

## Millbrae Care Home Care Home Service

Woodside Street  
Coatbridge  
ML5 5NJ

Telephone: 01236 429534

**Type of inspection:**  
Unannounced

**Completed on:**  
3 September 2020

**Service provided by:**  
Woodside Carehomes Ltd

**Service provider number:**  
SP2007009228

**Service no:**  
CS2007158178

## About the service

Millbrae Care Home 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.

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".

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and Health Improvement Scotland.

## What people told us

We spoke to and observed some residents in the home and spoke to a number of relatives by telephone.

Feedback was positive and comments included:

'Visiting is well organised.'

'[relative] enjoys time in the garden.'

'.... happy with all the care provided to my [relative] in Millbrae.'

We could see people were well-kempt and when asked they felt they were happy living in the home. Although there was some indication that communication had not been good at the start of lockdown things had recently improved within the home and relatives were happy with how their loved ones were being cared for and supported.

**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

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

People could be confident that their personal plan was up-to-date and reflected their changing needs. Although personal plans did reflect people's rights, choices and wishes there were some parts of the plan that could have been better recorded. The recently introduced electronic care plans in use were still being embedded into the service and once staff are more familiar with them and they are more thoroughly completed they should prove to be of great benefit to the people living there. There was an outstanding requirement in this regard from a previous inspection. Although the care plans and assessments were a lot better, the service should continue to improve this important aspect of their care and support.

We noted the home did not have any COVID-19 specific contingency care plans in place. These would normally be a brief care plan related specifically to individual needs of residents should they contract the virus. It is good practice to have these plans in place to ensure anyone involved in meeting people's care needs is provided with person-centred information regarding people's specific needs with regard to becoming unwell with COVID-19.

(See area for improvement 1)

Some activities were being offered within the home and were designed to engage and stimulate people. This gave some people pleasure and helped them to stay occupied in the home. The home was, at the time of inspection, operating without an activities coordinator and staff were providing activities along with their caring duties. It is important that activities are offered, in line with people's wishes and preferences, to everyone on a regular basis. This should be an area of priority that should provide stimulation to promote good mental health and physical activity to encourage movement and mobility. A previous area of improvement around the planning and recording of activities for all could not be deemed fully met at this inspection and remains outstanding.

We could see that links with health professionals were responsive to people's changing health care needs so that they received medical attention and treatment when they needed it. On the day of inspection, we spoke to a visiting health professional who commented positively about the quality of care provided by the home.

We saw some caring and warm interactions from staff with residents. We spoke to a couple of residents and some relatives, and the feedback they gave regarding the home was generally positive. We noted at the time of inspection that social distancing was being observed and encouraged within the home. Outside visits were taking place during our visit.

We noted the care home had single page anticipatory care plans (ACP) in place for people in the home. We asked that going forward the home produces more detailed ACPs. These should be in place for people, shared with GPs and clearly identify people's needs, wishes and preferences when end of life care becomes necessary.

#### 7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Infection control and prevention practices were adequate. The management team were working with staff to help them improve. We did impress upon the management team the need to continue to reinforce these

processes as they would assist in helping to make sure people were safe.

The home was clean and infection control practices supported a safe environment for people experiencing care and staff. There was an adequate cleaning regime in place, which staff were able to describe. Residents' rooms were clean and tidy, making cleaning easier, and mattresses and chairs inspected were clean with no evidence of staining from soiling. There were clear signs directing people to hand washing facilities (and reminders of the recommended technique) that reflect the needs of people using the service.

There was good access to personal protective equipment (PPE). However, we noted it should have been stored off the floor and in fewer areas. This would be safer and allow cleaning of the storage area, as well as support easier management of stock. Hand sanitiser and disinfectants and other PPE supplies should be stored and secured safely in appropriate storage locations.

(See area for improvement 2)

Guidance and other relevant information regarding COVID-19 was available to staff on each level of the home. To ensure that the most up to date information is available, this should be checked regularly and older versions removed. Staff should be made aware of the national Infection Prevention and Control manual available online at <http://www.nipcm.hps.scot.nhs.uk/>

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

Our focus in this inspection area was to establish if the staff team had the right competence and development, knowledge and skills to support people in relation to COVID-19. We found several important strengths which, taken together, clearly outweighed areas for improvement. These strengths had a positive impact on people's experiences and outcomes. We noticed a few staff not wearing their face masks properly and, on occasion, others fidgeting with and touching them, which could compromise their effectiveness. We asked the management team to reinforce the guidance with staff around the proper use of PPE to help keep people safe.

Staff we spoke to were aware of the significance of infection control and prevention and all staff had received appropriate COVID-19 training. Staff practice was subject to evaluation by senior staff through practice observations. We could see that actions identified through these observations were followed up appropriately.

The service had a staffing contingency plan in the event that staff are absent as a result of illness, self-isolation or exclusion following a positive COVID-19 test. We impressed upon the management team the need to ensure staffing levels were at the appropriate levels, particularly if there were to be an outbreak of COVID-19. On the day of inspection, there were sufficient staff to respond to the needs of individuals. Staff engaged well with residents who responded positively, appearing relaxed and contented.

During the inspection visit, staff confirmed that they felt well supported by the management team, which enabled them to provide care to people using the service. Staff we spoke to stated they felt confident to carry out their role in relation to COVID-19 and associated safe practices.

### **Areas for improvement**

1. The service should develop a COVID-19 specific care plan that details people's individual needs should they become unwell with COVID-19.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: '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).

2. The service should ensure that all personal protective equipment (PPE) and other supplies are stored and secured appropriately.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'My environment is secure and safe' (HSCS 5.17).

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

### Requirements

#### Requirement 1

The provider must ensure that all residents have a personal plan which sets out how their health, welfare and safety needs are to be met, including where people experience stress and distress. They should demonstrate consultation with the resident and/or relative/representative. Reviews must be carried out on an ongoing basis, but no less than every six months.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

It is also necessary to comply with Regulations 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**This requirement was made on 10 July 2019.**

#### Action taken on previous requirement

At the time of inspection, the service had recently introduced new electronic care plans. These care plans were mostly detailed and included assessments related to people's health conditions and wellbeing needs. We noted during inspection that there were some entries in these plans that could have been more comprehensive and some care activity that had not been recorded properly. We reviewed the entries with the management team and agreed there should be some further improvement. Although there were significant positives, there was still room to improve these plans. This will be reviewed at the next inspection.

**Not met**

## 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 provider should offer a range of stimulating activities. To do this they should:

- (a) Develop an activity programme based on residents ideas, hobbies and interests and abilities.
- (b) Regularly evaluate the activities to ensure they are meeting resident's needs.
- (c) Ensure that all staff understand their individual and collective responsibilities in relation to this.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 10 July 2019.**

## Action taken since then

We saw that some activities were taking place and that there was use of communal areas on a staggered, reduced number basis to promote social distancing. However, records related to activities were brief and they did not appear to fully represent people's wishes and preferences. We acknowledged the service had introduced a new electronic care planning system that was still being embedded and asked if activities care plans could be developed within it. We recognised that the service was still in the process of recruiting a new activities coordinator and, at the time of inspection, care staff were supporting residents in this respect alongside their caring roles. We also asked that the service utilise outdoor areas more often for people to benefit from.

This area for improvement had not been met and will be reviewed at the next inspection.

## Previous area for improvement 2

To ensure consistency and quality in the care and support offered to those living with a diagnosis of dementia, staff must have dementia training at a level appropriate for their role. On completion, their level of knowledge and skill must be assessed to ensure their confidence and competence in supporting people living with dementia has improved.

This is to ensure the staffing is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 10 July 2019.**

## Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.



## 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	4 - Good

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