

Millport Care Centre Care Home Service

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Unannounced

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Service provided by:
Sanctuary Care Limited

Service provider number:
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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 22 people were being supported by the service.

The service is located in Millport on the Isle 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 room, 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. There are also two well equipped communal bathrooms, a dining room and large garden space around the building which includes garden houses which can be used for activities by individuals or groups.

About the inspection

This was an unannounced inspection which took place from 29 July to 4 August 2025. The inspection was carried out by one inspector 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 eight people using the service and five of their family
- received 60 completed questionnaires
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

1. Staff delivered care and support that reflected current guidance and good practice, with strong clinical oversight and a proactive approach to training and quality assurance.
2. Residents received timely and appropriate healthcare, with very positive feedback from families and professionals about communication, responsiveness, and the implementation of treatment plans.
3. The environment was consistently clean, well maintained, and supported by strong housekeeping leadership and robust infection prevention and control practices.
4. Residents were actively involved in decisions about their environment, which promoted a sense of ownership and respect for personal preferences.
5. The setting promoted independence through unrestricted access to communal areas, appropriate signage, personalised bedrooms, and staff support with equipment and technology.
6. Leadership was strong and visible, with senior managers providing effective oversight of maintenance, safety, and environmental improvements, contributing to a well-run and responsive service.

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?	5 - Very Good
How good is our setting?	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?

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.

Relatives consistently expressed high levels of satisfaction with the care and support provided. One family member stated, 'My sister is well cared for and is in excellent health. I am kept informed of any wellbeing issues and they are addressed accordingly with my input.' Another commented, 'My brother is cared for very well and we are always notified of any changes. His mental wellbeing is very obviously great as we can't get him to come home, and from someone who used to get homesick, this is a thing of the past.' Families appreciated the quality and reliable regularity of six-monthly care reviews, which gave them regular opportunities for a joint evaluation of care and support.

The management of people's medication was safe and robust. Senior and organisational oversight was evident, including regular reviews of medication audit questions to ensure they remained dynamic and relevant. This supported continuous improvement and helped maintain safe medication practices.

The service demonstrated a strong commitment to evidence-based practice through the recent introduction of a regional nursing quality improvement practitioner role. While it was too early to assess the full impact of this initiative, the role was designed to enhance clinical supervision and support the sharing of good practice. This reflected a proactive approach to strengthening nursing care and improving outcomes for residents over time.

Individual activity plans were in place, and there was good evidence of regular opportunities for outdoor activities. Managers actively promoted and supported participation in activities, which helped residents stay active and engaged. This contributed positively to physical and emotional wellbeing. Families told us how much they appreciated the regular newsletters, which kept them informed about activities and helped them to remain involved.

There were no current or recent examples of palliative or end-of-life care. However, managers and staff promoted conversations about anticipatory care planning. It was noted that families were often reluctant to engage in these discussions. We discussed with managers the importance of continuing to develop this area to ensure residents' future health needs and preferences were clearly documented and respected.

Residents were supported to learn about health topics where appropriate. For example, one resident was encouraged to use a step counter and adopt healthier eating habits to support a healthy weight. This proactive approach to health promotion helped residents make informed choices and supported long-term wellbeing.

No residents were currently at high risk of pressure ulcers. Risk assessments were in place for all residents, including evaluations of skin health, nutrition, and mattress suitability. These measures helped maintain skin integrity and prevent complications, supporting safe and effective care.

The dining environment had been improved to promote enjoyment, independence, and choice. Features such as drinks dispensers, transparent cupboard doors and fridge doors, and pictorial menus supported residents in making informed choices.

Service user feedback about food was regularly gathered and used to inform meal planning. Staff provided visual prompts at mealtimes, and alternative options were available on an individual basis. This approach respected residents' preferences and dietary needs, contributing to a positive mealtime experience.

Staff demonstrated confidence and competence in supporting residents at mealtimes. They worked with individuals' preferences, choices, and abilities to ensure meals were enjoyable and dignified.

Mealtime observations confirmed that residents were encouraged to eat in the dining room unless they had specific reasons or preferences not to. Due to the size of the dining room, meals were served to different groups of residents at staggered times, allowing individuals to eat according to their needs and preferences. This flexible approach supported dignity and choice.

Feedback highlighted the friendly and knowledgeable nature of the staff team. Comments included, 'Staff are always welcoming and happy to answer questions, they know my sister and they understand and support her needs.' Another relative noted, 'The staff team are always very helpful and friendly. The food smells fabulous and there is always a cup of tea when needed.'

Legal documentation was in place for residents requiring support with decision-making. Managers maintained an up-to-date overview of legal powers and ensured regular, well-prepared six monthly care reviews. Feedback from relatives confirmed that reviews were thorough and inclusive.

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 layout of the home supported people's independence and mobility. Although the ground floor consisted of a long and winding corridor and the upper floor was more straightforward, there were no barriers to movement. Residents were observed to move freely throughout the building, which promoted autonomy and a sense of control over their environment. However, the absence of a comprehensive restraint register meant that environmental and cultural restrictions were not consistently recorded. While individual restrictions were documented in care plans, we discussed with the manager that implementing a full register would strengthen awareness and practice in this area.

The environment was consistently clean, tidy, and well maintained. Observations during walkabouts confirmed high standards across communal areas, bathrooms, corridors, and sampled bedrooms. Housekeeping practices were robust, supported by clear cleaning schedules, targeted audits, and a structured deep-clean programme aligned with the "resident of the day" approach. Leadership within the housekeeping team was strong and effective, contributing to a well-organised and hygienic setting. Residents were meaningfully involved in maintaining the environment, with three individuals actively participating in housekeeping roles, which promoted inclusion and purpose. Families provided very positive feedback about the cleanliness, personalisation of bedrooms, and recent refurbishment efforts, particularly in the dining room.

Communal spaces were well used and supported social interaction and activities. However, the two main lounges often became busy and noisy due to their size and the number of residents using them. The provider had acknowledged this and successfully initiated plans to increase choice and flexibility, including the use of outdoor pods and the refurbishment of a smaller upstairs lounge.

Progress with refurbishing the upstairs lounge was slow, and we discussed with managers the importance of maintaining momentum to ensure that environmental enhancements were delivered in a timely manner. Similarly, work on rebuilding the decking and patio area was underway but behind the expected schedule. Once completed, this would offer valuable additional space for outdoor activities. These developments demonstrated a commitment to improvement, but the pace of implementation needed to reflect the significance of the changes for residents' quality of life **(see area for improvement 1)**.

The layout of the downstairs lounge had a noticeable impact on how the space was used. Although the lounge had two access doors, the one nearest the front entrance was frequently used as a thoroughfare, which disrupted the atmosphere and limited how furniture could be arranged. This part of the lounge was narrow and less suited to communal use. In contrast, the other section of the lounge, which included a kitchenette, was slightly wider and more conducive to social interaction. We discussed this with managers during the inspection, and they responded promptly by placing a sign on the first door to discourage staff from using it. This immediate action demonstrated responsiveness; however, we encouraged the service to explore permanently closing the door to reduce disruption and improve the functionality of the space. Doing so would support a calmer environment and allow for more flexible and purposeful use of the lounge **(see area for improvement 1)**.

Residents and their families were actively involved in decisions about the environment and its use. Feedback confirmed that people were consulted on matters such as dining room themes and wallpaper choices for communal areas. This inclusive approach supported a sense of ownership and respect for personal preferences.

Furnishings and fittings were of good quality in areas where refurbishment had been completed. Improvement plans were in place to upgrade or replace items as needed, ensuring that the environment remained comfortable and fit for purpose. Maintenance systems were well organised, with electronic scheduling and recording supporting effective oversight by senior managers. Regular safety checks and walkabout observations confirmed that the premises were in good condition and that any issues were promptly addressed.

Infection prevention and control practices were robust. Staff were observed using personal protective equipment correctly, and the laundry and waste disposal systems were well managed. Housekeeping staff were confident and knowledgeable about their responsibilities and the materials they used, and they received appropriate training to support safe and effective cleaning practices.

The setting promoted residents' independence in several ways. There were no general restrictions within communal areas, and access to outdoor spaces was managed individually based on risk assessments. Most outdoor areas were safely accessible, although the garden house at the rear of the building posed challenges for those with mobility issues unless accessed via a public road. Safety improvements to the walkway had recently been made, enhancing accessibility.

Signage throughout the home was appropriate, and residents did not appear to struggle with orientation. Personalisation of bedrooms was well supported, with residents encouraged to use their own furniture and decorate their spaces. Technology was available and accessible, including televisions, Wi-Fi, and digital activity platforms. Some residents also used mobile phones, which supported communication and autonomy.

Residents had control over their personal space, with plans in place to introduce individual thermostats in bedrooms. Where appropriate, residents had keys to their rooms, reinforcing privacy and independence. Staff were trained to support residents in using equipment that promoted independence, and observations confirmed that this was embedded in practice.

Areas for improvement

1. To support people's independence and wellbeing, the provider should continue to progress environmental improvement work at an appropriate pace.

This should include, but is not limited to:

- the refurbishment of the upstairs lounge
- the completion of outdoor areas such as the decking area.

In particular, the use of the downstairs lounge should be reviewed to reduce disruption and improve functionality. We suggested that the provider explore reducing the use of one of the lounge's access doors to prevent it being used as a thoroughfare, which would support a calmer environment and allow for more flexible use of the space.

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

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22),

and

"I can independently access the parts of the premises I use" (HSCS 5.11).

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 good outcomes for people through an effective use of their environment, the provider should regularly assess and evaluate if and how communal spaces are being used to support people getting the most out of life.

This should include, but is not limited to, lounge areas, garden areas and summer houses.

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

'If I live in a care home, I can use a private garden' (HSCS 5.23).

This area for improvement was made on 26 July 2024.

Action taken since then

The provider has met the area for improvement by implementing a comprehensive and ongoing evaluation of communal spaces to enhance people's experiences and outcomes. Evidence includes structured action planning, regular reviews, and active involvement of staff and service users through meetings and feedback. Improvements to various areas of the home are documented through photos, work plans, and observations demonstrated a positive and pro-active approach to continuous improvement. Feedback from families, external professionals and people using the service is largely positive, and environmental enhancements directly respond to their suggestions. However, the pace of implementation of some planned improvements was slow (**see also new area for improvement in section 'How good is our setting'**).

This area for improvement was met.

Previous area for improvement 2

To support people's involvement and participation in the regular, outcome focussed evaluation of their care, the provider should review and improve the process and format of six-monthly care reviews.

This should include, but is not limited to, making the format more focussed on personal outcomes and maximising participation of people and their representatives.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17)

and

'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 26 July 2024.

Action taken since then

The service had successfully reviewed and improved the format of its six-monthly care reviews. Recent reviews were clearly outcome-focused and evaluative, providing people who used the service and their families with detailed, transparent, and meaningful information. This supported their involvement and informed decision-making. Families appreciated the quality of the regular reviews and found them highly valuable.

We discussed with the manager that the service should continue to explore further ways to enhance this process, particularly by strengthening the involvement of all staff groups, for example by considering the use of small sets of focused outcomes.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes people's independence	4 - Good

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