

Millbrae Care Home Care Home Service

Woodside Street
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Telephone: 01236 429 534

Type of inspection:
Unannounced

Completed on:
2 May 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 32 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 an unannounced inspection which took place on 30 April and 1 May 2024. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with nine people using the service and two of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- At this inspection a new manager had only been in post for three weeks.
- the team had worked hard to meet four requirements from previous inspections
 - the home had a relaxed atmosphere
 - some refurbishment had taken place
 - staff were highly thought of by people using the service and family members we spoke with

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?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We spoke with people about their experiences of living in Millbrae Care Home. They spoke highly of the staff and told us:

'staff are great'

'staff treat me well and look after me'.

Other comments were:

'I think the food is good'

'the food is fine'

'there are more things to do now, it's better'

We also spoke with two visiting relatives who were positive about the home and the care their relative received. They both felt there had been improvements which had benefitted their relative's environment and daily life.

It can be difficult to gather people's views due to their conditions therefore we carried out observations of how staff interacted with them. We observed some residents out in the garden. The weather was nice and people were enjoying the sunshine and being out in the fresh air. We could see people were happy to chat with staff and relaxed in their company. People were encouraged to go outside which is good for their mental health and wellbeing.

Lunch was a relaxed calm experience on both floors. People were encouraged to sit where they wanted and we could see some people sit with friends. Choices of foods and drinks were offered and appropriate support for people who needed it.

We could clearly see people had access to health professionals when needed such as the dietician when there were concerns around people losing weight. We spoke with a health professional from the 'Caring for Smiles' team. They visit the home every six months to carry out oral health assessments for all residents. If any areas of oral care need improved, they will return and review progress. Staff received training in supporting people with their oral care with observations completed to ensure they were providing the correct support. We were told that staff seemed to be brushing teeth correctly due to the lack of reviews that were needed.

Recordings in daily health charts had improved, particularly food and fluid charts and activities that people had been involved in. However personal hygiene charts remained an area that should continue to be monitored and improved. These charts included skin integrity checks and oral hygiene care and we found there were still some gaps in recordings which meant it was unclear if these daily tasks had been completed.

(area for improvement)

We were pleased to find improvements especially around nutrition, hydration and activities. These areas impact on people's health and wellbeing and these improvements should result in better outcomes for people.

Areas for improvement

1. To support people's health and well-being the provider should ensure recordings of personal hygiene 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)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Complaints made to the service were recorded and dealt with well. Discussions and actions were agreed with family members who had raised the concern. One family had highlighted that a newsletter would be helpful, this was taken forward and produced by the service. This will help families feel listened to and assured their views were valued.

The management team had a clear overview of the clinical risks such as accidents, wounds and weight loss. Monthly meetings looked at all areas of the home with actions to try to reduce risks identified and measures put in place to improve outcomes for people.

A new Infection Prevention and Control (IPC) plan had been developed to try to reduce infections and to enhance and promote good clinical practices in the home. This included training and observations of staff practice. We look forward to hearing how this progresses and leads to better outcomes at our next visit.

The new manager had been in post for three weeks but we were already getting positive feedback about how she engaged with people living in the home and staff who worked there.

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.

We looked at observations of staff practice particularly around recordings of daily charts completed on the handheld devices. Staff were given guidance around how to complete the recordings to provide the level of detail required to show people's daily support needs were being provided. However entries were less when agency staff were working despite numerous discussions. This is an area to explore further as the lack of recordings by agency staff may impact on future inspections as gaps in recordings do not show people's support needs are being fully met.

Staff should have the opportunity to have 1-1 time with their line manager. This gives protected time to discuss training, development and any practice issues. However regular supervision was not taking place and we have asked the manager to develop a supervision plan that identifies dates for each staff member. This will ensure staff are aware when their supervision will take place and can prepare.

(area for improvement)

Staffs skills and knowledge were considered each shift to ensure there was a mix of experience available on each floor. This was important when agency staff were working in the home to ensure a spread of permanent staff and agency staff.

Staff we spoke with all told us working in the home was better, than before, things had improved which had created a more relaxed atmosphere. Staff told us they were working more as a team now and working well together. This had led to a more stable team which benefitted people living there but also the staff team as a whole.

Areas for improvement

1. To support staff the provider should provide regular 1-1 supervision.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that ' You are confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice. (HSC5.4)

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 home had a nice relaxed atmosphere, staff were welcoming and approachable.

The home was clean and fresh and when we spoke with domestic staff they were confident and knowledgeable about the products they were using. This contributed to a safe and healthy environment.

The upstairs lounge had recently been decorated and was bright and fresh. People living upstairs told us they liked it and it was lovely. There were plans to carry out further work to improve the environment.

A nice garden area was available for people to sit and enjoy the outdoor space. We could see some new plants about to be put in the garden and one of the residents told us he was doing this. We were pleased to hear residents were involved in the garden as this will be beneficial to their health and wellbeing.

There were gaps in some recordings of maintenance checks which meant it was unclear if the checks had been carried out or not. For example fire control panel daily checks had lots of gaps in recordings. There was no permanent maintenance person in the home at present but recruitment was currently underway. We would expect recordings to improve once the maintenance person is in post. We suggested another staff member carries out the fire control panel checks until a new maintenance person is in post.

(area for improvement)

A requirement made as the result of an upheld complaint had been met. Please see 'What the service has done to meet any requirements made at or since the last inspection' for more detail. We have made an area for improvement to ensure the improvements continue.

(area for improvement)

Areas for improvement

1.

To maintain a safe environment and keep people safe the provider should ensure all maintenance records are fully completed.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that 'You can expect that the home is run in a way that protects you from any avoidable risk or harm, including physical harm and infection. The nature of its design, facilities and equipment also protect you. (HSCS 4.2)

2. To support positive outcomes for people experiencing care, the provider should ensure that the environment is kept clean and well maintained. This should include, but is not limited to, ensuring that is effective oversight of the cleanliness of the environment and the cleanliness/suitability of equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22)

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.

Six monthly reviews were up to date. Reviews give everyone involved in someone's support an opportunity to discuss the service and if it continued to meet the person's needs. Outcomes for the next six months were recorded to maintain or improve the support currently delivered. The care plan was then updated to take any changes into account. This should provide a plan that is relevant, up to date and had been agreed by the person or their representative.

Care plans sampled were person centred and had good levels of information and guidance for staff. They were reviewed monthly to keep them up to date.

A requirement around the quality of nutrition and hydration care plans was met as necessary improvements had been made.

Anticipatory plans had been written and were also reviewed monthly. The service was working with families to ensure these were meeting people's changing needs. This should ensure people's end of life care meets their wishes and choices.

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, further extended to 29 April 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.

This requirement was made on 8 December 2023.

Action taken on previous requirement

A MUST tool is a screening tool used to detect people at risk of malnutrition. When we sampled nutrition risk assessments they were accurate and we found MUST scores remained 'live' and updated if someone lost weight.

MUST tool events were logged to monitor weight loss and actions were identified such as referrals to dietician.

Nutrition care plans were reviewed weekly when appropriate and we could see when actions were identified there were further entries to show the actions had been taken to try to maintain or increase someone's weight.

People's food and fluid preferences were recorded so that staff could offer meals and snacks that they would like. Food charts had much better recordings of what was offered, how much was actually eaten and noted if meals/foods were declined with comments such as the person was not hungry. Fluid charts were also better recorded and showed the amount of fluids taken over the day. These improvements had led to a clearer picture of what people's daily food and fluid input had been which was essential for people at risk of malnutrition or dehydration.

We were pleased to find the Malnutrition Training Workbook had been completed by all staff. This should result in a well trained team who are knowledgeable and skilled at supporting people at risk of malnutrition and dehydration.

This requirement has been met.

Met - within timescales

Requirement 2

By 19 January 2024, extended to 11 March 2024, further extended to 29 April 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.

This requirement was made on 8 December 2023.

Action taken on previous requirement

All staff had received training in the use of the handheld device which should mean the level of recordings improve.

Auditing of recordings was taking place and when issues were found professional discussions had taken place. Staff were guided around what level of information needed to be recorded to ensure records showed people's needs were being met.

We looked at daily health charts and although there was a vast difference in food/fluid charts and activities there were still some gaps in recordings of oral health and hygiene charts that meant there was not always a clear record people had received showers, skin checks or oral care. However due to the overall improvements made across all the charts we have met the requirement but made an area for improvement that improvement work on hygiene charts continues.

(area for improvement)

Met - within timescales

Requirement 3

By 19 January 2024 extended to 29 April 2024 the provider must provide a varied program of meaningful activities.

To do this the provider must at a minimum provide :

- a) an activity plan developed from people's interests and hobbies
- b) a range of meaningful activities for people living in the service
- c) opportunities for people to be out in the community

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 state that 'My care and support meets my needs and is right for me' (HSCS 1.19)

This requirement was made on 8 December 2023.

This requirement was made on 8 December 2023.

Action taken on previous requirement

We were pleased to find vast improvements to the variety and range of activities that were now on offer. People's hobbies and interests had been considered when developing a person centred activity plan. A resident meeting had asked people for their ideas for activities they would like to do and these will be added to the plan to ensure people are offered activities they want to take part in.

There was a daily activity planner that included a sensory breakfast. This provided a quiet, relaxed start to the day which we could see people enjoyed. There were entertainers both days we were inspecting and we were told these were very much enjoyed with people singing along to the music.

People had started attending various clubs such as football memories and art classes. These encouraged people to be part of their local community and gave opportunities to meet new people.

Recordings of what activities people were taking part in had vastly improved. There were some detailed entries that gave a clear picture of 1-1 activities that were very much enjoyed such as a carer reading from a resident's favourite book.

This requirement has been met.

Met - within timescales

Requirement 4

This requirement was made as the result of an upheld complaint.

By 29 April 2024, the provider must ensure that the environment and equipment is clean and well maintained to ensure people's health and wellbeing.

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

- a) ensure that the physical environment and furnishings are kept clean and hygienic in line with current best practice standards
- b) ensure that equipment is fit for purpose and checked it is appropriate for use regularly

c) ensure there is an effective auditing system in place to review the cleanliness of the environment and cleanliness/suitability of equipment, with effective management oversight.

This is to comply with Regulation 10(2)(d) 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 Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

This requirement was made on 19 March 2023.

Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation which took place on 12 March 2024. The provider submitted an action plan to detail how the requirement would be met to ensure positive outcomes for people experiencing care.

During our inspection, we were pleased to note that the physical environment was clean and hygienic. We checked the condition of rooms on each floor; mattresses were clean and fresh, and rooms had been cleaned to a good standard. The upper floor had been decorated with plans to remove and replace the carpet.

Monthly bedroom checks were being carried out for both units. This identified some beds that required to be replaced. Records confirmed that beds had been ordered and delivered and were now in place in peoples' rooms. Deep cleaning was carried out when required. Furniture was checked and replaced if needed.

Mattress and bumper checks were being completed regularly – any issues highlighted were dealt with promptly. Records confirmed that the management team had good oversight of this.

Cleaning schedules were in place for both units, and the manager checked this weekly.

Infection Protection Control audits were completed regularly, and action was taken when issues were highlighted.

Records showed that maintenance issues were being logged for action and repairs were dealt with promptly.

A relative told us that they had noticed an improvement in the environment and repairs were being carried out. During our inspection visit, a new window was installed in one person's room.

Overall, we were reassured that the environment was being kept clean and well maintained. As these improvements have only been implemented recently, we have made this an area for improvement to ensure that this continues to be a priority.

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 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 8 December 2023.

Action taken since then

We sampled medication records and found them fully completed.
This has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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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