

# Cumbernauld Care Home

## Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
14 November 2025

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

**Service provider number:**  
SP2007009152

**Service no:**  
CS2003010563

## About the service

Cumbernauld Care Home is based within a residential area of Cumbernauld, North Lanarkshire. This service has been managed by Each Other Care since June 2023. They are a family-owned company who provide long-term and respite care for older people.

The aim of the service is to encourage people to stay active, making their own decisions about what they want to do and spend their time to help them remain positive, happier and healthier.

Refurbishment works had been progressed since our full inspection in May. Both floors were open to residents with lift in place to access the upper floor. At the time of our inspection, 35 people were living in the home.

There are private enclosed gardens for residents to enjoy.

## About the inspection

This was an unannounced second follow up inspection which took place on 11 and 12 November 2025 between 10:00 and 17:00. The inspection was carried out by one inspector from the Care Inspectorate.

This inspection was to follow up on the requirements and areas for improvement made at the previous inspection on 7 May 2025 and our first follow up inspection that we completed on 19 August 2025. 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 five people using the service and five of their family members
- spoke with ten staff members and management
- observed practice and daily life
- reviewed documents
- obtained feedback from one visiting professional.

## Key messages

People were being well supported with eating and drinking to support their wellbeing.

Staff were working well together with sufficient numbers to meet people's needs.

Relatives noted a marked improvement with staffing and management arrangements.

Staff are well supported to undertake training.

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

### Requirements

#### Requirement 1

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

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

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

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

This requirement was made on 7 May 2025.

#### Action taken on previous requirement

We noted from records that residents received additional calorific snacks where required. An overview was in place that clearly evidenced who needed this support. The chef was aware of residents' needs, and information was shared with him weekly if changes occurred. A second chef had been appointed to assist with additional snacks and meals. Staff demonstrated knowledge during discussions on how food could be fortified to support residents.

We spoke with five relatives who told us they were very happy with the support provided for eating and drinking, and advising that many alternatives were provided to support eating well. Two relatives told us that kitchen and care staff went "above and beyond" in their support.

We observed a meal time and appetising choices and assistance for eating and drinking was well evidenced.

We reviewed all residents' food and fluid charts. Overall, the majority of these records had improved since the previous inspection. Not all residents required detailed recording if they were eating and drinking without concern or weight loss. We discussed the importance of detailed recording for those requiring monitoring with the management team.

Records evidenced that alleviating equipment was provided for individuals with poor skin integrity to reduce the risk of skin breakdown. Records evidenced that residents were repositioned regularly if they were unable to do so themselves. No concerns were highlighted by the service regarding skin care, and an overview confirmed this.

#### Met - outwith timescales

#### Requirement 2

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

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

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

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

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

This requirement was made on 7 May 2025.

## Action taken on previous requirement

The provider had met with the care inspectorate safer staffing team to discuss how staffing levels were calculated and informed staffing levels. Feedback was very positive in this regard in that consideration for a wide variety of elements had been considered. This also included time for staff training and social activity. Assessments, reviews and risk assessments were up to date. Feedback from external health professionals was also positive. We spoke to all long term and newly recruited staff who told us they felt staffing levels at the moment met the needs of people without feeling overwhelmed.

We spoke with all staff on duty, this included newly appointed staff and longer serving staff. Many staff told us they felt happier in the work place. Staff told us in their view, staffing levels were at the right level to support people. New staff told us they had been supported well by their colleagues and management team.

New quality assurance systems have been put in place to measure experiences for people. Relatives meetings were in place for information sharing and feedback, those we spoke with who had attended found these to be very helpful. Observations of staff practice was undertaken. The provider is actively recruiting quality assurance director who will have overall responsibility for this area.

## Met - outwith timescales

### Requirement 3

By 13 October, 2025 to ensure that residents are being supported by a competent and well-trained workforce, all mandatory training must be completed within the correct timescales. In order to achieve this, the following areas must be completed;

- (a) Staff should receive full training on the use of the handheld technology handsets in order to record fully the care provision that has been delivered to people;
- (b) New staff must have completed their induction and their competencies observed by the management team prior to delivering care to residents;
- (c) The provider should regularly observe staff practice and use this to reinforce best practice and inform training needs;
- (d) An up to date overview of training completed or outstanding for all staff should be in place. This should include the required frequency of training dates;
- (e) Staff should be allocated sufficient time and assistance to undertake essential training.

This is to comply with Regulation 15(a) and (b) (i) and (ii) 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 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 requirement was made on 19 August 2025.

### Action taken on previous requirement

We spoke with staff who had been recruited in the last three months, regular agency staff and longer serving staff. Everyone told us they were fully confident in the use of the handsets, with some people receiving refresher sessions. Newer staff had enough support, demonstrations and information booklets provided to them. We also saw from the records we sampled that recording of care provision had improved. There was a drop in staff from agencies being utilised. This was due to new permanent staff being recruited. This has also supported the consistency of recording information within the care plans.

Nearly all newly inducted staff had completed their training and told us they had their practice observed and were given feedback regarding their competency. We discussed with the service how one person did not have the same induction experience, however to be proportionate, we were satisfied that improvements had been made.

We were provided with an up to date training overview that was in place which was not evident during our last inspection. Some staff were not up to date with some aspects of their mandatory training and we saw evidence of this being addressed by the manager. Staff we spoke with and management told us there was a variety of options provided to them to ensure training was completed. We were satisfied that outstanding training was being progressed.

### Met – outwith timescales

## 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).

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