

Millport Care Centre Care Home Service

19 George Street
Millport
Isle of Cumbrae
KA28 0BQ

Telephone: 01475 530 006

Type of inspection:
Unannounced

Completed on:
15 November 2022

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378610

About the service

Millport Care Centre is registered to provide care for up to 27 adults with a learning and/or physical disability.

The service is located on the Island of Cumbrae. All bedrooms are single occupancy except for one twin and all have ensuite facilities. Bedrooms are spacious and individually decorated and furnished. Accommodation is provided in a two-storey building with one lift between the floors.

The home has three communal lounges - two of which have kitchen facilities, bathroom(s), a dining room and large garden space around the building.

About the inspection

This was a follow up inspection which took place on 15 November 2022 between 11:30 and 18:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with a number of people using the service
- spoke with a number of staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff know people and their support requirements well.
- Induction and role specific training opportunities have improved.
- The management team have a good understanding of areas that require improvement.
- Redefining of roles of the staff team have improved consistency of support for residents.

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 well is our care and support planned?	4 - Good

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

An area for improvement was made on 4 July 2022, at the previous inspection to improve the consistency of health and wellbeing recording and communication across the service. This was to keep people safe and promote their health and wellbeing.

This was revisited at follow up inspection on 15 November 2022, recording in health monitoring charts remained inconsistent and record logs in relation to contact with professionals not always completed. See section "Outstanding areas for improvement" for further information.

This area for improvement will be followed up at the next inspection.

Areas for improvement

1. To keep people safe and promote their health and wellbeing communication and recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to monitoring charts being fully completed, professional visits and communications logged detailing outcomes and actions.

Communication in relation to people's health and wellbeing should be effective both internally and externally.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (4.18)

"I experience high quality care and support because people have the necessary information and resources." (4.27)

How well is our care and support planned?

4 - Good

An area for improvement was made on 4 July 2022, at the previous inspection to improve the consistency of care planning across the service. This was to ensure people are receiving the right support at the right time.

This was revisited at follow up inspection on 15 November 2022. Care plans sampled continue to require updating, with a focus on setting clear outcomes. See section "Outstanding areas for improvement" for further information.

This area for improvement will be followed up at the next inspection.

Areas for improvement

1. To ensure that people are receiving the right support at the right time, the service should continue to update care plans for all residents.

Care plan folders should be streamlined, archiving information that is not currently required, to make information required more accessible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"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." (1.15)

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

Requirements

Requirement 1

By 7 November 2022 the provider must ensure that staff access induction and training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

To do this, the provider must, as a minimum:-

- Identify and have commenced leadership training for all senior staff.
- Ensure a robust induction process is in place and undertaken by all newly recruited staff.
- Ensure all staff, including ancillary staff, have undertaken adult support and protection training.
- Monitor staff competence through supervision, and direct observations of practice.
- Ensure team meetings are scheduled regularly and accessible and available for all staff.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and Regulation 15 (a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

3.14 "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."

This requirement was made on 4 July 2022.

Action taken on previous requirement

Leadership training has been identified and a number staff allocated to attend, over the coming weeks.

Induction process has improved, with induction handbooks issued to newly recruited staff and utilised when on shift, including some reflections. New staff have been allocated a buddy for support and guidance. Newly recruited staff stated that this was beneficial for them, and improved their knowledge and understanding of the service, the expectations on them and the service users. Senior staff reflected it was helpful for them to know where each person was at with their induction and what they still needed to know as this helped to guide their support to staff.

Induction training undertaken is being closely monitored to ensure staff have completed training as required.

All staff within the service have completed face to face ASP training, with the exception of four people – session has been arranged. This session included discussions relating to practice and how the knowledge would be implemented.

A newly reformed supervision structure has been implemented – with all senior staff now supervising. Support was provided by Manager and Depute to enable staff to carry out this role. Almost all staff have received their first supervision session, with plans in place for this to continue over the course of the year.

System implemented to track observations of staff, including IPC observations as well as observations of practice in relation to supporting medication and interactions with service users.

Team meetings have been scheduled throughout the year. Staff reported having regular team meetings have been helpful and have improved communication across the service. There is the option to join meetings in person or online and minutes are sent out that day, for anyone not able to join. Staff were very appreciative of this development.

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

To improve the consistency of support for people, the provider should explore and clearly define roles and responsibilities for each grade of staff. This should include the functions of the keyworker, as well as staff roles.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"My care and support is consistent and stable because people work together well." (3.19).

This area for improvement was made on 4 July 2022.

Action taken since then

Roles and responsibilities of each job role have been redefined and communicated to staff individually and in team meetings.

Staff have reported that this has been beneficial as it has given them a clear understanding of the expectations of them. Clear roles have been defined in relation to supervision, which has been established as well as clear allocation of keyworkers.

This area for improvement has been met.

Previous area for improvement 2

To keep people safe and promote their health and wellbeing communication and recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to monitoring charts being fully completed, professional visits and communications logged detailing outcomes and actions.

Communication in relation to people's health and wellbeing should be effective both internally and externally.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (4.18)

"I experience high quality care and support because people have the necessary information and resources." (4.27)

This area for improvement was made on 4 July 2022.

Action taken since then

Monitoring charts appear to be in place for all service users, and have been completed sporadically, with no clear direction of who should have one and why. There is also no clear direction of actions to be taken if there are any concerns regarding information recorded.

Record of contact with others were in place, but not always completed. Information in relation to professional visits could be sourced in daily notes, but this was not easily accessible.

This area for improvement has not been met.

Previous area for improvement 3

To promote the improvement journey, the service should create opportunities to engage with the wider team in relation to the ongoing developments within the service. This may include exploring champion roles, utilising lessons learned from adverse events and actively seeking improvement ideas from the staff team.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (5.1).

This area for improvement was made on 4 July 2022.

Action taken since then

Service manager offered a range of opportunities to the staff group, asking staff if they have areas of interest that they would wish to develop. Championing roles have been allocated across the team for a variety of roles including infection control and staff wellbeing, with clear expectations of the roles defined.

Team meetings have been established, with staff reporting this is giving them the opportunity to discuss improvement opportunities. Staff informed us that senior staff are approachable, and they would feel confident in discussing any areas for improvement and have their ideas heard.

This area for improvement is met.

Previous area for improvement 4

To promote independence of people and minimise risk the organisation should evaluate their assessment criteria for the service, based on the restrictions of the layout of the building.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (5.1)

This area for improvement was made on 4 July 2022.

Action taken since then

The service have developed a criteria of assessment for new referrals based around the services ability to meet the needs of the person, providing staff support to meet the individuals needs and the potential impact on other service users.

Alongside senior management, there is an agreement that staff of at least two grades will be involved in the assessment process before reaching an agreement to take on a new referral, to ensure there is input from staff who would be providing support.

Assessments have been carried out of all service users, with a number of people identified for moving to another area, when there is availability.

This area for improvement has been met.

Previous area for improvement 5

To ensure that people are receiving the right support at the right time, the service should continue to update care plans for all residents.

Care plan folders should be streamlined, archiving information that is not currently required, to make information required more accessible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

"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." (1.15)

This area for improvement was made on 4 July 2022.

Action taken since then

Care plans sampled were of varying quality. Some contained clear information in relation to support to be provided. No outcomes were set, therefore making it difficult to review care plans and track service users recovery journey.

Some care plans were also unorganised making it difficult to easily find required information.

Management confirmed that the service is continuing to work on updating and streamlining care plans.

This area for improvement has not 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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