with people in a person centred manner.

There was regular input from a range of health professionals, including audiology, district nursing, dietetics, chiropody, and optometry. This ensured people's health needs were reviewed and addressed as part of their planned care. Where concerns were identified, staff sought professional advice and support to ensure people's oral health was monitored and managed. This helped reduce the risk of pain or discomfort.

One person's mobility assessment did not reflect their current level of independence. Despite repeated unwitnessed falls, existing measures such as a falls detection that was linked to the nurse call system had not been effective. This required to be reviewed and links to concerns noted in the report in the section "How good is our leadership".

There was some duplication across care plan documents, which may lead to essential updates being missed. Information was sometimes recorded in multiple places, increasing the risk of inconsistency and outdated guidance for staff. We saw an example of this in the mobility section of one persons care plan, where their support did not reflect their current needs. Leaders were aware of these issues, and we were confident through our discussion that this would be looked at.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 May 2025 the provider must improve oversight, monitoring and communication systems to ensure that people's care is responsive to their ongoing and changing needs. This must include but not be limited to;

- a) the completion of accurate daily records and health monitoring records. These should be used to inform decisions on when further action should be taken. For example, where medication may be required or to identify when input is required from external health professionals.
- b) ensuring there are systems in place to check, review and assess the accuracy of daily records and health monitoring records. Action should be taken without delay where any issues are identified.
- c) making sure that staff at all levels are clear of their roles, responsibilities and accountability to maintain organisational standards, policies and procedures to meet people's needs safely and effectively.
- d) ensuring staff have sufficient time and resource to communicate verbally and in writing essential information about people's care and support on a daily basis.

This is 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 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) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

This requirement was made on 25 February 2025.

Action taken on previous requirement

Bowel monitoring records now include individualised baselines for each person, specifying what is considered normal, such as a bowel movement every 3–4 days. This had helped to ensure that staff can easily access and understand the monitoring required for each person and when to take further action.

Managers conducted daily walkarounds during which people's monitoring records were spot-checked to ensure accuracy and compliance. This proactive approach supported early identification of issues and reinforced accountability.

Fluid intake, nutrition, and wound care are standing agenda items at daily staff meetings, ensuring consistent communication across the care team. Clinical monitoring tools are used to identify early signs of deterioration in residents and to escalate concerns promptly and effectively. We noted a missed

follow record for one person where there was potential for deterioration in their health. We discussed this with leaders who planned to take remedial action with clinical staff to ensure records were kept up to date.

Themed supervision sessions had been conducted with staff focusing on pressure care and wound management. These sessions identified knowledge gaps among some staff members. In response, a meeting was held with the Community Health Liaison Nurse (CHLN), and two nursing staff volunteered to lead and develop a tailored training session for the wider team. This is a positive outcomes to upskill staffs knowledge and practice and improve health outcomes for people. A supervision spreadsheet and tracker is maintained to monitor staff supervision and reinforce clarity around job roles and responsibilities.

An allocation sheet was in place to delegate specific responsibilities to staff members. One designated staff member is responsible for reviewing daily records and monitoring documentation to identify any gaps. Despite this being in place, we found that some staff were not clear when people required to be monitored with their daily fluid intake, to remain hydrated. This had led to missing fluid recordings for one person.

Overall, there has been sufficient progress to meet the requirement. An area for improvement has been made to ensure staff are aware of their responsibilities for effective daily recording. See "How well do we support people's wellbeing?" section of the report.

Met - within timescales

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 that people are stimulated and active, the provider should develop the programme of activities on offer to ensure these are meaningful, inclusive and recognise people's preferences. Opportunities for people to access the community should be explored.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8).

This area for improvement was made on 12 October 2024.

Action taken since then

A range of activities was offered, including music, bingo, reading, crafts, and outings. These supported people's emotional wellbeing, social interaction, and cognitive stimulation. Weekly minibus outings were rotated to ensure different people had the opportunity to be involved. Staffing levels limited how many people could be supported to go out, with a reliance on activities staff. Leaders were committed to looking at staffing levels to establish where staff resource could support more opportunities for people to get out and about.

Engagement was tracked for each person on an individual basis as well as a weekly plan. There was potential to develop this further by gathering structured feedback from people based on their experiences and enjoyment of organised events.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure people's views and wishes for their future care and towards end-of-life is known. This should include, but is not limited to, input from people and their relatives and other health professionals where possible. Planning arrangements and people's wishes should be recorded clearly and align with The Scottish Government's 'Enriching and Improving Lives Framework'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively" (HSCS 1.7) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 12 October 2024.

Action taken since then

Leaders had actively facilitated conversations with people and their families to ensure that future wishes and plans were known, both when new people moved into the service and during ongoing reviews of care needs. There was evidence of these discussions documented in the care plans we sampled. Information was also made available during 'Demystifying Death Week', a national initiative held across Scotland each May. This was used as an opportunity to provide people and families with knowledge, skills, and space to plan and support one another through experiences of death, dying, loss, and care.

This area for improvement has been met.

Previous area for improvement 3

People experiencing care should live in a high-quality environment. In order to achieve this, the service provider should ensure:

- a) the home is clean, tidy and free from avoidable and intrusive smells
- b) people should have accessible, secure places to keep their belongings.

This is to ensure care and support is consistent with Health and Social Care Standard 5.18: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells".

This area for improvement was made on 11 September 2024.

Action taken since then

The service was well maintained and cleaned to a good standard during our visit, including people's bedrooms.

Locked drawers and cabinets were provided, and where requested people had keys for bedroom doors to support individual preferences and safety. Bedroom door risk assessments were completed, detailing whether people chose to have their doors open or locked, ensuring that personal choice and risk were appropriately balanced and documented.

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?	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
3.3 Staffing arrangements are right and staff work well together	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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