

Mackinnon Centre Care Home Service

491 Brook Street
Broughty Ferry
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Telephone: 01382 431 970

Type of inspection:
Unannounced

Completed on:
24 February 2023

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. At the time of inspection, there were four people using the service.

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 a follow up inspection which took place on 23 February 2023. 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
- Spoke with four staff and management
- Observed practice
- Reviewed documents.

Key messages

- Quality assurance systems have been implemented in the service and were beginning to be used to inform service improvement
- The management and leadership team had good oversight of the service
- People's feedback was being actively sought and considered in decision making process for service development
- A complaints procedure was in place and the service regularly checked people were aware of this.

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 leadership?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several important strengths clearly outweigh areas for improvement. A requirement was made at the previous inspection on 17 October 2022 which has now been met.

The service had put in place several useful audit processes that were analysed and used to formulate action plans to address areas for improvement. Some peer reviews were also in place which promoted team learning and shared responsibility. The manager had good oversight of these processes, regularly reviewed them and actioned any necessary outcomes.

Feedback questionnaires were sent out to people who use the service and the information that was gathered was being collated. Plans were in place for the findings to be shared with people who use the service, those important to them, and staff. Developments had been actioned as a result of feedback, such as the purchasing of new smart TVs with voice activation for people who use the centre.

Staff were actively encouraged to be involved in the improvement journey by completing questionnaires and in regular, well-structured team meetings. There was a sense of shared responsibility among staff for taking improvement ideas forward.

The complaints procedure was discussed at care review meetings and was asked about in service user feedback questionnaires. It was also discussed regularly with staff to ensure their awareness. This means that service users and their families were able to raise any issues and provide feedback as and when they wished.

A service development plan is yet to be formalised to take account of all the above and to continue to drive improvement. This was discussed with the manager who agreed it would be a useful next step (**see area for improvement 1**).

Areas for improvement

1. To continue to identify and inform service improvements and ensure these are embedded into service delivery, the provider should develop a detailed and useable service development plan that continues to take account of feedback from service users, their families and the staff working in the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I am supported to give regular feedback on how I experience my care and support and the organisation takes learning from this to improve' (HSCS 4.8).

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

Requirements

Requirement 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).

This requirement was made on 17 October 2022.

Action taken on previous requirement

This requirement has been met.

Please see Key Question 2: How good is our leadership? in the main body of the report for more information.

Met - within timescales

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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