

Millport Care Centre Care Home Service

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Type of inspection:
Unannounced

Completed on:
25 September 2023

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378610

About the service

Millport Care Centre is registered to provide care for up to 27 adults with a learning and/or physical disability. At the time of inspection 25 people were being supported by the service.

The service is located on the Island of Cumbrae. Accommodation is provided in a two-storey building with one lift between the floors. All bedrooms are single occupancy except for one twin and all have ensuite facilities. Bedrooms are spacious and individually decorated and furnished. The home has three communal lounges - two of which have kitchen facilities, bathroom(s), a dining room and large garden space around the building. The service is currently undergoing a programme of refurbishment and redecoration.

The manager was supported by a depute manager, five registered nurses, four team leaders and a team of support staff.

About the inspection

This was a full inspection which took place on 19, 20 and 21 September 2023. 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 10 people using the service and six of their relatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- had contact with professionals supporting the service.

Key messages

- The home had a culture of person-centred care, with staff demonstrating their knowledge of people and their support requirements.
- Leaders promoted clear values and good practice by being involved in people's daily care.
- Staff support people with an array of activities, which is continuing to improve and be embedded in day to day life.
- The organisation has been investing in revamping and decorating internally within the home and had been exploring how to make best use of the space available.
- Care planning and health and well being recording requires improvement to ensure it is holistic and outcome focused.
- A range of training opportunities were available for staff, important to ensure the knowledge gained is improving practice
- Quality assurance systems were identifying areas for ongoing development and improving practice.

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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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.

People experienced respectful, attentive and compassionate care that made them feel valued and included. Staff and management knew each resident well. We saw warm and genuine relationships between people living in the home and the staff. During our observations we saw people have fun and create social bonds, this enabled people to build and maintain meaningful relationships with those around them. People were encouraged to make choices and to maintain their abilities and independence. This helped people to feel at ease and to maintain their sense of individuality. A relative shared with us "Staff really understand her and work closely to distract her from escalating and getting upset."

The service had been developing more meaningful activity opportunities to promote wellbeing and support good mental health for all people within the service. Two staff members had been identified as activity champions, to improve activities offered and incorporate this into day to day life at Millport Care Centre. Over the past few months a wide range of activities have been planned and organised both within the centre and in the local community. Whilst we were able to see improvements in activities, this was still at the early stages of being embedded and was at times impacted on by staffing levels, see Area for improvement 1. Relatives told us "Staff are good to him, sometimes if they're short staffed he doesn't get out, he should get 2:1 support for this." Several occupational activity roles have been created for people, it would be good to see this explored further, with additional roles created, where possible.

People should be able to enjoy their meals in a relaxed and unhurried atmosphere. We saw staff managing mealtimes well, in either the communal dining room or smaller dining areas in each of the units. Support was discreet and provided responsive encouragement. Choices were offered and alternatives provided to help maximise food and fluid intake. The catering team had a good awareness of people's nutritional needs and preferences. Menus offered good variety and ample food, drinks and snacks throughout the day and night. This helped support people's health needs through maintaining good nutrition and hydration. People said, "The food is good, if I don't like what was on offer I would ask for a baked potato". A person supported has been nominated as the mealtime champion and gives feedback on food and drink to the chef.

People's healthcare needs were managed by the nursing and care team. Staff accessed a range of health care professionals for advice and support when needed to manage individuals' healthcare needs. External professionals informed us that the service were generally responsive to their advice and guidance, which had a positive impact on people's health needs "Assessments completed by Specialist Occupational Therapist were forwarded to the service and it would appear that the staff are following recommendations made in regard to rebuilding this gentleman's skills, as he has already made significant progress since moving to Millport a short time ago".

Recording systems for detailing ongoing health and wellbeing monitoring had been adapted to be more effective and informative. We saw that whilst there had been improvements in this recording, there was at times, gaps in the information recorded and it was not always clear how this informed next steps or support provided. It is important that the staff team are able to utilise this information to have a clear understanding of people's health and wellbeing needs and able to convey this to other professionals when required.

We were informed by external professional that "Sometimes staff accompany residents to appointments and aren't sure what they are here for or if advice given previously has been followed". This may result in a delay of people receiving the healthcare they require. The monitoring information was not always linked to people's personal plans, risk assessments or daily recordings, see Area for improvement 2.

Medication support was person centred, with support generally provided in people's bedrooms. Staff had a good understanding of the electronic system that supported the management of individuals' medication, which enabled staff to provide support that ensured people received the right medicines at the right time. This helped to keep people safe and well.

Meaningful contact and support to maintain relationships is important for people and their families. There was a mixed response from relatives in relation to communication from the service with a number of families telling us how appreciative they are of the regular contact from the centre, with others feeling like they could be kept more up to date. The service has recently issued a meaningful connections questionnaire and will follow this up with agreeing with families what contact they would like. A relative told us "There has been huge changes with this. There has been a cultural shift, staff now phone regularly. I feel they are more open where they weren't before, staff could be quite defensive. Much better in the past year."

Areas for improvement

1. To ensure people get the most out of life the service should continue to develop and embed meaningful activities into people's lives. This should include demonstrating an understanding of the positive impact of activity on people's outcomes.

The service should clearly evidence if the planned package of care, in relation to activities, has not been delivered and alternative plans implemented.

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

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

2. To keep people safe and promote their health and wellbeing communication and recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to monitoring charts being fully completed, professional visits and communications logged detailing outcomes and actions.

Communication in relation to people's health and wellbeing should be effective both internally and externally.

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

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18)

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

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The management team had developed effective quality assurance processes to improve standards of practice. This meant the manager had a clear and up to date knowledge of how the service performed and how this affected people's outcomes. The robust quality assurance was being used to provide feedback to staff and to drive necessary improvements.

The manager has led senior staff by example and used their leadership skills to ensure staff knew exactly what was expected of them. Staff told us that leaders had clear expectations but that they were also very supportive and accessible. This created an open and confident culture that promoted good practice and challenged poor practice.

A clear service improvement plan was in place, detailing a number of improvement actions. We could see that this was reviewed and updated regularly with a number of areas being completed. This could be improved if the actions detailed were specific as the improvements made would be more clearly identified and target dates set to assist with prioritising areas for action.

The service had developed clear criteria for new admissions, to ensure they are appropriate for the island, the building, other residents and staffing. This was being tracked, giving management team and organisation a clear overview of referrals and decisions being made.

Staff told us that they feel involved in the changes that were being made and that they were able to give their opinion. Overwhelmingly stated that they have confidence in the management team and that they are supportive and open to hearing from them their suggestions and improvement ideas.

The management team have utilised Care Inspectorate self assessment tools, which gave valuable insight from people supported, relatives and staff. It is important to ensure this feedback is acted upon and followed up, particularly as there was some emerging themes.

Meetings are held daily including staff from every department across the home. Staff have really appreciated the opportunity to get involved in these, improving communication across the team and giving management a clear overview of what has been happening within the service.

Regular senior and team meetings have given the management team the opportunity to come together to discuss a wide range of issues, including improvements/developments, concerns and celebrate successes. Staff shared with us that they really appreciate the recognition that they have had for the work they have put in both from seniors and managers.

Clear system for managing people's finances and clearer overview from management and organisation.

Managers are utilising a range of observation tools, to develop an oversight of staff practice. Regular spot checks are being carried out, including out of hours, which has been beneficial in identifying areas of good practice and improvements required. It is important to capture the learning from these and share with the staff team, as well as using the information to feed into the improvement planning

A range of audits are being carried out regularly, which have identified a number of areas for improvement and development. To ensure the ongoing improvement and development of the service, it would be helpful to explore each of the audit forms to ensure they are asking the right questions and capturing the information needed.

Residents and relatives meetings have been happening regularly and have been used as an opportunity to seek feedback from people as well as discuss developments. Clear actions have been identified and followed up.

Managers and senior staff supported our inspection very well and were very receptive to suggestions for improvements. Wherever possible, any minor issues were addressed straight away. This showed that people benefitted from the positive and professional attitude of leaders who were striving to provide good outcomes for people.

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 to staff and observed staff practice during our inspection. We found that staff were motivated, compassionate and skilled. People supported and families praised the quality and conduct of staff. Relatives told us "I am quite happy with what he gets and how caring the staff are", "the staff are very open and welcoming" and "there are particular staff who just get her". Staff were well recruited, trained and supported by leaders in a way that promoted good outcomes for people.

We heard from staff that they are much clearer about their roles and responsibilities and that of others within the team. Guidance has been developed for senior staff to give clear direction in their responsibilities. This has supported staff to feel empowered to carry out their role as directed. A staff member shared "I am much clearer about my role and feel I can do my job better, its so much better that the staff team all have a clearer understanding of who should be doing what".

Team meetings are being held regularly, with much improved attendance either in person or online, covering a range of topics. It is important to be aware of the meeting minutes capturing the full essence and context of discussions, to ensure they are reflective of the meeting.

Staff had access to regular one to one supervision meetings with senior staff. The manager kept a schedule to ensure that supervision was completed on a regular basis. This gave staff the opportunity to give and receive feedback and to talk about learning and development opportunities.

People can expect support to be provided by staff who are trained, competent and skilled. There has been a substantial increase in compliance with core training and condition specific training which has been sourced and rolled out across the team. The manager acknowledged that there are still gaps in training across the staff team and that this continues to be an area for improvement. As well as ensuring all staff have received appropriate training, it is important to evaluate the impact of training, to ensure the knowledge and understanding gained is being put into practice. A staff member told us "The team have been good at teaching and coaching me to support people well, highlighting any triggers. The support I've had has been amazing."

Wellbeing champion roles have been created, to provide support to the staff team. Staff shared that they feel training, team meetings and supervision is now a priority and being given the time it deserves, by the management team.

How good is our setting?

3 - Adequate

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

The service has been undergoing planned refurbishment and redecoration across the home, with people having the opportunity to choose the colour schemes for communal areas. This improved the feeling of homeliness, which further benefits from the ongoing additions of blinds, soft furnishings and wall art.

People were able to decide where to spend their time within the home. We observed people, who were able moving around the different lounge areas, spending time with peers of their choosing.

Due to the layout of the building there is a lack of smaller private spaces for people to utilise either for break out spaces, relaxation, focused activities or to host visitors. Currently the only spaces available are the communal lounges/dining rooms or bedrooms. This can have an impact on people, particularly when these areas are busy or noisy. Whilst we acknowledge it maybe difficult to change the layout of the building, the service could be more creative with the outdoor space available around the home, to provide additional space for people to access. (See Area for improvement 1)

We saw that most bedrooms were personalised and decorated to the persons choice, with some personal items and photographs.

People who were able could go outside independently. We heard how some people utilised the outside space, when the weather was nice. The front patio appeared to be the favoured outside area, this however could be more welcoming with plants and coloured pots. The large garden area to the rear of the building has a big seating area.

The environment was clean, tidy and well maintained. Maintenance tasks and checks were planned and robust. The high standards of cleanliness of the home and equipment helped to safeguard people from infection. There were very good systems in place to assess and check the cleanliness of the home and infection prevention and control measures (IPC). Housekeeping staff showed that they were knowledgeable about cleaning schedules, procedures and current IPC guidance. We saw that laundry areas were clean and well managed. Staff practice reflected their awareness of current IPC guidance. These measures contribute to ensuring that people using the service are being protected from the risk of infection and benefitted their health and wellbeing.

Areas for improvement

1. The provider should ensure the service is utilising all resources available to create smaller private spaces for people, including within the garden area and to continue to explore internal opportunities within the building.

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

"I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support." (HSCS 5.1)

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.

The content of the personal plans sampled was varied. The information within personal planning folders was easy to locate, as the files were well laid out and organised. There was some good information captured in relation to people's likes and dislikes, routines and support to be provided and the difference when someone is unwell.

Whilst personal plans sampled generally gave a good oversight of support needs, there wasn't always clearly defined outcomes set. This made it difficult to see what change was hoped to be achieved by the support being provided.

Personal plans could be improved by ensuring more specific information detailing what the staff team know about people is detailed and documented, rather than using general statements, particularly in relation to managing stress and distress. (See Area for improvement 1)

To ensure personal plans are right for people, it is important the the plan links into risk assessments, monitoring information and daily recording. It would be helpful to see thresholds detailed of when further action should be taken, to ensure a holistic approach to support and personal planning.

Care plans have been reviewed monthly. Generally these were detailed as no changes required, again it would be good to see specific information recorded in these reviews rather than general statements so people's progress or otherwise is clear and well documented.

There was regular reviews held, involving where appropriate people's family and other professionals involved in their support. Recording of reviews is easy to follow what has happened for the person over the previous six months. It would be good to use this opportunity to set clear outcomes and goals that can be measured against personal plans when they are being updated and reviewed monthly. There wasn't always a link between the review, the care plan and then the daily notes. It would also be helpful to consider how the person's views are captured and what evidence has been used to make that judgement.

The service is preparing to move all personal planning information to an electronic system, which will enable real time capturing of information in relation to personal plans, risk assessments, monitoring information and ongoing daily recording.

Areas for improvement

1. A strengths-based approach to personal planning should be promoted with an emphasis on the goals that are important to people experiencing care. Care plans and reviews should be outcome focussed with evaluations that reflect the impact of planned care and support on people's experiences.

People using the service and their families should be involved with the production of care plans and care reviews.

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

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

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

People experiencing care should be supported with meaningful activities in accordance with their agreed package of care and care plan. The provider should ensure activities are person-centred, planned, delivered and recorded.

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

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6)

This area for improvement was made on 1 June 2023.

Action taken since then

There has been an increase in planned activities for all people supported, particularly since June 2023.

Two staff have been allocated the role of activities champions, and are planning activities throughout the week, based on people's assessed needs. This is still embedding into the service. The management team have acknowledged they need to improve on capturing information in relation to this and where support hours are accommodated elsewhere in the week, if they are not able to happen initially as planned.

A wide range of activities have been introduced and being supported, both within the centre, on the island and further afield. We heard of people being supported with treasure hunts, sensory bus, visit to the aquarium amongst other things.

Staff are taking photographs on activities with people, and have engaged the support of a person supported to print these off and display them. To improve upon this, it would be good to see captions giving some context to the activity and how it meant the persons outcomes.

This area for improvement has been met

Previous area for improvement 2

People experiencing care should be confident the service communicates effectively with families, legal guardians and relevant others. The service should ensure, when agreed, information is shared and an effective system should be in place to ensure this is carried out.

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

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account". (HSCS 2.12)

This area for improvement was made on 1 June 2023.

Action taken since then

Families informed us that communication with the service has improved over recent months. This includes regular updates on how their loved one has been, activities they have been involved in as well as any concerns or issues. Families have appreciated this contact.

Named nurse and keyworker guidelines have been drawn up and distributed to the staff team. These roles specifically detail contact with relatives as agreed.

Newsletters were being distributed to families, giving updates on the service, what has been happening and seeking feedback from people connected to the service.

The manager had issued meaningful connections questionnaires to relatives seeking information on how they would like to be communicated with, how often and for any particular areas of their loved ones care and support.

External professionals informed us that communication has improved with the service over recent months.

This area for improvement has been met.

Previous area for improvement 3

To keep people safe and promote their health and wellbeing communication and recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to monitoring charts being fully completed, professional visits and communications logged detailing outcomes and actions.

Communication in relation to people's health and wellbeing should be effective both internally and externally.

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

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (4.18)

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

This area for improvement was made on 4 July 2022.

Action taken since then

The manager implemented an updated system for recording people's health and wellbeing information. Monitoring sheets were easy to locate and see what should be recorded. Whilst there was an improvement across the records sampled, there were still some gaps in monitoring charts and following up on actions identified by health risk assessments.

The management team had identified the gaps in the monitoring information, and were addressing this at team meetings and individually with staff.

We were informed that staff were not always able to explain why people were attending appointments. This would indicate that staff are not utilising the information recorded to update their knowledge of people. The service was exploring other ways of capturing this information prior to the inspection ending.

Professional visit logs have been introduced, giving clear details of who the appointment was with, outcome and follow up actions. This was effective in building knowledge of people's healthcare needs.

This area for improvement has not been met and will be re-instated.

Previous area for improvement 4

To ensure that people are receiving the right support at the right time, the service should continue to update care plans for all residents.

Care plan folders should be streamlined, archiving information that is not currently required, to make information required more accessible.

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

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (1.15)

This area for improvement was made on 4 July 2022.

Action taken since then

We observed that personal plan information had been streamlined, with historical information archived. It was much easier to source information, as all personal planning folders had an index and was set out in the same format.

Care plans have been updated and are more reflective of people and their current needs.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate

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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