

Millview Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 October 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 38 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.'

This was a follow-up inspection to report on the progress made with previously issued requirements.

What people told us

We briefly spoke with three residents during the inspection visit however many had received their Covid-19 booster jags the day before and did not wish to be disturbed.

We observed the interaction between staff and residents throughout the day. Staff were responsive to requests from residents and were warm and kind in their approach.

We received the following comments:

"I'm fine. I'm quite happy. The girls are busy but are nice."

"I don't like to trouble anyone. I am ok here. The staff are good."

"I get bored sometimes, the staff seem so busy. I don't know all of the staff. However I am happy enough."

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

There was progress noted with the requirement relating to Infection Prevention and Control practice however it was agreed that further improvement should be made and practice embedded for the safety and well-being of residents.

The cleaning schedules in place should be fully completed to show which areas of the house have been cleaned and when. The manager should have more robust measures in place to check that the cleaning is being undertaken in line with current good practice. A plan to address the concerns raised at this inspection will be sent to the Care Inspectorate.

The requirement has been met however an Area for Improvement has been provided to the service in order to maintain close observations of further improvements needed.

Areas for improvement

1. The cleaning schedules in place should be fully completed to show which areas of the home have been cleaned and when. The manager should have more robust measures in place to check that the cleaning is being undertaken in line with current good practice. A plan to address the concerns raised at this inspection will 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) 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)

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

Requirements

Requirement 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).

This requirement was made on 22 June 2021.

Action taken on previous requirement

We could see that a deep clean had taken place after the last inspection however it was evident that some of that work had not been sustained and this was primarily down to lack of consistent staff in the housekeeping team. The manager gave assurances that a further deep clean would take place and the cleanliness maintained.

The correct cleaning products were being used and new cleaning schedules had been put in place. In discussion with housekeeping staff they were able to verify what products they used and which areas within

the home should be cleaned and when.

There were schedules in place for daily cleaning and deep cleaning of areas however we could see that these were not being completed fully and some important areas were being missed. This could pose a potential risk to the safety and well-being of residents. We discussed this with the management team and they took immediate steps to address the concerns raised and will put a plan in place to ensure that all cleaning takes place as agreed and the paperwork to support this is completed fully. The plan will be sent to the Care Inspectorate.

The management team would 'spot check' the knowledge of staff relating to PPE and donning and doffing. This would be recorded on the 'daily walk round' checklist. There were also competency based exercises that staff were required to complete. This gave reassurance that staff were continuing to practice good infection prevention and control for the benefit of residents.

The laundry was small, but clean and tidy. The boxes being used to transport clothing to residents rooms should be replaced as many of them were cracked. The service had bought a cover for the laundry 'trolley' which reduced the chance of any contamination of the clean clothing.

The manager acknowledged there was 'still a way to go' and we agreed however there was enough improvement to make this requirement met.

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 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)

This area for improvement was made on 22 June 2021.

Action taken since then

In discussion with the manager and activity staff it was evident that whilst some small activities were taking place, they had plans to expand what was on offer to make sure each resident had access to meaningful opportunities.

This area for improvement will be reviewed at the next inspection.

Previous area for improvement 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."

This area for improvement was made on 22 June 2021.

Action taken since then

We were told that the Quality Manager had completed the audit tool. The manager was in the process of addressing the actions.

This area for improvement will be reviewed at the next inspection.

Previous area for improvement 3

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)

This area for improvement was made on 22 June 2021.

Action taken since then

A new maintenance staff member had been in post for two weeks when we visited. He was aware of the refurbishment plan and was taking steps to address the actions required.

This area for improvement will be reviewed at the next inspection.

Previous area for improvement 4

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)

This area for improvement was made on 22 June 2021.

Action taken since then

The manager had held staff meetings, spoke with staff individually and had observed practice. She felt that staff were more responsive to requests and they completed tasks when asked and followed the correct protocols.

The area for improvement has been met.

Previous area for improvement 5

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)

This area for improvement was made on 22 June 2021.

Action taken since then

We spoke with the manager, the external management team and staff. There were mixed views on whether the culture had changed in a more positive way. It was felt that there was 'still a way to go' however the manager had ideas on how this may be achieved.

This area for improvement will be reviewed at the next inspection.

Complaints

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

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