

Millburn Homes Care Home Service

Millburn Homes
3 - 9 Glencairn Gardens
Halfway, Cambuslang
Glasgow
G72 7QE

Telephone: 01416 410 407

Type of inspection:
Unannounced

Completed on:
17 March 2025

Service provided by:
Parkcare Homes No.2 Ltd

Service provider number:
SP2003000147

Service no:
CS2012311539

About the service

Millburn Homes is registered to provide a care service to a maximum of 20 adults, in four on-site bungalows, with a learning disability and/or mental health or autistic spectrum condition. Parkcare Homes No.2 Ltd is the provider.

Accommodation is split across four large detached bungalows. Two of the bungalows have shared accommodation, whilst the other two are individual, self contained flats. These are within well maintained grounds.

At time of inspection, 19 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 14 to 17 March 2025 between 09:00 and 19:45. The inspection was carried out by two inspectors from the Care Inspectorate.

An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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 14 people using the service
- spoke with 15 staff and management, along with feedback via a pre-inspection questionnaire from 21 staff
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals

Key messages

- People we spoke with were happy living at Millburn Homes.
- Staff treated people with dignity and were respectful when working in people's own homes.
- Improvement was required around the management of medication being treated as controlled drugs.
- We were not assured that staff and leaders were working well together to drive improvements.
- Improvement was required to ensure that staffing levels were right and staff were being deployed correctly across the service.
- Personal plans were in place to guide staff on how best to support each person.

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?	3 - Adequate

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 although there were some strengths, these only just outweighed weaknesses.

People experienced warmth, kindness, and compassion in how they were supported and cared for. The service ensured people maintained relationships with those important to them.

We observed people to be clean, tidy, and very well presented as staff had taken time to ensure that people maintained their dignity and sense of wellbeing.

People living in the care home appeared comfortable and relaxed, whilst their families were happy with the care and support. One person told us, "What an amazing setting, as a family we are more than happy with a lovely, comfortable, well looked after and safe environment". Whilst another explained, "My relative is very safe and happy at Millburn, staff know the service users well and treat them individually". Another felt that "Care and support is extremely good, as a family we are kept informed of any changes or issues that arise".

People benefitted from access to a tasty and varied diet. They could choose from a variety of meals, snacks, and drinks. People enjoyed their meals in an unhurried, relaxed atmosphere when and where they wanted to. One person told us, "I can make my own breakfast but somethings that are hard I get help". Whilst another explained, "Tonight is take away night! I have chips with a hamburger and sometimes pizza. I love a chippy takeaway meal".

People benefited from regular healthcare assessments, access to community healthcare, and treatment from external healthcare professionals.

We had concerns around the administration and recording of medications that were being managed as controlled drugs. We supplied the provider with both our concerns and concerns reported to us by staff. We asked them to carry out an internal investigation and inform us of the findings. Re-training for staff was required to ensure that people could be confident that their medications were managed following the provider's policy (see requirement 1).

People regularly had fun and social bonds were strengthened because the support they received enabled people to build and maintain meaningful relationships with others, both within and outside of the care home. One person explained, "On Mondays and Thursdays I go to a day centre in Cambuslang. I try and play chess at it and I play boardgames". Another told us, "I go out to a club and I do art. I like to go a club in St. Andrew's Parish Church. We play games". However, we also heard that, at times, planned trips out have to be cancelled due to staffing shortages. The service had recently employed a dedicated driver to support more outings but, again, staffing levels were not supporting this. Please see Key Question 3 ('How good is our staff team?') for more information.

Requirements

1. By 15 June 2025, the provider must ensure they keep people safe and healthy by ensuring that medication management is safe and follows their company policy.

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

- a) Retrain staff on the medicine policy, including, but not limited to, the management of controlled drugs.
- b) Ensure that competency checks are carried out to ensure that the learning has been understood.
- c) Ensure that systems are in place to monitor compliance.

This is to comply with Regulation 4(1)(a) (Welfare of users); and Regulation 7 (Fitness of managers) 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 the Health and Social Care Standards (HSCS) which state that: '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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

We were not assured that staff and leaders were working well together to drive improvements. Staff were unsettled and the majority we spoke with shared examples of reduced morale, lack of trust in some of the senior management, and being spoken to in a hostile and demeaning manner. The provider was aware of this and had recently increased their presence at Millburn Homes. There were imminent plans in place to facilitate a peer review of the service by the provider.

Communication and direction was lacking and the approach to improvement was not sufficiently detailed. The rationale for change was not always clear to staff which had the potential to impact negatively on people's experiences. Leaders failed to engage, or energise, staff leading to confusion and a lack of clarity of roles and responsibilities (see requirement 1).

Prior to our visit, we read a success story for one resident on the provider's website. We felt uncomfortable with the level of detail about their past life experiences prior to living at Millburn Homes and currently. On further investigation, we could not be assured whether this individual had been able to give informed consent to this public release of personal information. We asked them to remove this, which they agreed to do. On checking, this has now been taken down.

Quality assurance, including self evaluation and improvement plans, were in place. This ensured that people were supported to maintain good outcomes. However, there was confusion and a lack of clarity regarding roles and responsibilities. Actions to be taken following meetings and audits were not always sufficiently detailed to demonstrate the impact of any planned improvement.

Requirements

1. By 22 September 2025, the provider must ensure they keep people safe and healthy by ensuring that the management team has the skills, knowledge, and experience necessary for managing the care service.

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

a) Enable a culture which supports workers to whistleblow when they feel that working practices are discriminatory, inappropriate, or unsafe for any reason and take appropriate action to respond to concerns.

b) Make sure that workers understand bullying, harassment, or any form of discrimination is not acceptable and take action to deal with such behaviour.

This is to comply with Regulation 3 (Principles); Regulation 9(2)(b) (Fitness of employees); and Regulation 7 (Fitness of managers) 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 the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19); and '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?

3 - Adequate

We evaluated this key question as adequate, where although there were some strengths, these only just outweighed weaknesses.

People benefitted from regular staff that knew them well. People living in the care home and their families were positive about the staff group. One person told us, "My best friends in the whole world are [named three support workers]". Whilst a relative explained, "All staff show a fantastic duty of care to the wellbeing of my relative". We observed many lovely interactions between staff and the people living at Millburn Homes.

People could not be assured that the right number of staff with the right skills were working at all times to meet people's needs. Staff told us that on days the numbers of staff were minimal and sometimes insufficient to fully meet the social needs of people living in the service. On these days, staff work under pressure and some aspects of planned social support had to be missed. We looked at staff rotas and found staffing levels to dip on days, without a clear rationale for this. At times, this could be due to last minute sickness but not always.

Methods to assess staffing were limited and did not take a structured approach or consider the wellbeing of staff. Approaches were not informed by the latest guidance and the views of staff, people, their families, and carers were not considered. One relative told us, "Short staffing seems to be an ongoing problem for the last few years. This can have an affect on my relative". Whilst another explained, "Seems to have been a lot of changes recently and staff being transferred to other locations and service users having to get used to new carers when they can still see their original carers looking after other residents".

Improvement was required to ensure that staffing levels were right and staff were being deployed correctly across the service (see requirement 1).

Requirements

1. By 15 June 2025, to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

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

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staffing number and arrangements.
- c) Implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

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 provider should ensure that staff always wear face masks to comply with best practice.

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 5.22).

This area for improvement was made on 5 May 2022.

Action taken since then

During the inspection there was no reason for staff to have to wear masks. Staff had received training on infection prevention and control and there was ample personal protective equipment available.

This area for improvement has been met.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.