

Millport Care Centre Care Home Service

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Millport
Isle of Cumbrae
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Type of inspection: Unannounced
Inspection completed on: 14 December 2016

Service provided by:
Embrace (Combined) Limited

Service provider number:
SP2007009177

Care service number:
CS2007157969

About the service

Millport Care Centre is part of the Embrace group. The service is located on the island of Cumbrae and provides care and support for up to 32 adults with a learning and/or physical disability. There are respite facilities available. The accommodation is provided in a two storey building with a lift between floors. There are three communal lounges and a large dining area. An adjoining room to the largest lounge on the ground floor provides a quiet sitting area and a small sensory room has been set up in small area to rear of the building.

The accommodation provides eight single rooms with full en suite, 12 singles with en suite WC and WHB, three twins with full en suite and three twins with en suite WC and WHB. Five of the twin rooms are currently being used as single occupancy. There are facilities with two jacuzzi rise /fall baths and three shower rooms.

What people told us

During this inspection we spent time observing how staff engaged and interacted with individuals across the service. We also looked at how people living in the service got on with and engaged with each other. Part of this process involved using the SOFI 2 tool. SOFI 2 is the Short Observational Framework for inspection. It provides a framework to enhance the observations already made at inspections about the wellbeing of people using the service and staff interaction with them. It was developed by the Bradford Dementia Group and the Care Quality Commission, the regulator of care services in England, to capture the experiences of people who use services and who may not be able to express this for themselves. (see [http://www.bradford.ac.uk/health/career-areas/dementia/dementia-care-mapping/short-observational-framework-for-inspection-\(sofi-2\)/](http://www.bradford.ac.uk/health/career-areas/dementia/dementia-care-mapping/short-observational-framework-for-inspection-(sofi-2)/)).

Using SOFI, inspectors can observe the mood and engagement of people and the quality of staff interactions. They also make notes on other aspects of care during their observations. Feedback on SOFI observations to staff and managers in the care service also enables them to become more reflective practitioners and supports practice improvement. We observed and recorded many positive interactions between staff and service users. We observed service users interacting with staff in an after dinner chat and also in some games/activities within the service. These interactions included respect, warmth, facilitation, enabling and including.

Most of the people we met were unable to communicate verbally. We met with ten individuals in group and one-to-one settings. Those who could not communicate verbally used gestures to respond to our questions. Responses were positive.

We also received nine care standards questionnaires from both service users and their families. Responses again were very positive with comments including:

"As a mother my views are always asked for - readily given and implemented when suitable, if not an explanation is given"

"There are regular meetings and reviews, staff keep me informed regarding any health issues. Staff also welcome my views"

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider. The provider identified what it thought the service did well and gave examples of improvements in a number of areas.

The self-assessment clearly identified some key areas that the provider believed can be improved and showed

how the service intended to do this. The provider told us how the people who used the care service had taken part in the self-assessment process and how their feedback directed the development of their plans for improving the service.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

Our initial observations of the care and support delivered to service users is of a good standard. Staff were familiar with all those being supported resulting in a warm and friendly atmosphere in which people live.

During the inspection we examined six care and support plans, noting a range of changes which have been made since the last inspection. Each plan examined contained a range of person centred, preferred names, personal detail and plenty of background information for staff to read and understand how best to support the each service user. We noted good evidence of regular health appointments for individuals with a range of professionals being consulted. The information coming from each appointment has been recorded and made available to all relevant members of the team in an appropriate fashion.

Service users are continuously encouraged to attend and contribute to meetings where they can discuss their agenda items with the staff team. These meetings are beneficial to the entire service in that the flow of information is maintained and all stakeholders are encouraged to voice their opinions to affect change within the service.

We have suggested to the management team during feedback that when supporting individuals with the administration of medicines, specifically as required (PRN) medications, the staff should ensure that the reason for the PRN being given is logged. If and/or when the PRN becomes a daily occurrence, the staff within the service should seek advice from the prescribing GP to ensure that they are aware of this development and perhaps make any necessary adjustments.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

Work has been done since the last inspection to ensure that the building itself has been used more efficiently and more in keeping with the type of service that it is. We were pleased to see that storage spaces have now been improved so that staff are able to access these areas appropriately and find what they may be looking for.

Separate areas are available for staff to work on their online training requirements, allowing them the freedom to concentrate on the task in hand without distraction.

Work has been done to improve the décor of the service and to ensure it is a bright and pleasant place to both live and work. While meeting with some of the service users we were invited to see some of their own personal areas within the care centre. Personal effects including pictures have been used to decorate individuals rooms, ensuring they those who have come from the family home to live here can feel a sense of familiarity.

The service continues to be a safe place to live with all doors being subject to a secure entry system. All visitors to the service are also asked to sign in at the front entrance.

There remains numerous areas of the service, where people receiving support can spend time with one another or if they choose, have some private time to engage in meaningful activities either on their own or with members of the staff team.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We spoke with a number of different staff members throughout our time spent in the service discussing their thoughts on issues such as supervision/appraisal, training and development programmes, staff morale and the progress made since the last inspection across all areas of support. Generally staff are happy with the role they play within Millport Care Centre with many commenting that they feel comfortable with the opportunities given to make their voices heard in order to affect change within the service.

Comments from members of the staff include:

"Morale is much better now, there will always be negativity but the main issue is to work together for the benefit of the service users"

We examined staff training records, noting them to be wide ranging and according to members of the team we spoke with, always related to the needs of the service users.

Individuals receiving support have been involved in specific training courses provided for the benefit of the staff. This has encouraged a more person centred approach to the learning aspects taken on board by the team and in turn a greater understanding of the practical applications to be used by staff.

Support staff are regularly observed by senior nursing staff in relation to the administration of medications. This allows evaluation of individual competencies. From our examination of recorded sessions, the comments are positive and constructive to the continued development of each person.

In order to continually improve the service we have made suggestions with regards to a more formal system of observational monitoring for all members of the team. The numbers of recorded sessions for staff in the last year haven't been as many as we would maybe expect. We would also like to see monitoring sessions being carried out on all aspects of the support being delivered to ensure that quality assurance can be evidenced more efficiently. We also asked that when development/improvement issues are noted within the more focussed interventions that these are carried forward into the supervision of staff or if serious enough then this should be done at the earliest opportunity.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

As we have alluded to in other parts of this inspection report, we have noted the progress made by the service as a whole since the initial and follow up inspections last year. The service completed its own action plan, detailing its strategy to improve upon various areas of the service, linking it to all parts of their submitted self assessment and issues that we will inspect upon.

A comprehensive plan of action was developed which highlights the good work done while also documenting weaknesses and how they will be improved. Millport Care Centre has continued with its "You Said, We Did" project where service users and families have opportunities to get involved, make suggestions and see the development of these suggestions to become reality. The service users we spoke with advised that they are happy with their ability to have their say and affect changes. This was confirmed by the comments noted from within the service's internal questionnaires completed by various stakeholders.

We noted a wide range of audits being carried out across the service including examinations of medications, their administration, development and upkeep of care plans, health and safety check and the daily/monthly

recordings completed by the staff team. At the same time however, we did note a number of instances of documents being out of date (including the service's Statement of Purpose, posted at the front door). The service is aware of the need to ensure that a regular walk through and examination of all posted documents/ displays is conducted to ensure they are refreshed when necessary.

We asked that the management team be mindful to ensure that clear separation exists between Millport Care Centre and the Housing Support Service which operates from the same office base. The quality assurance folder that was presented for examination is a little confused. The index is not reflective of the information within the folder which contained many historical (and now irrelevant) documents and those relating to the Housing Support Service. We would expect to find that the folders presented at inspection relate entirely to this service, anything else should be filed accordingly.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider is required to make proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are in line with good practice. The provision of activities and related outcomes must be clearly recorded within the personal plan or activity planner.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI2011/210: principle 3 - requirement about promoting respect and choice. Timescale: Three months from receipt of draft report.

This requirement was made on 7 December 2015.

Action taken on previous requirement

We were pleased to see that service users care plans now detail a range of person centred activities and events in keeping with each individual's preferences, age and abilities.

During our time spent in the service we observed a number of people taking part in a range of indoor and

preparing for external activities. Each person has the opportunity to choose their own activities and are asked to reflect on the outcomes they have worked towards or achieved while taking part in them

This represents an improvement on what was found at the last inspection and therefore the requirement has been met.

Met - within timescales

Requirement 2

The provider, in conjunction with the management team, must complete a staff survey specific to the care home. The results, which will focus on all aspects of both management and the staff teams' role and practice, will inform an appropriate action plan that should help to address some of the concerns that were raised with us during our inspection. Robust audit procedures will show evidence in improved supervision and appraisal records of how observational monitoring is used to develop staff skills and identify practice areas for those staff who require additional support.

The Social Care and Social Work Improvement Scotland (Requirements) Regulations 2011 (SSI 2011/210), regulation (15) (b) (i) Staffing :15 - A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users - (b) ensure that persons employed in the provision of the care services receive - (i) training appropriate to the work they are to perform. Timescale: six weeks from receipt of draft report

This requirement was made on 7 December 2015.

Action taken on previous requirement

The service has continued to work with its staff team to ensure that all voices are heard and opinions taken forward for the benefit of the entire service. Staff have been asked again to complete surveys giving their views on a range of support and service delivery issues. The responses from the staff in these documents along with the comments we gathered from staff demonstrate the success so far in changing the mind-set and the culture within Millport Care Centre.

Responses gathered in from our own care standard questionnaires also contribute to our conclusion that improvements have been made sufficiently to ensure this requirement has been met.

Met - within timescales

Requirement 3

The provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this: - routine and regular management monitoring of the quality of care and support, staffing and management and leadership must be provided; - quality audits relating to the above areas must be accurate, kept up to date and ensure they lead to any necessary action to achieve improvements or change without unnecessary delay; - a service development plan must be made available to show how and when improvements will be made.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of residents. Timescale: within eight weeks of the final inspection report.

This requirement was made on 7 December 2015.

Action taken on previous requirement

We were pleased to see that all improvement called for at the last inspection under this heading have been achieved. Further information on this can be found within the management and leadership section of the inspection.

Met - within timescales

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

Previous recommendations

Recommendation 1

The service should provide training for all staff in methods of engagement with service users and in the principles of producing outcomes focused support plans.

NCS - Standard 6 - Support arrangements and Standard 5 - Management and staffing arrangements - Care homes for people with learning disabilities

This recommendation was made on 27 March 2015.

Action taken on previous recommendation

The service has continued to work with staff in this issue, we have suggested the use "Talking points" from the Joint Improvement Team to devise a development day with staff so that they may improve on their understanding of what constitutes an Outcome and how they can be achieved and documented.

We have made suggestions on how the paperwork can be improved in this respect by examining the pre printed outcomes support documents provided by the service provider to ensure that they relate entirely to each individual service user. We have concluded that this recommendation has been met however we will continue to examine this area of support at next inspection to ensure progress is being made for the benefit of service users and the development of staff skills and knowledge.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
17 May 2016	Re-grade	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
30 Mar 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
6 Jan 2016	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 2 - Weak Management and leadership 2 - Weak
27 Mar 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
26 Aug 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
6 Feb 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
16 May 2013	Unannounced	Care and support 5 - Very good Environment 3 - Adequate

Date	Type	Gradings	
		Staffing	5 - Very good
		Management and leadership	4 - Good
24 Jan 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Jul 2012	Unannounced	Care and support	2 - Weak
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
13 Jan 2012	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Sep 2011	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	Not assessed
		Management and leadership	4 - Good
10 Nov 2010	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
7 Jul 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Mar 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
22 Oct 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good

Date	Type	Gradings	
		Staffing	5 - Very good
		Management and leadership	5 - Very good
13 Mar 2009	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
28 Aug 2008	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak

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