

## Mackinnon Centre Care Home Service

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Telephone: 01382 431 970

**Type of inspection:**  
Unannounced

**Completed on:**  
17 October 2022

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Service no:**  
CS2003000501

## About the service

The Mackinnon Centre is a respite service for adults. It is situated in a residential area of Broughty Ferry, close to local transport links, shops and community services. The service provides residential care for up to 10 people.

The service provides accommodation on one level in single bedrooms, each with an en-suite wet room. There are two sitting rooms and two dining rooms. There is also access to well-tended gardens around the building.

## About the inspection

This was an unannounced inspection which took place on 13 October 2022. The inspection was carried out by two inspectors 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 one person using the service and one family member
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- People knew the staff supporting them well.
- Staff felt well supported by the leadership team.
- Management oversight required further improvement and development.
- Kitchen staff were knowledgeable and could confidently cater for peoples needs.

## 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?	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

We evaluated this key question as good, where several important strengths, taken together, outweighed areas for improvement.

People were comfortable and relaxed in the MacKinnon Centre. People knew the staff that were supporting them well and appeared to enjoy their company. It was easy for people to navigate round the centre if they chose to do so, with communal sitting rooms, activity rooms and gardens available for use throughout the day. This meant there were options for people to choose where to spend their time.

Menus were varied and catered for a variety of diets. Meals were prepared fresh each day, with people being offered the menu options each morning. Staff working in the kitchen knew people well and could confidently cater to their requirements. Staff in the kitchen had flash cards for everyone who visited the centre. These were updated each time someone was admitted ensuring their preferences and dietary needs could be identified quickly. Picture menus were in use to promote inclusivity for people with communication difficulties. Fluids were accessible throughout the building and independent access was promoted. People told us they enjoyed the meals at the service, and we were confident their nutrition and hydration needs were met.

Pre-admission assessments and visits took place and "meet and greet" meetings were arranged in the first few days of admission. These enabled people to meet all the staff and discuss their needs and preferences. Care plans were well written, and clearly evidenced people's involvement in their development. Care plans were well formatted so that people's goals could be identified and tracked easily. Risk assessments had been completed and were regularly reviewed. Where appropriate, review meetings were taking place on a routine basis. People were encouraged to be involved in these meetings, and in directing their own support making sure they were involved in all aspects of their care.

People were supported to manage their health needs effectively. There were good links with the multi-disciplinary team, and staff were responsive to changes in people's condition. People could be confident that when they were staying in the MacKinnon Centre, their health would be promoted. Where people required support to manage their medications, staff followed procedures. However, the overall medication policy and administration would benefit from further review, to ensure this is in line with best practice. We discussed this with the manager and plans are in place for these to be reviewed.

A range of suitable activities were available. Staff engaged with people throughout their stay in the MacKinnon Centre, to identify their goals and preferred activities and supported them to participate. People were supported to go out if they wished, as the service had access to minibuses. Communication links with relatives and friends were strong, and people could keep in contact with those important to them. This ensured people maintained meaningful relationships and activities throughout their stay.

Infection prevention and control procedures (IPC) for the service were clear and adhered to. Personal protective equipment (PPE) was in good supply and was accessed easily by all staff. Staff were wearing PPE appropriately and were confident in using it correctly to keep people safe. Domestic staff were knowledgeable about the products they used and where they were used. We identified that reusable spray bottles remained in use at the service, and shared the risks of these with the manager, for service review. The service was clean although some more difficult to reach areas such as tops of cupboards and under tables, would benefit from increased regular cleaning. Rooms were routinely deep cleaned, ensuring these were safe and comfortable for use.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. Important strengths were identified, however these just outweighed areas of weakness.

An ongoing development plan for the service was in place to identify and action areas for improvement. The kitchen facilities and resources had been developed as part of this plan, with people's experiences improved.

The service was well maintained. Equipment was regularly tested to ensure it was always fit for purpose. Weekly fire tests were taking place and staff took part in fire drills to ensure they could efficiently evacuate people if required. Equipment was clean, with cleaning instructions accessed easily, ensuring all staff were aware of appropriate cleaning procedures.

Accidents and incidents were recorded in detail and timeously. Follow up actions were identified, carried out and where appropriate reported to the relevant authority. This promoted a culture of continuous improvement and learning within the service whilst keeping people safe.

Management oversight of quality assurance systems was inconsistent and required improvement to ensure people were safe. Senior Social Care Officer (SSCO) audits were not being carried out as scheduled, and we identified gaps in cleaning schedules. These gaps corresponded to the areas of the service that required further deep cleaning. **(See requirement 1)**

Feedback was not being actively sought and the complaints folder was not up to date. Relatives were unsure of how to raise a complaint, should they not wish to raise this verbally with a member of staff. Formal feedback questionnaires were developed following the pandemic but were not yet being shared with people and their relatives. Positive feedback received in the form of thank you cards was displayed on a wall. Feedback is important to support the ongoing improvement process and people should be made aware of the appropriate procedures for this. **(See requirement 1)**

Staff worked well together and felt supported by the leadership team. A staff supervision matrix was in place and up to date. A staff registration and training matrix was under development. Staff told us they had access to training on a regular basis, but it is important that this is recorded and easily accessed to ensure the manager has oversight to ensure staff continue to maintain the skills and knowledge to meet people's assessed needs. **(See requirement 1)**

## Requirements

1. By 17 February 2023, the provider must ensure that the manager has complete and up to date oversight of all that is happening in the service.

To do this, the provider must, at a minimum:

- a) Implement and embed audit tools effectively to inform the manager and leadership team on a daily basis.
- b) Ensure that feedback is sought from people, recorded and used to improve the service.
- c) Ensure people know how to make a complaint.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 (HSCS), which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS, 4.19).

## 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

1. The service should ensure that staffing levels are sufficient to consistently meet the social needs of the people it supports.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 3. 'I have confidence in the people who support and care for me' and 3.15 'My needs are met by the right number of people.'

**This area for improvement was made on 6 December 2019.**

### Action taken since then

This area for improvement has been met. Assessment tools were used to determine staffing levels required in the service, to safely meet the needs of supported people. Rotas showed a minimum staffing level, which was increased when required.

### Previous area for improvement 2

The service should produce a development plan in line with its identified direction as identified via its review. This will provide a focus on improvements, quality assurance and building a dynamic and innovative service for the people who use it.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 4: 'I have confidence in the organisation providing my care and support' and 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

**This area for improvement was made on 6 December 2019.**

#### Action taken since then

This area for improvement has been met. An ongoing action plan was in place and used to inform improvements within the service. This would benefit from further development. Please see 'Key Question 2: Quality assurance and improvement is led well' for more information.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate



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