

Millport Care Centre Care Home Service

19 George Street
Millport
Isle of Cumbrae
KA28 0BQ

Telephone: 01475 530 006

Type of inspection:
Unannounced

Completed on:
25 June 2021

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. The provider is Sanctuary Care Limited. The service registered with the Care Inspectorate on 30 June 2020.

The service is located on the Island of Cumbrae. All bedrooms are single occupancy except for one twin and all have ensuite facilities. Bedrooms are spacious and individually decorated and furnished. Accommodation is provided in a two-storey building with one lift between the floors.

The home has three communal lounges, bathroom(s), a dining room and garden space around the building.

This was a focused follow-up inspection to evaluate how the service has responded to the Improvement Notice served on 2 April 2020. The Improvement Notice was extended on 12 May to 23 June to allow further time for requirements to be fully met.

This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

We observed people being supported in different units of the home. People appeared relaxed and comfortable with staff. Interactions between staff and people supported were appropriate and supportive. We sought views from people who use the service and their families during the first inspection of this 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

We carried out an unannounced inspection of the care home on 24 and 26 March. This initial inspection was triggered by complaint activity. Findings from this inspection lead us to have concerns about the culture within the service which had the potential to put people at risk of harm.

We carried out a visit to the home on 21 April to follow up on improvements that were required in relation to infection prevention and control. We found good progress had been made and this requirement was met.

We completed an inspection of this service on the 12, 13 and 14 May to evaluate progress on three requirements in the improvement notice.

Good progress had been made; one requirement was met and further time was needed to fully meet the remaining two requirements. The improvement notice was extended to 23 June.

During the period of the extended improvement notice we carried out unannounced monitoring visits on 26 May and 13 June. We completed a further inspection of this service on 23, 24 and 25 June to evaluate progress on two requirements in the improvement notice. Findings during these visits have contributed to new requirements detailed in this inspection report. Our risk assessment of the service remains high due to temporary management arrangements and ongoing recruitment.

Improvements made previously in infection prevention and control and reporting of incidents had been maintained. The provider had taken actions and made sufficient progress to comply with the requirements in the improvement notice.

This report should be read in conjunction with inspection reports dated 30 March and 21 April 2021 and 14 May.

A further anonymous complaint was received by the HSCP and the Care Inspectorate on 6 May; this complaint was being investigated by the HSCP. Due to the nature of concerns North Ayrshire Health and Social Care Partnership commenced a large scale investigation in April and this was ongoing. The HSCP have had a presence within the home over several weeks. The provider continues to engage with the HSCP and Care Inspectorate.

Requirements

1. By 17 September the provider must demonstrate provision for the safety and welfare of people receiving care is made. In particular ensuring:

- (a) Recruitment and appropriate induction of a suitably qualified, skilled and experienced management team
- (b) The level of staffing is adequate to provide the assessed level of support to people receiving care at all times
- (c) Suitably qualified, skilled and experienced staff are working in the service in such numbers as are appropriate at all times
- (d) The effectiveness of the management team is rigorously, regularly and systematically evaluated and documented
- (e) Robust and regular oversight of the service by the organisation to monitor implementation of the quality assurance system and its effectiveness.

This is in order to comply with regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

2. By 17 September the provider must improve personal plans to fully address the assessed needs of individuals. In particular the provider must ensure personal plans:

- (a) Contain positive behaviour support plans that give clear information and guidance for staff in how to reduce stress and distress and manage behaviour that may challenge
- (b) Contain person centred protocols which reflect good practice guidance in relation to the management of pain and administration of as required medication
- (c) Detail meaningful activities for individuals and how these will be delivered in a planned and structured way
- (d) Detail individual strengths and outcomes that are regularly reviewed
- (e) Documentation is fully completed so that the quality of plans can be monitored to support continuous improvement

This is in order to comply with regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 23 June 2021 you must promote the health, welfare and safety of people receiving care and protect them from harm. In particular you must ensure:-

- (a) Proper provision is made for the health, welfare and safety of people and poor practices are identified;
- (b) Prompt action is taken to address poor practice on both a current and ongoing basis;
- (c) All staff are provided with training about the values underpinning the health and social care standards and evidence that they understand and practice in accordance with these;
- (d) That all staff are provided with Adult Protection training and demonstrate both confidence and competence in recognising and reporting abuse in line with policy and best practice. In addition, staff must demonstrate an understanding and application of the Scottish Social Services Codes of Practice;
- (e) Prompt action is taken to develop a culture of dignity and respect to ensure that staff communicate effectively and work together well to improve outcomes for people; and
- (f) Staff learn from occurrences of previous poor practice, incidents and accidents and embed this learning in their practice.

This requirement was made on 30 March 2021.

Action taken on previous requirement

Daily flash meetings and weekly clinical meetings had been established with senior staff to improve communication. Staff present were sharing information and there was a focus on wellbeing and identification of health needs, resulting in referrals to a range of community health professionals.

'Resident of the day' had been introduced; this meant a focus on the individual's health and wellbeing including their diet, medication and activities, a full review of their care plan and their needs and a deep clean of their bedroom. Medication reviews were being undertaken with the local GP for all people supported. Meetings had taken place with staff, relatives and people supported with a timetable being implemented for regular meetings. We could see improving outcomes due to more effective communication and a proactive approach to individual's needs.

The provider had taken steps to protect people by investigating complaints about staff conduct and concerns about care. They were engaging in an ongoing large scale investigation being conducted by North Ayrshire Health and Social Care Partnership.

The large scale investigation incorporated an extensive investigation into a complaint received on 6 May and care reviews being undertaken by social work staff. Incidents continued to be recorded and reported, including matters of staff conduct and adult protection in line with legal requirements.

Staff had received a variety of training, including adult support and protection, culture change, codes of conduct and managing aggression. Senior staff were being given guidance in recording and reporting of incidents and accidents including adult protection referrals. Staff spoken to demonstrate a better understanding of adult protection and their responsibilities; this contributes to safeguarding people supported.

Managers undertook an environmental audit, this included observation of staff practice and competency assessments had been carried out with senior staff who were observing the practice of care staff. Staff completed reflective accounts to demonstrate learning from training events including their learning on the Health and Social Care Standards. Further work and ongoing input from senior staff is needed for these standards to be embedded into all aspects of service delivery including care planning, staff learning, supervision, policy and procedure.

The provider had taken steps to address the cultural concerns raised; staff were happier and more confident in their role and felt able to approach colleagues and senior staff for advice or to raise concerns. This means people experience a positive atmosphere and benefit from good working relationships where people treat each other with respect.

The provider appeared more aware of the impact of a shared living environment on individuals and continued taking steps to reduce the levels of potential stress and distress and to increase and/or improve the available space. We have asked the provider to review the service aim and objectives and to develop an improvement plan in line with these.

Met - within timescales

Requirement 2

By 23 June 2021 people receiving care must benefit from a culture of openness, transparency and continuous improvement, with the service having robust quality assurance and whistleblowing processes in place. In particular you must ensure:-

- (a) Systems for the monitoring of practice and the support of practice development are implemented in accordance with your corporate policies;
- (b) Systems to address any allegations of poor practice, such as whistleblowing, complaints and disciplinary procedures are implemented, monitored for effectiveness and changes made where necessary to keep people safe;
- (c) A culture is developed and monitored that enables staff to confidently raise concerns;
- (d) Quality assurance systems in the service are reviewed and improvements made to ensure they are effective; and
- (e) There is robust and regular monitoring of the service by you.

This requirement was made on 30 March 2021.

Action taken on previous requirement

The provider has continued to work with both the Health and Social Care Partnership and Care Inspectorate to address the concerns raised about the culture and lack of governance of the service. Since April the regional manager has back filled the position of registered manager and has provided daily leadership and management in the service, supported by the regional director. Competency assessments had been carried out with senior staff who were observing the practice of care staff.

The manager was undertaking a weekly environmental audit that included observation of staff practice in relation to infection prevention and control. Staff are asked to reflect on their role when it is resident of the day. Supervision meetings had been held with staff and training was planned for senior staff to develop their skills in supervision and performance management. People's daily experiences and outcomes were better because of this leadership and improvements in staff practice, communication and teamwork.

Some staff had participated in workshops that included discussion on culture change, accountability, codes of conduct and whistleblowing. Staff told us that they were confident in raising any issues or concerns and we saw evidence of practice that fell below expected standards being identified and actioned. This improved knowledge and understanding contributes to protecting people.

Sanctuary Care have an extensive quality assurance framework that includes monthly compliance visits and audits of key areas such as care and support, safeguarding, care planning, medication, staffing and the environment. The manager had re-established the quality assurance and compliance framework. We saw indications that this was being implemented in a meaningful way and senior staff were being supported in the implementation of audits. Effective quality assurance means that people can have confidence in those providing care and support.

Met - within timescales

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 manager should ensure that all people have access to a range of communication aids that are suited to their needs. Staff should be appropriately trained to use these aids and different approaches to communicate effectively with individuals.

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

'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8)

And '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 30 March 2021.

Action taken since then

Some staff had received training in behaviour and communication. Referrals for some people had been made to speech and language for assessment of their individual needs and where these had been carried out recommendations had been made.

Work had started on improving care plans and this included updating communication plans and writing positive behaviour support plans. Further work and time was needed to make the improvements needed for this to be met.

Previous area for improvement 2

To promote and safeguard the rights of people who are assessed as lacking capacity to make decisions, the manager should ensure that people's needs and wishes are anticipated, documented, reviewed and supported by current documentation.

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

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14) And '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)

This area for improvement was made on 30 March 2021.

Action taken since then

The service had systems in place to ensure that they are aware of people's needs and wishes and who is making decisions about them. A register was in place to record people's legal status. Section 47 Adults With Incapacity reviews had taken place or were planned. Some staff had participated in training in anticipatory care planning and further learning opportunities had been identified. Anticipatory care plans were in place with the wishes of the individual documented. Some were more fully completed than others and we suggested staff would benefit from further guidance.

Work was underway to review all care plans and to update these to reflect the current needs, wishes and preferences of the individual. Care reviews were being carried out and parents and guardians were being included in the review process.

This area of 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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