

St. Margarets Home Care Home Service

St. Margarets Crescent
Polmont
Falkirk
FK2 0UP

Telephone: 01324 716 149

Type of inspection:
Unannounced

Completed on:
29 January 2026

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003015041

About the service

St. Margarets Home is located in the village of Polmont, near Falkirk and is registered to provide care and support for up to 36 older people. It is owned by the Church of Scotland, trading as Crossreach. St. Margarets Home has good public transport links and is close to local amenities.

There are 36 bedrooms located over two floors with 15 bedrooms on the ground floor and 21 on the upper level. All rooms are ensuite with a toilet and wash hand basin and five have ensuite shower facilities. There are spacious communal areas on both floors and the ground floor has a conservatory where residents can sit and look on to a purpose-built sensory garden.

About the inspection

This was an unannounced inspection which took place on 27 and 28 January 2026. The inspection was carried out by one inspector 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 or observed 9 people using the service and 14 of their family members, including responses to our pre-inspection surveys.
- Spoke with 10 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- The service promoted a person-centred approach to managing and preventing falls and fractures.
- There was a need to improve how the service involved people experiencing care and their nominated representatives in decisions about their care and support.
- Staff had made improvements to how they evaluated people's support plans.
- The service needed to improve directional signage to help people experiencing care and visitors find their way around the home.
- The garden area was well designed to support people living with a cognitive decline.

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 setting?	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.

People benefitted from care and support based on good practice. Health assessments were in place, reviewed regularly and staff acted quickly on any changes to people's health or wellbeing. Staff knew people well and promptly referred them to visiting professionals when needed. One family member said, "The staff team are friendly and approachable and respond promptly to any queries or questions. They have built a positive relationship with my relative and demonstrate a good understanding of their needs." And another said, "My relative is well cared for....staff are attentive to my relative's needs both physically and emotionally, and communicate well with us." People then could be confident they would have access to community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions.

Medication administration was safe and effective, however the service needed to ensure that protocols were in place for all 'as required' medicines so staff could be certain of the reason for administration, any predictable side effects and the expected outcome. We discussed this with the leadership team who agreed to make improvements in this area and we will review this at the next inspection.

The service promoted a person-centred approach to managing and preventing falls and fractures. There had been a recent increase in people falling, so the leadership team completed an environmental falls assessment and analysed this along with information they regularly gathered and saw most falls were occurring at a specific time of day. They decided to recruit an extra staff member to offer more support to people at the time where there was most risk of falling. They were recruiting for this new post at the time of inspection. The service involved family members to discuss the best way to support individuals who were at risk of falling. One family member described how their relative had several falls and had broken their hip so, together with staff, they agreed a plan of ways to reduce the risk of falling, and the falls significantly reduced. Staff encouraged people to move regularly, for example, supporting those with impaired mobility to walk as far as they were able or encouraging participation in fun games. As a result people's wellbeing, mobility and confidence were enhanced.

The service needed to improve how they involved people experiencing care and their nominated representatives in decisions about their care and support. We made an area for improvement about this at the last inspection which will continue following this inspection (see 'outstanding areas for improvement', area for improvement 2, for more information).

People benefitted from access to a tasty, varied and well-balanced diet. Catering staff included people living in the service in decisions made about menus. The cook asked everyone what their favourite meal was and once a week catering staff made two meals from this list. Alternatives were available if people did not like what was on the menu. The cook invited relatives to a tasting menu so they were aware of the quality of food their loved ones were benefitting from. One family member described, "A fantastic buffet we had recently at Burns night. The tasting menu was lovely, the cook spoils you and offers a plate of soup at lunch. The cook has brought more professionalism." The dining experience was relaxed and unhurried. Staff followed good practice with regards to food and hand hygiene, were quietly attentive and respected people's preferences. As a result, people who needed help with eating and drinking, could be confident this would be carried out in a dignified way and their personal preferences would be respected.

How good is our setting?**4 - Good**

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

The setting was well designed. The garden area was designed to support the needs of people living with cognitive decline. People could walk safely around the garden and enjoy the mature planting and other interesting features. One family member said, "The home has a nice and homely environment with lots of nice areas to relax in with a lovely garden to enjoy." People had nice views of the garden from their bedrooms. The building allowed people plenty of space to walk with handrails that were clearly visible. The service had considered the lack of natural light in the hallways beside the bedrooms, and had creatively enhanced the space by adding images of local attractions as viewed from an open window. Other pictures on the wall had been painted by people living in the service, to a high standard, with the support of Heart for Art. There were a range of private and communal spaces for people to choose from and the leadership team had plans to further enhance an area at the end of the hallway. As a result, the design and layout of the building had a positive impact on the quality of life for people who lived there.

The service needed to improve directional signage. Some toilet doors had signage with images and text that stood out from the background so the sign was clearly visible to people, including those living with dementia. Shower and bathrooms did not have any signage and there was a lack of signage that directed people to where they wanted to go. We discussed this with the leadership team who responded positively and agreed to add the required signage to enhance the space for people experiencing care and visitors to the home to enable them to easily find their way around the setting. We will review this at the next inspection.

The premises were mostly clean but the service needed to improve how they recorded cleaning that had taken place. There was old adhesive tape marks on some doors that needed to be cleaned off to make it look better and ensure it was thoroughly cleanable. There were significant gaps in the recording of cleaning, as much as three days per week where cleaning had not been recorded at all. This was not picked up in the monthly environmental audit and meant people could not be sure that cleaning had taken place. We made an area for improvement about this (see area for improvement 1).

There was a sluice area on each floor that required upgrading. There was no programmable washer to disinfect commodes after use and staff were doing this by hand. We discussed this with the leadership team who were confident the provider would supply the necessary equipment. We will review this at the next inspection.

There was a safe system of monitoring and maintaining the setting and equipment. Safety certificates were up to date. Staff recorded any necessary repairs in a designated notebook and it was clear when and how these had been dealt with. The leadership team had ordered new chairs to replace some older, worn chairs and had identified some areas of the home that needed to be redecorated. Staff had involved two people living in the service to assist painting the walls of a small area of the home. Regular checks of equipment took place. Contractors visited to make necessary repairs that could not be solved internally. This meant people could be assured their environment was secure and safe.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure all cleaning is recorded clearly and fully. In instances where cleaning has not taken place, the reason for this should be recorded so that there is a more streamlined process for recording the cleaning of the premises and equipment.

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 5.24).

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

In order to support people's health and wellbeing, the service should ensure people's personal plans are evaluated a minimum of four-weekly or sooner, as required. There should be a summary of the effectiveness of each care plan, including whether there has been any changes to planned care and the outcomes this has had for the person.

The leadership team should audit personal plans to ensure they are being completed fully, including the completion of any daily charts and the application of topical medicines, and are reviewed as described in the above paragraph.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 7 March 2025.

Action taken since then

There was a significant improvement in the way people's support plans had been reviewed and evaluated. We sampled several care plans and all except one had been regularly evaluated to a good standard. One person did not have an end of life care plan in place. We discussed with the leadership team the need to put this in place as soon as possible for everyone living in the service so staff could be aware of people's preferences and wishes around end of life care and support. The leadership team planned to discuss end of life wishes at an upcoming review of the person's care. Staff had identified areas for further improvement of the daily recording of notes to ensure all areas of care and support were documented and we were assured the leadership team were actively working to achieve this.

This area for improvement has been met and will be removed.

Previous area for improvement 2

So that people living in the service and their nominated representatives are fully involved in assessing and planning their health and wellbeing needs, the service should ensure that formal reviews of care and support are organised for all people experiencing care a minimum of every six months. The service should also ensure records of these reviews are documented in people's personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 7 March 2025.

Action taken since then

The service initially had made progress towards ensuring all people experiencing care had a formal opportunity to discuss their care and support every six months but this was not sustained. This meant most people had only one formal review of their care and support and some people had no opportunity in the previous year.

This area for improvement will continue and we will review this at the next inspection.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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