

Millview Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
24 June 2021

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361015

About the service

Millview is a care home registered for 41 older people some of whom may have dementia or learning disabilities. The provider of the service is Advinia Care Homes Limited. There were 29 people living in the home at the time of the inspection.

The home is close to Barrhead town centre and is near to local amenities, including shops, and bus routes. The accommodation is on two levels, divided into two self-contained units. Each unit has a lounge/dining room and kitchen area. All bedrooms have en-suite toilets and two of the rooms have en-suite showers. The home has an enclosed garden for people using the service.

The aims and objectives of the service are: 'To provide 24-hour care in a professional and respectful way, in an environment where each resident is treated as an individual, and is able to exercise choice in all aspects of their care'.

What people told us

We were able to spend time with residents observing the care and support they received. We were able to have light conversations with some residents:

"Staff are nice, they are kind."

"I enjoyed my lunch, it was nice."

"Staff are fine, they are always busy, they do not spend much time with me."

"I feel lonely, I wish there was more to do."

"I really enjoyed the activity class today."

"I am quite happy here."

We spoke with relatives either in the home or on the phone:

"I am very pleased with the care of my relative. They take very good care of him. Staff are kind and know him well."

"It's great, I am quite happy. No concerns but if I did I would discuss with staff. Staff are very nice and pleasant. I don't mind taking the test and they give me PPE. My relative is quite happy."

"The home is very good. They have a bit of banter - which is good, they care about her. Staff are pleasant and caring. I am made to feel welcome when I visit. I wish the visits were more and I could take her out for a walk."

"I am very happy with her care. She has received good care. Great to see the positive change. We are grateful that she is well cared for. They know her inside out. I wish we could visit more often and come together"

"My relative is ok. They have been really good with him. He is doing fine. Staff are absolutely fantastic and they support me as well. There is not enough for him to do. Anything that crops up - I can talk to anyone - any issues have been fixed. I have a couple of things I would like the home to help me with."

"In general, things are very good but it has been a difficult year. The level of care is good. However I wish staff would focus on the small things such as the cleanliness of her teeth, hair nails - seem quite minor but is important."

"All the original staff are lovely. They have been fantastic. There is too much agency staff. Staff seem very pushed and stretched to the limit. I have not seen her care plan. Would really like if we could visit more often."

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

3 - Adequate

Staff knew residents well and kindness and pleasant interaction was evident. When staff engaged with residents we saw a positive response and this was good to see. However staff were often too caught up in the 'task' of caring such as taking residents to the toilet at a certain time or writing care notes to spend meaningful time with them. This was a missed opportunity as it was evident that staff had the opportunity to enjoy the company of residents, to enhance their lives, they just did not use it.

Appropriate measures were in place to maintain social distancing and residents were supported to keep in touch with their family and friends in line with the 'Open for Care' Guidance. Each resident had a visiting plan in place. Window and garden visits took place as required. There were some indoor visits, however relatives we spoke with were eager for these to be increased as they felt this was important for the well-being of their loved ones and them.

Having opportunities to participate in meaningful activities was important for the health and well-being of residents. The activity programme in the home offered a good range of activities mainly on a 1:1 or small group basis. However residents living with dementia did not get the same opportunities. We were concerned that some residents spent all day in their rooms. Staff should work together to ensure that each resident had access to meaningful opportunities suitable for their abilities. See area for improvement 1.

We observed mealtime experiences for residents at different times of the day. Residents were not rushed in the morning so breakfast was at their pace. Staff were attentive when residents required assistance or asked for something. The dining areas were pleasant but the noise from the kitchen and the food trolleys could be minimised. Staff need to remember to offer visual choice of meals to residents. This involves them in deciding what they would like to eat when it is presented to them.

The service was homely but did need some refurbishment. There were seats placed as resting places for residents who liked to walk with purpose. We did find areas that required attention such as paintwork and plasterwork. The Kings Fund Audit (a tool services can use to assess if their home is appropriate to support people living with dementia) should be completed. The service should undertake a full refurbishment audit, for the comfort and well-being of residents. A copy of the audit, with timescales should be sent to the Care Inspectorate. See area for improvement 2.

Staff were vigilant to any changes with residents health and would call on external professionals when required. Ongoing concerns were discussed at regular handover meetings which meant that residents' health needs were assessed daily. We sampled care plans and other records relating to the medical health and wellbeing of residents including skin care and nutrition. These records were up-to-date and assessed regularly. There was an electronic medication system in place and the records for the day we reviewed them were in order. We sought reassurance that the areas identified in a recent medication audit had been addressed, for the safety and protection of residents. The management team stated they would make sure any outstanding issues were dealt with.

Overall we found the care plans were clinical in tone and language, with little personal detail and achievement out with of the 'About Me' proforma. Care plans should support staff to become familiar with, and care for, the whole person not just their clinical needs. We were told that the home would be moving to an electronic care plan system (PCS) in the near future. Staff needed to develop a more person centred approach when writing in records relating to residents and PCS will guide them to do this.

Areas for improvement

1. The activity programme provided should respond to the preferences and choices of all residents. All staff should see the value in offering meaningful opportunities for residents taking their abilities into account, particularly those living with dementia.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

2.

The service should complete a Kings Fund Audit to assess what improvement could be made to enhance the home and particularly the garden for residents who live with a cognitive impairment.

This ensures care and support is consistent with the Health and Social Care Standards, 5.16 which states "The premises have been adapted, equipped and furnished to meet my needs and wishes."

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

3 - Adequate

Staff, on the whole, could tell us about current Infection Prevention and Control guidance and practice. The home was superficially clean. The management team were doing audits of areas that needed to be cleaned to ensure good infection control practice. They had other checks in place for mattresses and soft furnishings. We spoke with housekeeping staff who had some knowledge about the correct IPC procedures to use, however there was some initial confusion about the correct cleaning solution which was resolved quickly on day one.

The premises, some furnishings and equipment were superficially clean. However we found areas such as dining room furniture, the laundry and sluices where staff were not following current guidance in keeping these areas clean and infection free. We found that there was a lack of quality assurance and management oversight which had led to these areas of concern being identified. The premises should be cleaned in line with current guidance for the safety and protection of residents. Staff needed to be more aware of the correct IPC procedures for keeping the home clean and infection free. The external management team responded immediately and action was taken to address these deficits on day one.

A more robust environmental overview needed to be implemented. We saw areas such as handrails, paintwork and plaster work which required attention. We asked the external management team to complete an in-depth audit of the home including maintenance issues. These audits would identify what further action needed to be taken to protect residents and staff from infection and keep them safe. The audit will be sent to the Care Inspectorate with timescales for completion. See area for improvement 1.

Staff demonstrated a good understanding of infection prevention and control procedures and the safe use and disposal of PPE. There was a sufficient stock of PPE within the home and staff were confident when 'donning and doffing' their PPE. PPE equipment was readily available and staff were using it correctly.

Staff were participating in the weekly testing regime and those spoken with were able to tell us about potential symptoms and when they would need to refrain from work and isolate. Relatives confirmed that they were also being tested and this gave them reassurance. This ensured that the safety and well-being of residents and staff was taken seriously.

Staffing arrangements were sufficient to meet the needs of residents but both relatives and staff stated that there were not enough staff on duty. Staff needed to be more person centred in their practice as they were often task focussed. The home had to use agency staff, but they ensured that they used the same people therefore ensuring consistency for residents. The provider was committed to completing a staffing review to determine the staffing required to fully meet the needs of residents. There was a contingency plan in place which reflected Covid-19 options for staff. See area for improvement 2.

We were concerned about the culture and negative attitude of some of the staff. Staff needed to take responsibility for their environment and not become complacent. They needed to follow correct IPC guidance and protocols at all times and this included the cleanliness of all areas of the home. External managers gave assurances that this would be addressed. Residents have the right to be cared for by staff who take pride in their work and who have their best interests at heart. See area for improvement 3.

Requirements

1.

By the 9 August 2021, Infection prevention and control procedures must be improved and maintained to comply with current guidance to protect the health and welfare of people experiencing care. In order to do this the provider must:

- ensure the home is 'deep cleaned' to prevent the spread of infection;
- ensure the correct use of cleaning products and equipment, including implementation of cleaning schedules to fully comply with current guidance are in place;

- ensure clear records of cleaning are maintained and includes a plan for what constitutes a daily clean and a deep clean;
- implement a system of direct observation of staff practicing infection prevention and control including using and disposing of PPE, handwashing, with clear records of these being quality assured;
- ensure that the management of laundry is undertaken following correct infection prevention and control guidance.

This is in order to comply with Regulation 3 - Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) – Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services).

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment' (HSCS 5.22) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

Areas for improvement

1.

The provider should undertake an audit of the home to identify areas requiring refurbishment, such as handrails and plaster work and overall maintenance. The audit should have action points, timescales and be sent to the Care Inspectorate.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment' (HSCS 5.22)

2. Staff need to be aware of the importance of completing tasks as directed and to the best of their ability. They need to follow the correct guidance and protocols at all times.

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

3.

The provider needs to address the culture within the home. The current culture is standing in the way of some staff performing and following their SSSC Codes of Practice.

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

Requirements

Requirement 1

The provider must adhere to current infection prevention and control guidance (Information and Guidance for care home settings Version 1.9). To do this the provider must by 1 November, (i) Ensure the cleaning solution used is diluted to the correct concentrate of chlorine-releasing disinfectant. Staff must have a good understanding of the importance of this and comply with the guidance.

This is to ensure effective decontamination of Covid-19 in rooms, sanitary fittings and hard surfaces. (ii) All contaminated mattresses and cushions must be replaced.

This is to comply with Regulation 4 (1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) This is to ensure that care and support is consistent with the Health and Social Care Standards 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 experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This requirement was made on 21 October 2020.

Action taken on previous requirement

We spoke with housekeeping staff. There was initially some confusion around which product was correct however this was rectified immediately and the correct solution was available for all staff to use. There was a mattress and soft furnishing audit in place. The home had purchased new mattresses where required.

Met - outwith 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

To ensure people are supported, the preferred method and frequency of keeping in touch with friends and relatives should be determined and recorded as per their wishes.

This area for improvement was made on 21 October 2020.

Action taken since then

Residents could communicate with relatives using skype or zoom calls. Each resident had a visiting plan in place. Families we spoke with were happy with the communication between them, the home and their relative. This area for improvement has been met.

Previous area for improvement 2

To make sure that people experiencing care can take part in activities meaningful to them, their personal plan should detail: i) what matters to people and how this will be facilitated under Covid-19 current restrictions; ii) creative ways to facilitate wishes, especially where restrictions related to Covid-19 impact on these to make sure the best possible outcome happens.

This area for improvement was made on 21 October 2020.

Action taken since then

There was an activity programme in place mainly engaging residents in 1:1 or small group activity. The programme was well received by those who could participate. We noticed that the activity programme did not engage many residents who were living with dementia or who liked to walk with purpose. Any activities provided in a care home should ensure that every resident participates in meaningful opportunities, if they wish to. There has been some progress made with this area for improvement however it will continue until all residents have the chance to participate in meaningful activities.

Previous area for improvement 3

People should be supported to eat and drink in a dignified manner and their hydration and nutritional met.

This area for improvement was made on 21 October 2020.

Action taken since then

We observed the dining experience on several occasions. We also sampled nutritional care plans and food and fluid charts for those residents at nutritional risk. Risk assessment were in place as was a care plan. This was regularly reviewed. We saw staff support residents with their eating and drinking. Staff should remember to offer visual choices at meal times. This area for improvement has been met.

Previous area for improvement 4

Care and support plans should clearly detail how needs are to be met and how risks will be reduced.

This area for improvement was made on 21 October 2020.

Action taken since then

Care plans were in place for each resident and were up to date. Brief 'about me' information which was nice to see. Clinical in tone and information. Areas were being assessed unnecessarily every month such as life story. Management agreed that care plans were too clinical - they are moving to PCS in the near future - this will guide staff to be more person centred. This area for improvement has been met with the understanding that we were given assurances that the new system would be person led.

Previous area for improvement 5

Accurate information should be recorded with regards to people's hydration needs this will allow for monitoring and analysis to be undertaken.

This area for improvement was made on 21 October 2020.

Action taken since then

We observed the dining experience on several occasions. We also sampled food and fluid charts for those residents at nutritional risk. We saw the fluid charts were completed regularly with a target amount recorded. This would be signed off by the nurse. This area for improvement has been met.

Previous area for improvement 6

The service should have additional PPE stations and clinical waste bins available throughout the service to ensure people are kept safe.

This area for improvement was made on 21 October 2020.

Action taken since then

On walking around we could see PPE stations. They were clearly visible, had good signage and were being used frequently by staff. This area for improvement has been met.

Previous area for improvement 7

The service needs to improve its quality assurance systems to ensure all equipment and the environment is consistently kept clean and maintained, including but not limited to, all mattresses, chairs, bumper bed rail cushions and tables this will include inner surface of mattress and chairs and undersides of equipment and tables, carpets, doors and walls.

This area for improvement was made on 21 October 2020.

Action taken since then

Areas within the home were superficially clean but we saw many areas that gave cause for concern in relation to infection prevention and control. This area for improvement has not been met and will become part of a requirement. See requirement 1.

Previous area for improvement 8

The laundry staff should be informed of and comply with the current guidance when washing staff uniforms, linen and moving and assisting equipment, such as Hoist slings and slide sheets.

This area for improvement was made on 21 October 2020.

Action taken since then

The laundry management within the home was not following the guidance in relation to infection prevention and control. This area for improvement has not been met and will become part of a requirement. See requirement 1.

Previous area for improvement 9

The service should undertake further assessment of the staffing arrangements to ensure people's physical and psychological needs are being met.

This area for improvement was made on 21 October 2020.

Action taken since then

Staff reported in all departments that there was not enough staff to meet the needs of residents. Dependency levels show that there is - lots of people cared for in bed/doing very little with their day. The

senior management team have ordered a review of staffing within the home. The outcome of the review will be sent to the Care Inspectorate. 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support 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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