

Montrose House Care Home Service

Glencloy Road
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Isle of Arran
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Type of inspection:
Unannounced

Completed on:
17 March 2026

Service provided by:
North Ayrshire Council

Service provider number:
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Service no:
CS2003001167

About the service

Montrose House is a care home for older people situated in a residential area of Brodick on the Isle of Arran.

The service provides nursing and residential care for up to ten older people. There were eight people living in the service on the day of our inspection.

The modern and purpose-built home offers single room accommodation. All bedrooms are en suite. There are several lounges of varying sizes, dining rooms and a cosy lounge/diner. Large windows provide spectacular views of the local hills and countryside. An assisted bath is available to supplement the en-suite showers.

The home has large and well-maintained gardens with high quality patios.

About the inspection

This was an unannounced inspection which took place on 6 March 2026. The inspection was carried out by one 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 five people using the service and two of their family
- received 30 completed questionnaires
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service consistently delivered warm, respectful and skilled care that supported people's health, wellbeing and dignity. Staff understood individuals well and their person-centred approaches led to positive experiences.
- Leaders were visible, supportive and responsive, which helped create a culture where concerns were raised early and addressed quickly. Quality assurance processes were effective and ensured resources matched people's needs.
- Staffing levels, deployment and training had improved and this resulted in calmer routines and better outcomes for residents. Teamwork was strong and staff felt well supported during induction and ongoing learning.
- The environment was clean, homely and generally well maintained, supporting people's comfort and safety. Some cleaning issues in communal areas had been identified and discussed with leaders.
- Care planning was effective, up to date and used well by staff to guide safe, personalised support. Reviews were more regular and meaningful, although some anticipatory care plans would have benefited from further detail.

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 impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care and support practices promoted people's health and wellbeing, and safe infection prevention measures ensured people were protected. Staff interactions were consistently warm, respectful and skilled, enabling people to feel comfortable, safe and valued.

People benefited from care and support that enhanced their health and wellbeing because staff had a detailed understanding of each person's needs, routines and preferences. Evidence from observations and discussions showed staff used person centred approaches when assisting people to eat, move or engage in daily life.

People enjoyed unhurried mealtimes in calm and pleasant environments where staff offered sensitive encouragement. This promoted good nutritional intake and supported people's dignity and comfort. Kitchen staff knew every person and their individual needs and preferences well. This meant that menus reflected people's likes and that people could make alternative food choices to ensure that they enjoyed their meals.

Staff communicated well with external health professionals, which ensured people received timely support and treatment. Families confirmed they were confident that health needs were monitored and supported. External health professionals felt confident in the staff and how they applied their treatment advice and instructions.

Staff responded promptly to health changes, supported wound care effectively and ensured medication management was safe and robust. This was supported by regular and effective quality assurance processes. People could therefore be confident that their healthcare needs were well supported by the service. We identified an area for improvement for medication storage in people's bedrooms, but this did not significantly impact on people's safety or health outcomes (**see area for improvement 1**).

People were kept safe because infection prevention and control practices were understood and well implemented. Staff used personal protective equipment (PPE) appropriately, cleaning schedules were followed, and the environment was well maintained. Housekeeping staff were clear about their responsibilities and had systems to ensure hygiene and safety. These practices helped reduce risks and reassured families and residents.

Overall, the service demonstrated consistent, compassionate care that supported wellbeing. Strengths significantly outweighed minor areas for improvement, and outcomes for people were positive.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure the safe and correct storage of medication in people's bedrooms.

This should include, but is not limited to, ensuring that storage drawers have clean and unbroken surfaces and that opened medication bottles and creams have an opening date written on them.

It should also include exploring options for using lockable cupboards that allow bottles to be stored upright to avoid leakages.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How good is our leadership?

4 - Good

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

Leaders were visible, supportive and engaged with staff, residents and relatives. This supported the consistent quality of care and ensured that any concerns could quickly be addressed by senior staff.

Quality assurance processes helped leaders identify what was working well and where improvements were needed. Senior managers in the provider organisation provided clear oversight and assurance. Managers used dependency tools, staffing assessments and regular monitoring to inform decisions. This supported positive outcomes by ensuring resources matched people's needs.

Leaders responded effectively to feedback. Staff and families confirmed that communication was open and respectful, and issues were followed up sensitively. There was evidence that leaders acted on learning from incidents and supported staff development. Improvement planning was ongoing and focused on stabilising staffing, which aligned with the service's priority needs.

Because the service could be expected to now move into a more stable phase with more consistent staffing resources, we explained to senior managers that it was important to further develop dynamic systems for the ongoing self-evaluation and improvement planning of the service. This would support staff and the service to build on existing strengths and to implement their own improvement ideas.

How good is our staff team?

4 - Good

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

Staff were confident, knowledgeable and motivated. Induction was well structured, and continuous learning was promoted through mandatory training and supervision. New staff were supported closely by experienced colleagues.

Staffing arrangements were appropriate and supported good outcomes for people. A recent reduction of the number of service users and available beds meant that the service's reliance on agency staff had been significantly reduced. Furthermore, shift patterns had been changed, which led to more staff being present at times of high support need, such as lunchtime.

The improved staffing ratio meant staff had time to interact meaningfully with residents. This reduced stress, improved wellbeing and helped staff provide person centred care.

Senior managers made improvements to the ongoing assessment and planning of staffing. This followed good practice guidance and meant that managers regularly evaluated the quality of staffing in relation to people's outcomes. Early results of this work meant that managers had a clear plan for recruitment and resource planning going forward.

We observed strong teamwork on the day of our inspection. Staff communicated well, shared responsibilities effectively and supported one another. This contributed to calm, well coordinated care throughout the day. Overall, staffing practice contributed to stable, positive outcomes and experiences for people.

Staff training was well managed. The accurate logging and planning of training was supported by the provider's electronic training management system. Training completed outside the organisation's own training system was logged in individual staff files. This ensured that staff were supported to keep their professional skills up to date.

The regularity of individual staff supervision meetings with their line manager had been compromised by historical staffing challenges. We encouraged managers to ensure that regular supervision meetings for all staff are re-instated as soon as possible. This would provide staff with regular opportunities to discuss their work and training needs with their line manager in a confidential setting.

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 premises were clean, tidy and generally well maintained. Bedrooms were personalised and clean, and communal areas were calm and homely. However, we found that the carpet in the main lounge and some of the armrests of soft chairs needed to be cleaned more thoroughly. We discussed this with senior managers.

The environment supported infection prevention through well stocked PPE stations, good hygiene practices and safe equipment storage. Maintenance systems were organised, and checks were completed regularly, ensuring equipment and fire safety systems were functional. Staff understood how to clean equipment safely.

Overall, the setting supported people's independence, safety, and comfort. The building design enabled people to easily access all parts of the service, including the extensive garden areas. The well equipped ensuite bedrooms, the two dining rooms, a comfortable lounge and quiet seating areas with a view over the gardens, provided people with good opportunities for spending their time meaningfully and promoted choice and personal preference.

How well is our care and support planned?

4 - Good

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

Plans reflected people's needs, preferences and outcomes, although the formulation of planned personal outcomes could be further improved. Staff used plans effectively to guide care, and assessments were up to date. Risk assessments were thorough and helped staff plan safe, person centred support.

It was positive to see that staff used a variety of individual health assessments to support people's health and treatment. This included regular monitoring of weight and nutritional health, mental health and pain. This helped to ensure that deteriorations in a person's health were identified early and it supported

There was improved evidence of people's care plans being regularly and meaningfully reviewed and evaluated by senior staff. This meant that care plans remained up-to-date and effective at supporting good outcomes for people.

Where anticipatory care plans (ACP) were in place, they reflected people's wishes, although some files would benefit from more detailed ACPs. Staff monitored changes through daily notes and monthly summaries, ensuring emerging needs were recognised. Families confirmed they were involved appropriately.

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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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
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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