

Milngavie Manor Care Home Service

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Type of inspection:
Unannounced

Completed on:
24 February 2025

Service provided by:
Hamberley Properties FV (Milngavie)
Limited

Service provider number:
SP2017012930

Service no:
CS2017356770

About the service

Milngavie Manor is a purpose built care home in the Milngavie area of East Dunbartonshire. It provides support to a maximum of 45 older people.

Residents are supported in four individual units in the two storey building. All resident's rooms are en-suite with toilet and shower facilities. Each unit has it's own dining area, lounges and quiet spaces. The home has a cinema room, café areas and hairdressing and pamper facilities. Private dining areas are available for families and residents.

The provider is Hamberley Properties FV (Milngavie) Limited. There were 40 people living at the home at the time of our inspection.

About the inspection

This was an unannounced inspection which took place on 18, 19 and 20 February 2025. The inspection was carried out by one inspector from the Care Inspectorate and with the support of an inspection volunteer. 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 three of their family members
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- reviewed survey results which had been returned to us from people living at the service
- consulted with three visiting professionals.

Key messages

People's health and wellbeing outcomes were being met, with care and support being provided at a good standard.

Ongoing changes of manager had impacted on leadership at the home. Quality assurance and management overviews require action.

The staff team were knowledgeable and effective within their roles. Communication and engagement between management and the staff team could improve.

The environment was clean and welcoming with a variety of areas that could be used by people and their visitors.

Care planning was of a good standard and plans were being kept up to date.

There are several areas for improvement that remain outstanding from previous inspections.

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?	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?

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 met people who lived at the service who were happy and who felt well supported. The interactions that we witnessed were warm and compassionate. Staff knew people well and were familiar with their support routines. People's health outcomes were being met and relatives praised the care provided by nurses, seniors and care staff. We did find that some recordings could have been captured more thoroughly and one external professional felt that referrals regarding falls could have taken place quicker.

The home had introduced a new online medication system and we sampled recordings. We had no concerns with the recording or administration of medications. There was not an extensive use of as required medication for people living with stress and distress but additional detail and analysis would enable staff to further improve their support at these times.

People told us there were enough staff around and survey results we received confirmed that outcomes were generally positive. Some survey results that we discussed with the manager suggested people did not always feel able to raise concerns or influence how the home was run. People living at the service were also able to discuss issues at resident meetings and we heard mixed responses in terms of the food that was offered at the home. The manager told us that this was currently being worked on. We were aware of some recent improvements in terms of activities that happened across the service.

Overall, people's health and wellbeing were being benefitted by their care and support. There are outstanding areas for improvement that will be repeated and can be read at the end of this report.

How good is our leadership?

3 - Adequate

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

The service had recently undergone an additional change of manager which had somewhat affected the effectiveness of leadership at the service. We could see that some internal audits had taken place and that actions had been identified. However, we could not easily track which actions had taken place to improve the issues that had been highlighted. Service level audits failed to pick up on some issues that we raised during inspection. Quality assurance carried out by the wider organisation had also raised issues that internal audits had not. We found that although recruitment files were part of the audit process, we had to request additional information regarding these. It was positive to note that policies in place did now refer to Scottish guidelines and legislation.

There were numerous recording tools that were used by the service such as competencies, resident of the day recordings and a service improvement plan. Some of these documents were not effectively recorded and often lacked evidence that actions had been completed despite being signed off by the manager. Although clinical meetings had also lacked recording of follow up actions, we could track that referrals or health input had been sourced for people living at the service.

Staff and some relatives had told us that there was a lack of effective communication from the management team.

We also found it difficult to source some of the information we had requested as part of our inspection. Although it was positive that resident meetings took place, we read some people had raised issues with their experience of lunchtimes. It was not clear how this was being actioned by the management team. We found there was a lack of ownership regarding issues and processes that should be the responsibility of management. Some outstanding areas for improvement have not been met and will be repeated. Quality assurance and management oversight of the service needs improvement (**see requirement 1**).

Requirements

1. By 28 April 2025 the manager of the service must improve oversight of quality assurance across the service. This should include clear trails of when actions have been completed, how actions are prioritised and who the responsible person is. This should also include clear communication channels to effectively feedback to stakeholders.

This is in order to comply with regulations 3 and 4(1)(a) 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 Health and Social Care Standard (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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 spoke with staff who were knowledgeable and effective within their roles. The majority of people living at the service and their relatives gave us positive feedback about the staff team. We found that each unit team worked well together in a supportive manner to provide effective care for the people living there.

The service was operating within their identified staffing levels but nurses and senior care assistants felt overstretched. There was disharmony across wider service and a clear disconnect between some staff groups and the management team. However, we did not find that this had yet impacted on people living at the home. We did not see evidence of ongoing team meetings and the one set of minutes provided had not recorded how many staff attended or captured if staff had the opportunity to raise concerns. We suggested the service should engage further with staff in terms of communication and meaningful meetings with clear actions.

Training completion statistics were at a good level and we felt that staff had developed positive relationships with supported people. The housekeeping and activities staff were making a positive impact across the service. Management walk rounds could have been more regular across the service and could provide opportunity to observe staff practice and how effective the current staffing structure is.

Most staff told us that they had taken supervision sessions as part of their roles. We did find that the template that was in use was brief and ineffective in that it did not allow staff to reflect on their practice. We were given assurances that new supervision templates had been developed and were due to be rolled out.

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.

We found the home to be maintained to a good standard in terms of decoration and cleanliness. People's bedrooms were homely and personalised and visitors welcomed. The housekeeping and laundry teams were effective at their roles. The service benefitted from the addition of hospitality staff who were able to support at meal and snack times. We were supplied with safety certificates and thorough cleaning schedules.

There were communal areas in each unit as well as a cinema room, outdoor space and a hairdressing salon on-site. At time of inspection each unit was secure with key pad entry to keep people safe. We did hear there were plans for an open door policy upstairs. While we agreed that this had the potential to be a positive step, the management team would need to ensure a robust risk assessment and consultation is considered and if current staffing levels would be sufficient to maintain the safety of the environment.

During the course of the inspection we did note that some communal areas, including unit lounges, were utilised for staff training. We did ask the service to assess the impact on people living at the service and what alternatives had been offered to people who wished to use their lounges on those days. The service agreed to give this some consideration. Overall, we assessed that people experienced high quality facilities within the home.

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.

We sampled people's online care plans and found that they were of a good standard. The level of detail was mostly appropriate but some would have benefitted from further descriptions of how people should be supported with episodes of stress and distress. We could see that care plans were regularly revisited, updated and checked for accuracy.

Some recording charts would have benefitted from analysis in terms of triggers and strategies for supporting stress and distress. We identified some gaps in repositioning charts and couldn't see if these had been reviewed by staff to check if the required actions had been taking place. We could see that clinical needs were routinely assessed and appropriate referrals to external health and social care professionals were made.

Some outstanding areas for improvement have not been met and have been repeated.

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

The service should develop an overview of when people's six-monthly reviews are due and ensure that there are clearer records of when these reviews have taken place.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'my care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 22 March 2024.

Action taken since then

The document that was provided did not show when people's last review had taken place. We were not able to tell if people's six-monthly reviews had been kept up to date.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

The service should ensure that staff with care roles should undertake dementia training to skilled level as in line with SSSC Promoting Excellence framework.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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 area for improvement was made on 22 March 2024.

Action taken since then

The service had made plans for the roll out of this training to staff but had not yet implemented this.

This area for improvement has not been met and will be repeated.

Previous area for improvement 3

The service should gather evidence of spot checks regarding staff competencies in practice. This should include, but not limited to IPC (Infection Prevention and Control) and safe moving and assisting techniques.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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 area for improvement was made on 22 March 2024.

Action taken since then

There was no evidence of spot checks on staff with regard to IPC or moving and assisting techniques. The service had undertaken competency checks for staff administering medicines but these were poorly recorded and did not provide evidence of effective practice in this area. We considered that this reflected poor recording rather than poor practice by staff who had responsibility for administering medication.

This area for improvement has not been met and will be repeated.

Previous area for improvement 4

The provider should develop its service improvement plan. To do this it should:

include specific dates for completion on actions,
provide progress reports on areas with lengthy timescales.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 17 October 2022.

Action taken since then

The service did provide an improvement plan but it did not include all of the areas for improvement that we had identified. The plan had not been kept current and did not reflect recent changes. Several target dates for completion had passed without further narrative to explain if there had been any progress made.

This area for improvement has not been met and will be repeated.

Previous area for improvement 5

In order to ensure good outcomes for people, the provider should ensure that care notes reflect the care and support delivered when people have been supported to move and change position, including the time where this support was provided. This should be documented to ensure this reflects their assessed needs.

This area for improvement was made on 16 September 2024.

Action taken since then

The moving and positioning charts that we sampled did not match the frequency noted in people's care plans. It was not clear if the online recordings were made in a timeous manner as the narrative did not always match when the recording was made. It was not clear if the moving and positioning charts were being reviewed by anyone for accuracy.

This area for improvement has not been met and will be repeated.

Previous area for improvement 6

In order to improve outcomes for people, the provider should ensure people's care plans detail the support they should receive when experiencing stress and distress. These should include records to evidence what support was offered for stress and distress prior to the administration of as required medications.

This area for improvement was made on 16 September 2024.

Action taken since then

Care plans were variable in the amount of detail for how people should be supported with stress and distress. We sampled charts which were mostly not fully completed and it was not clear if they were analysed for trends or triggers. We had no concerns that the service were overusing as required medication for people experiencing distress and distress, but further work should take place to include detail in people's care plans. The service had also picked up that as required medication protocols needed to be put in place or updated but there was no clear evidence to show that actions had taken place.

This area for improvement has not been met and will be repeated.

Previous area for improvement 7

To support a culture of continuous improvement, the manager should ensure they have oversight of all concerns and complaints raised in accordance with the provider's Complaints, Suggestions and Compliment policy and procedure. This should include staff awareness of the importance of sharing people's complaints and concerns with the provider.

This area for improvement was made on 16 September 2024.

Action taken since then

We made several requests to the manager for the complaints log held by the service. The information we requested was not made available to us.

This area for improvement has not been met and will be repeated.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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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