

Millbrae Care Home Care Home Service

Woodside Street
Coatbridge
ML5 5NJ

Telephone: 01236 429 534

Type of inspection:
Unannounced

Completed on:
11 April 2025

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 31 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 9 April, 07:30-15:45 and 11 April 2025 from 08:45-16:30. 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 six people using the service and two family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- communicated with health professionals who support the home.

Key messages

- The home had met three out of four areas for improvement from the last inspection.
- The home was clean and tidy with a relaxed, friendly atmosphere
- Staff were highly thought of by people living in the home and their relatives
- The dining experience was good
- New staff inductions should be fully completed
- More staff should complete the nutrition workbook

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.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We sent out Care Inspectorate surveys before our inspection to gather people's views on their experiences of living in Millbrae Care Home. We had two returned from people living in the home and two from relatives. They were mainly positive and when asked if overall they were happy with the care and support in the home two agreed and two strongly agreed.

One of the relatives commented 'leadership has significantly improved since the recent changes in management. There is now a clearer sense of direction, better communication and a more proactive approach which has had a noticeable impact on the quality of care.'

The returned surveys from people living in the home clearly evidenced they felt safe, valued and content. Some of their comments were:

'everyone is nice to me.'

'I'm surprised at how good the staff are. I have had nothing but kindness.'

The recordings of activities had improved and now provided a clearer picture of how people spent their days. There was a variety of activities taking place including opportunities to be out in the community.

People could be assured that they received their medications as prescribed. There was good person centred detail around how each person preferred to take their medication and we found records were well completed.

It was clear from care plans people had access to health professions if there were any concerns, such as dieticians when someone was losing weight. Their advice was noted and plans sampled showed advice was followed.

Meal times were calm and unhurried with a relaxed friendly atmosphere. Staff engaged well with people with some nice chat taking place. People were offered appropriate support with staff encouraging them to eat and drink. Menus were nicely presented and easy to read.

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.

Quality Indicator: 2.2 Quality assurance and improvement is led well

Monthly audits were detailed and covered every part of the home. An action plan was generated for any issues identified and we could see when improvements were completed the plan was updated to reflect this. This ensured the audit remained relevant with a clear picture of what had been achieved and what still had to be done.

The manager completed a monthly report around accidents and incidents. This report was monitored by the management team with a monthly learning outcome to try to decrease the numbers of falls for example. The report considered times and places of falls to try to establish any patterns, such as certain times of the day when the person was more likely to fall. Reasons for this could then be explored.

The reasons for the lack of staff attending team meetings should be explored to try to increase the number of staff who attend. It is important to bring the team together to provide opportunities for staff to discuss what is happening in the home and any issues they may have.

The manager told us of ideas she has to increase staff attendance and we look forward to hearing of progress at the next inspection.

A safer staffing tool was in place and this was used to inform staffing levels. We found staffing levels were adequate during inspection. The tool included flexible staff numbers to meet any changes, such as someone receiving palliative care and needing more staff support or adding to the dependency tool if a new person was admitted to support them settling in.

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.

Quality Indicator: 3.2 Staff have the right knowledge, competence and development to care for and support people

In a returned Care Inspectorate survey a relative commented 'I feel that the staff team are exceptionally dedicated, caring and helpful. They consistently show genuine compassion and professionalism in the way they support my relative and it's clear they are committed to providing the best possible care. Their kindness and attentiveness make a real difference.'

Staff we spoke with were happy working in the home and told us there was a good team, working well together. Staff felt supported by the management team and their colleagues.

People could be assured staff were safely recruited as the provider had recruitment procedures in place. However, new staff inductions we sampled were not fully completed. Parts of the induction were not signed on completion nor dated which meant there was no evidence the full induction was finished before staff were supporting people.

As part of induction new staff should be observed to ensure they are putting their training into practice and they are competent. We were not provided with evidence of this. **(See Area for Improvement 1)**

The number of staff who had completed mandatory training was high. However only 57% of staff had completed the malnutrition workbook when we would expect this to be higher. Whilst this is a non-mandatory training course staff should complete this to ensure they have the knowledge and skills to safely support people with their nutrition needs.

Areas for improvement

1. To ensure new staff are fully trained and competent the provider should ensure new staff inductions are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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.' (HSCS3.14)

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.

Quality Indicator: 4.1 People experience high quality facilities

The home was welcoming, clean and tidy with a relaxed atmosphere. People were able to freely move around and had the equipment they needed to maintain their health and wellbeing such as hoists, slings and airflow mattresses.

Bedrooms were personalised and people told us they were happy living in the home.

There was a lovely garden area for people to sit outside and enjoy the fresh air.

Cleaning schedules had been introduced. These included daily, weekly and monthly tasks to be undertaken to ensure the environment was cleaned to a good standard.

There was a sheet for each room and communal area. Whilst we could see all daily tasks signed off as completed none of the weekly tasks were.

We were told of plans to change the paperwork to make cleaning and maintenance more efficient. We look forward to seeing how the new paperwork will improve recordings, at the next inspection.

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.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

Care plans sampled were overall well written with person-centred guidance for staff to follow to ensure a consistent approach. There was a good level of detail around how to support individual needs, for example someone with epilepsy had a clear plan around how to support the person should they have a seizure.

Nutrition plans sampled clearly showed how to support the person with their eating and drinking. When food charts were in use the ones sampled showed people were provided with soft options and thickened drinks if appropriate. Weights were monitored with dieticians involved if there was concern around someone's weight.

There were a few reviews out-of-date but a plan was in place to ensure these were completed. This would ensure the plan was discussed and updated if appropriate.

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 wellbeing the provider should ensure recordings of personal hygiene are fully completed. This to include skin integrity checks and re-positioning charts.

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 2 May 2024.

Action taken since then

We looked at personal hygiene charts and found lots of gaps in recordings of oral care which meant it was unclear if this had been carried out.

We also looked at recordings for two people who remained in bed at all times. It is important their skin is checked regularly to ensure any deterioration in their skin integrity is picked up quickly and actions are taken. However, we found skin checks were not routinely being recorded which meant there was no evidence this was being done.

A lack of recordings in re-positioning charts meant it was not confirmed people who needed assistance to move were getting the support they needed.

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

Previous area for improvement 2

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)

This area for improvement was made on 2 May 2024.

Action taken since then

We looked at evidence that showed regular supervision was now taking place. Staff we spoke with confirmed this.

This area for improvement has been met.

Previous area for improvement 3

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)

This area for improvement was made on 2 May 2024.

Action taken since then

In-house checks were now completed as expected.

A repair book was in place and signed off as repairs were completed. This provided reassurance that repairs were being actioned.

This area for improvement has been met.

Previous area for improvement 4

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)

This area for improvement was made on 2 May 2024.

Action taken since then

As already noted there was a maintenance book and we could see any repairs were being signed off as actioned. This helped maintain a safe and well maintained environment.

The home was clean with no malodours with equipment that was clean and maintained. Cleaning schedules had been introduced to ensure an effective oversight of cleaning taking place. This contributed to a clean, fresh and tidy environment.

This area for improvement had 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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
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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