

Millbrae Care Home Care Home Service

Woodside Street
Coatbridge
ML5 5NJ

Telephone: 01236 429534

Type of inspection:

Unannounced

Completed on:

19 March 2019

Service provided by:

Woodside Carehomes Ltd

Service provider number:

SP2007009228

Service no:

CS2007158178

About the service

Millbrae 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 with the other two floors offering single en-suite accommodation.

Both floors have communal bathrooms, dining rooms and lounges as well as smaller quieter lounges for residents 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 service provider has designated this care home a No Smoking facility.

At the time of the inspection there were 37 residents living here. The needs of the residents 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".

What people told us

We gathered feedback from residents and their families by speaking to people during the inspection and looking at some feedback provided to the manager from thank you cards recently received from relatives. The feedback we received was positive which also included the views of visiting professionals.

Some of the comments were as follows;

'there are no words to thank you all enough for all you have done for my relative. The past year has been their best for so long, you provided love, care, compassion, fun, laughter and a sense of belonging in a heart warming environment'

'we would like to say thank you all so much for looking after our relative with such love and kindness. We always felt welcome and comfortable that they were being looked after well. Your energy, cheerfulness and patience have sustained us through a difficult time. You do your best by vulnerable people in the most difficult times of their lives'

'the care given at Millbrae was of the highest standard which gave us peace of mind knowing our relative was looked after, kept safe and above all respected during their stay with you'

'get well looked after, well fed and enjoy all the company'

'staff are all lovely, always kept informed of what is happening'

'nothing much to say except happy the home, the care and all the staff'.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

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

People who experience care have the right to be treated with dignity, respect and compassion and have confidence in the people who provide their care and support.

The home benefits from a stable management and staff team who had been safely recruited and had access to a range of training opportunities to ensure they were appropriately skilled in their roles. We discussed developing visual competency assessments of staffs' interaction and practice. This will assist the manager in identifying where staff require further training and supervision in order to provide high quality care and support.

People we spoke to spoke positively of the staff and the care provided. Staff were aware of the new Health and Social Care Standards and demonstrated a caring approach when interacting with people. Residents looked well presented and appeared comfortable and relaxed.

The morning routine appeared very busy which staff confirmed when we spoke to them. The manager had identified this and was currently recruiting additional staff for these busy times.

Residents could be confident that staff had an overview of their health care needs and consulted with relevant health care professionals as well as being supported to receive their prescribed medications safely. Generally the additional monitoring charts were completed well, there were a few gaps which we highlighted to the manager at feedback. The topical medication charts still need to improve in order to provide staff with the identified area of application (see area for improvement 1).

How people spend their day is important in maintaining people's physical health and wellbeing. Staff were encouraging physical activity through exercises, walking or participating in household activities. We saw that residents had enjoyed outings, entertainment and links with the local community. Better recording will ensure that staff capture the daily interaction they provide to people including those who choose not to participate or stay in their rooms.

The home appeared clean, rooms were individualised and staff displayed respect for people's privacy which promotes a relaxed and friendly space for people living here.

The secure garden area is accessible from the ground floor and is tidy with seated areas for people to use at their leisure.

Residents could wander freely with no restrictions. Staff were aware of people's nutritional needs providing support where required. People could choose where they wanted to eat their meals. We suggested making snack boxes visible to enable residents to help themselves between meals.

People who use the service were consulted through meetings or surveys. Some relatives had assisted the manager in devising an improvement plan based around the new Health and Social Care Standards. There were plans to continue these meetings with dates planned throughout the year to discuss on-going improvement.

Areas for improvement

1. The manager should ensure that where a person has been prescribed a cream to meet a medical need that the documentation clearly shows the location of application and that it has been administered appropriately as prescribed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, any treatment or intervention that I experience is safe and effective (HSCS 1.24)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.

The service is currently going through a period of change. One aspect of this being the transition of written care plans to electronic copies. Staff had started transferring the current information within the plans into a more concise outcome focused document. Once complete this will then to be transferred into electronic plans.

Taking this into account we looked at care plans currently in use to ensure they were up to date and were being reviewed and evaluated to reflect current need.

The care plans contained some good person centred information and recorded people's choices and preferences. This was demonstrated in the practice and positive interactions we observed during the inspection. Staff clearly knew people's needs well and were providing appropriate support as detailed within the plans.

Appropriate risk assessments were in place which were reviewed and evaluated regularly. These could be better by ensuring the corresponding care plans provide more detail on how staff are expected to manage the risk.

There were anticipatory care plans as well as information available on who had the legal powers to make a decision on individuals behalf. There was evidence of links with independent advocacy services who supported people to make choices and decisions about their own care.

There was evidence of good links and input from various healthcare professionals, who staff consulted if they had any concerns including NHS podiatry and tissue viability.

The front of each plan provided a summary of individual need which staff could access quickly. This information should be reviewed and updated to ensure it coincides with any changes to care and support required and avoid confusion to the reader.

There were gaps in positional changing charts as well as wound care which suggested that there had been a delay in pressure relief or in changing dressings. There was a low incidence of pressure damage and the wounds requiring dressings were improving. This suggested that the appropriate care and support was being provided however the gaps in records resulted in staff being unable to provide evidence of this.

The service were currently in the process of introducing a new online quality assurance system. This will provide management with a full overview of what is happening within the service, including wound care. This should ensure that all future documentation has been completed fully avoiding further examples of poor record keeping.

There was some good detail in the stress and distress plans, however these could be better by recording the interventions of staff in managing distressed behaviour before recording the use of medication as the first option of support.

Details on individuals medical conditions, an explanation of the condition, how it presents and how staff can monitor and provide appropriate support will also improve these further (see requirement 1).

Requirements

1. The provider must ensure that individuals personal plans care plans are up to date, provide details of individuals changing care needs and how staff will support these needs including stress and distressed behaviour. Where staff have provided additional support for example positional changes or wound care these records must be kept accurate and up to date to ensure the service can provide evidence of the support and intervention that was provided.

Where there has been a change in need this must be reflected within all the appropriate sections of the plan to ensure each section provides the same information avoiding confusion to the reader.

This is will ensure care and support is consistent with the Health and Social Care Standards which state, 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 is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - welfare of service users Regulation 5 - Personal plans.

Timescale for completion. 30 November 2019.

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 where a person has been prescribed a cream to meet a medical need that the documentation clearly shows that this has been administered appropriately.

This area for improvement was made on 19 December 2017.

Action taken since then

Topical medication charts had been introduced since the last inspection. These charts provided details on the prescribed medication, frequency and location of application as indicated on body maps. Some of these had been completed well while others had gaps in them and failed to provide all the above information.

This area for improvement has not been met.

Previous area for improvement 2

The service should bring together a specific development plan for Millbrae that shows how the service plans to develop and move forward in the coming months and years. This should be done following consultation with residents, their relatives and staff.

This area for improvement was made on 19 December 2017.

Action taken since then

The manager had developed an on-going improvement plan for the service. This had been developed using the Health and Social Care Standards and provided good detail on what the service had recently achieved and their plans going forward. The majority of changes had been towards improving the environment for people living here. We could see there were plans to introduce electronic care plan documentation as well as a new quality assurance system. A service improvement group had been established who had met to discuss on-going plans and ideas for further changes. There were dates planned throughout the coming year for these meetings.

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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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