

## Millbrae Care Home Care Home Service

Woodside Street  
Coatbridge  
ML5 5NJ

Telephone: 01236 429 534

**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2024

**Service provided by:**  
Woodside Carehomes Ltd

**Service provider number:**  
SP2007009228

**Service no:**  
CS2007158178

## About the service

Millbrae Care Home is situated in a residential area of Coatbridge within close proximity of local transport links and amenities.

The home is purpose-built over three levels, which can be accessed using a passenger lift. The ground floor provides access to an enclosed garden area and hairdressing salon. On the other two floors, there is single ensuite accommodation and additional communal bathrooms. Both floors also have dining rooms and lounges as well as smaller quieter lounges for people and visitors to use as an alternative to the busier lounges. The care home is built on a steep incline, with the car park on the upper area of the site and the front door to the facility at the bottom of the hill.

The home is registered to provide care for a maximum of 39 older people. At the time of this inspection, there were 36 people living here. Their needs were variable, with the majority dependent on staff due to levels of frailty and dementia.

The aims and objectives of the service state; "It is essential that service users including those with a diagnosis of dementia who are required to be cared for in a person-centred environment feel valued and are recognised as individuals."

## About the inspection

This was a follow up inspection which took place on 12 March 2024. The purpose of this visit was to look at progress of two requirements made at a previous inspection. This 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 seven people using the service and three of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- There were two requirements followed up at this inspection. Neither were met. Due to the lack of progress in meeting these requirements, we have down-graded the service from 3 (adequate) to 2 (weak).

## 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?	2 - Weak
How good is our leadership?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

2 - Weak

As the result of an upheld complaint, a requirement around people's support with nutrition and hydration was made on 8 December 2023.

As part of an inspection on 4 December 2023, a requirement was made around staff training and auditing of daily health charts.

(Please see what the service has done to meet any requirements at or since the last inspection for more details)

We visited the service on 23 January 2024 to look at progress of the two requirements but did not find enough improvements to meet them.

We extended the timescale to 11 March 2024 to allow further time to make the necessary improvements.

We visited the service on 12 March 2024 and found limited improvements. The service did not meet either requirement. We agreed to extend the timescale until 29 April 2024.

In view of the requirements not being met, we have re-graded the service from 3 (adequate) to 2 (weak).

## How good is our leadership?

2 - Weak

The manager had recently left the service and support was being provided by other members of the management team. We were assured by the work they had already completed and their acknowledgment of the work still to be done. As a result, we agreed to extend the timescales of both requirements to 29 April 2024.

In view of the requirements not being met we have re-graded the service from 3 (adequate) to 2 (weak).

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

### Requirements

#### Requirement 1

By 19 January 2024, extended to 11 March 2024, the provider must ensure that people are being supported to eat and drink well, and their nutritional and hydration needs are being met.

To do this the provider must, at a minimum:

- a) ensure malnutrition risk assessments are accurately completed and used to inform practice;
- b) develop and implement clear treatment plans for people who are at risk of weight loss and/or dehydration;
- c) ensure people's nutrition and hydration needs are being monitored, recorded, and evaluated as required;
- d) ensure people are supported and encouraged to eat and drink well, and are offered appropriate food and fluids in line with their assessed needs and preferences;
- e) ensure staff have completed training in relation to nutrition and hydration and have the necessary skills and knowledge to support people safely with their nutrition and hydration needs, including fortifying their meals and snacks; and
- f) undertake observations of dining experiences and implement any actions required to ensure people are being supported effectively.

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

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 8 December 2023.**

#### Action taken on previous requirement

Malnutrition risk assessments had been completed and were accurate. However, nutritional care plans were not always being followed. An example was someone who required a high calorie diet due to their health condition, but food charts could not evidence this, was being provided due to gaps in recordings.

We could not be confident people's nutritional needs were being met as some food charts did not give a clear picture of what someone had eaten, how much they had eaten and at what time. Hand held devices did not show when people had actually eaten but rather the time of the entry which may be hours later. Care plans informed staff that people needed to eat within certain timescales, therefore, this information should be accurately recorded.

We were not confident people were supported to drink enough fluids throughout the day. Some recordings showed low levels of fluids being offered which could lead to de-hydration and poor outcomes for people.

People did not have opportunities to choose what foods they wanted on the menu. Menu planning and food choices should be part of resident meeting agendas so that their preferences can be taken into consideration. This should ensure people get the type of foods they want which may encourage them to eat more.

Dining observations had been carried out. These looked at the overall experience for people at mealtimes. We could see some issues had been picked up with an action plan in place to deal with these. We suggested when these are being carried out, people are asked for their opinion of the food they have eaten with their comments recorded.

We observed the lunchtime experience over both floors. These were calm and relaxed. We picked up on a few issues and discussed these at feedback with the management team.

Staff training had vastly improved since our last visit, with the Malnutrition Workbook training now at nearly 92%.

IDDIS framework training, which keeps people safe while eating and drinking modified diets was at nearly 67%. There is a plan to train the rest of the staff team.

We have agreed to extend the timescale to 29 April 2024.

**Not met**

## Requirement 2

By 19 January 2024, extended to 11 March 2024, the provider must ensure all record keeping relating to health and well-being are fully completed.

To do this the provider must at a minimum provide:

- a) training for all staff in the use of the handheld device; and
- b) auditing of personal care and record keeping to ensure all paperwork is fully completed.

This is to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that:

'My care and support meets my needs and is right for me' (HSCS 1.1).

**This requirement was made on 8 December 2023.**

### Action taken on previous requirement

We were pleased to find training on the handheld device had considerably improved. This device is used by staff to record all tasks and activities they carry out with people, therefore, it is essential all staff are trained in its use.

Auditing of personal care and record keeping had started to take place but was an area that still required considerable work. There remained large gaps in recordings of oral health care, skin integrity checks and re-positioning charts. This meant there was no evidence to support these personal care areas had been carried out.

We looked at notes of conversations with staff around poor completion of oral care charts. However, these conversations need to be expanded to include all daily health charts as it is essential they are fully completed.

We have agreed to extend the timescale to 29 April 2024.

**Not met**

## 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 support people's health and well-being the provider should ensure recordings of 'as and when required' medications are fully completed.

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

**This area for improvement was made on 4 December 2023.**

#### Action taken since then

This was not assessed at this visit but will be looked at as part of the next inspection.

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

  

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak



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