

Millport Care Centre Care Home Service

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Isle of Cumbrae
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Type of inspection:
Unannounced

Completed on:
26 July 2024

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. At the time of inspection 25 people were being supported by the service.

The service is located in Millport on the Isle of Cumbrae. Accommodation is provided in a two-storey building with one lift between the floors. All bedrooms are single occupancy except for one twin room, and all have ensuite facilities. Bedrooms are spacious and individually decorated and furnished. The home has three communal lounges, two of which have kitchen facilities. There are also two well equipped communal bathrooms, a dining room and large garden space around the building which includes garden houses which can be used for activities by individuals or groups.

About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 July 2024. 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 eight people using the service and six of their family.
- received 59 completed questionnaires
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People experienced compassionate, respectful, and person-centred care and support.
- The service was very well led, by a skilled and highly motivated manager.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.
- The regular assessment and planning of staffing was centred on people's needs and took a variety of meaningful factors into account.
- The environment was very clean and well maintained.
- An effective environmental improvement plan made the home more welcoming and created new useful spaces for people.
- People's care and support plans demonstrated the service's person-centred, and outcome focussed approach.

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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

People's wellbeing benefitted from the warm, friendly and inclusive atmosphere in the service. Staff knew every resident well and were therefore able to support them in a person-centred way. This helped people to get the most out of life and to feel content and at home in the service. A relative told us "The staff they have just now are the best bunch of staff we have ever had. It is a great atmosphere. I think it is the best it has ever been. They have built a relationship with each and every resident." A service user said "Everyone is welcoming and friendly and it's fun to live here."

We spoke to several service users who told us about their day, recent and planned activities and their relationships with staff. People we spoke to felt supported and had a sense of belonging. We saw that staff interacted respectfully with the person they supported and that they listened to people's wishes and enabled them to make choices. There were several examples of how this enabling approach improved people's outcomes, such as increasing their independence and making them feel valued and at ease.

There were good, person-centred examples of staff supporting people to be meaningfully active in their own home or outside. Staff showed good awareness of how to work with each person's strengths and abilities to support them to get the most out of life. This included making new experiences and supporting people with being as independent as possible. As a result, staff helped people to build their confidence and to increase their life skills. The service had listened to previous feedback about the quality of support with activities. We saw that managers addressed this proactively and had made some positive changes, such as developing a part-time staff role to support activities. A relative told us "I think they are going from strength to strength. Lots of activities now such as cocktail day or music day which didn't always happen before." **We assessed an outstanding area for improvement for activities and found that it was met (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

The service demonstrated a strong sense of responsibility for supporting the physical and mental health needs of the people they supported. We found some good examples of facilitating healthcare assessments and treatment for people in a timely and proactive way. This supported people's health and wellbeing and avoided unnecessary deterioration of health issues. Some external professionals told us that staff did not always communicate effectively with them. We discussed this with the managers who were keen to work with the external professionals and staff on further improving communication. **We assessed an outstanding area for improvement for supporting people's healthcare needs and found that it was met (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

We found that the management of people's medication was safe. The service had the right documentation in place, and we saw that it was completed correctly. Training and quality assurance processes were in place to sustain good practice. This helped to keep people safe and supported their health needs.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had a completed self-evaluation and improvement plan that was reflective of the inspector's findings. The improvement plan included effective responses to feedback and regular reviews. This supported staff at all levels with knowing what to do to ensure that the service remained focussed on continuously driving improvement, in order to achieve good outcomes for people.

Managers used effective quality assurance processes to identify strengths and things that needed to be improved. This supported good outcomes for people and helped to keep them safe. The service's robust approach and commitment to quality assurance supported positive changes and helped to build people's trust and confidence in the service.

The manager provided strong, clear and positive leadership. Staff told us that the manager consistently promoted good practice and accountability. We saw several positive examples of how the manager involved staff in the development of the service. As a result, people benefitted from a culture that promoted open communication, reflective practice and continuous improvement. A relative said "[the manager] is so approachable, so down to earth and has made a difference to the atmosphere. She is part of the team, and she leads by example, involves everyone and asks for feedback."

We found that managers were approachable and open to feedback. Service users and families provided examples of being involved, listened to, and problems that were solved effectively. This meant that people could feel confident about the service and that people's rights, choices and wishes were respected and valued. A relative told us "They 100% ask for your input. If the tiniest thing happens, they will be on the phone. If you had any issue at all they are willing to listen and deal with it."

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Our observations and people's feedback showed that staffing arrangements in the service worked well. Recent examples, like the introduction of a part-time staff role to support activities, showed that the provider made positive changes to staffing where it was needed to improve people's outcomes.

The service continuously assessed the staffing arrangements in the service to ensure that staffing numbers and skills mix were right for people. Managers had started to use the latest guidance for safe and effective staffing in care homes effectively. This meant that the processes for assessing and evaluating staffing in the service were clear and focussed on supporting good outcomes for people. Managers took a variety of meaningful measurements into account, which included feedback from people and staff, quality assurance, clinical governance and care reviews. Because this process was still very new, more time was needed to ensure that people, families and staff were fully aware of it and to measure the impact over time.

Staff told us that the work atmosphere in the service had continuously improved since the current manager was in place. This meant that staff felt supported and felt increasingly confident in their roles and in the service overall. The provider was aware of the importance of staff wellbeing and had processes in place to support it, including regular staff meetings and supervision.

Staff were provided with the training the needed and wanted. Managers had an overview of planned and completed training. This supported staff to have the right skills for their role and responsibilities.

The service had robust processes in place to ensure the safe recruitment of new staff members. This protected people from harm and helped to ensure new staff members had the right skills and attitudes to support people well.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

The home was very clean and very well maintained, whilst providing a homely and welcoming atmosphere. This provided people with a safe, respectful and enjoyable environment. People were supported to personalise their own rooms well, which enhanced their sense of home and belonging.

The provider had ongoing refurbishment and environmental improvement plans in place. Already completed improvements were of good quality and effectively supported good outcomes for people. It was positive to see this proactive approach and that the plans were centred on people's needs and wishes. There was evidence that people were meaningfully involved in decisions about the environment and how it should be used.

An example of recent improvements were additional 'summer houses' in the garden areas of the home. These high-quality structures provided useful additional spaces for individual quiet time and individual or small group activities. We assessed an outstanding area for improvement for creating more communal areas and found that it was met (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Further planned improvements included the upstairs lounge, the communal dining room and the decking area in the front garden. We welcomed these positive plans and the provider's commitment to address these remaining weaknesses in the home's environment. We discussed with the manager that it will be important to regularly assess and monitor the use of the additional spaces, like the 'summer houses' and the front garden. This would help to ensure a proactive, outcome-focussed and consistent use of the environmental resources (**see Area for Improvement 1**).

Areas for improvement

1. To support good outcomes for people through an effective use of their environment, the provider should regularly assess and evaluate if and how communal spaces are being used to support people getting the most out of life.

This should include, but is not limited to, lounge areas, garden areas and summer houses.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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' (HSCS 5.1) and 'If I live in a care home, I can use a private garden' (HSCS 5.23).

How well is our care and support planned?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

We found that people's care and support plans were up-to-date and person-centred. The care and support plans included good detail that helped to inform staff about how to support people to achieve good outcomes. A newly introduced electronic care planning system meant that all care and support plans were being updated, and staff used this opportunity to make further improvements to the content. The new care planning system also supported the existing quality assurance processes, which helped to ensure that content was complete and up-to date.

People confirmed to us that they had opportunities to review care and support plans with senior staff. This helped to ensure that people's care and support plans were dynamic and centred on people wishes and choices. However, we found that the format of the care reviews could be improved, because it was not sufficiently focussed on evaluating and identifying personal outcomes. The manager acknowledged this and explained that she had started to discuss ideas for changes to the format with senior managers. To support this work, we made an area for improvement (see Area for Improvement 1).

People's care and support plans included detailed information about their healthcare needs. People's personal risk assessments were complete and up-to date. Risk assessments and plans to promote people's safety were not overly restrictive and enabled people to be active and to make valuable experiences. This promoted people's sense of wellbeing, as well as their skills and confidence. We assessed an outstanding area for improvement for care and support planning and found that it was met (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

People felt that their rights were respected, and legal documentation was in place to ensure that staff were aware of who held legal rights for the people they supported. This helped to keep people safe and ensured that decision-making was inclusive and transparent.

Areas for improvement

1. To support people's involvement and participation in the regular, outcome focussed evaluation of their care, the provider should review and improve the process and format of six-monthly care reviews.

This should include, but is not limited to, making the format more focussed on personal outcomes and maximising participation of people and their representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

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 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.

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Action taken since then

We found good examples of the service effectively supporting people's healthcare.

There was evidence of increasing staff skills and awareness through training for recognising health deterioration and facilitating timely healthcare.

The new electronic care planning system included improved documentation and monitoring processes that helped to manage people's healthcare needs.

Feedback from external health professionals in regard to supporting people's healthcare needs and in regard to communication was overall positive.

This area for improvement was met.

Previous area for improvement 2

To ensure people get the most out of life the service should continue to develop and embed meaningful activities into people's lives. This should include demonstrating an understanding of the positive impact of

activity on people's outcomes.

The service should clearly evidence if the planned package of care, in relation to activities, has not been delivered and alternative plans implemented.

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

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

This area for improvement was made on 25 September 2023.

Action taken since then

Our observations and conversations with people showed that sustained progress with improving people's experiences and outcomes was made.

There were good individual examples of meaningful and person-centred activities which promoted people's wellbeing, interests and abilities.

The manager had a clear overview of people who had planned 1:1 or 1:2 times as part of their care package and there was evidence that the purpose of these staff allocations was ongoingly reviewed.

The introduction of a part-time role for a staff member who takes responsibility for planning activities and for supporting staff with instructions and ideas was a very positive step that contributed to people experiencing better outcomes.

This area for improvement was met.

Previous area for improvement 3

The provider should ensure the service is utilising all resources available to create smaller private spaces for people, including within the garden area and to continue to explore internal opportunities within the building.

This is to ensure that 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." (HSCS 5.1)

This area for improvement was made on 23 September 2023.

Action taken since then

Additional summer houses in the garden area created further private spaces for people and were of good quality. There were several examples of these spaces being used effectively to improve people's outcomes.

An ongoing refurbishment program delivered good results that were appreciated by people.

This area for improvement was met.

Previous area for improvement 4

A strengths-based approach to personal planning should be promoted with an emphasis on the goals that are important to people experiencing care. Care plans and reviews should be outcome focussed with evaluations that reflect the impact of planned care and support on people's experiences.

People using the service and their families should be involved with the production of care plans and care reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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." (HSCS 1.15)

This area for improvement was made on 23 September 2023.

Action taken since then

The personal plans already completed in the new electronic care planning system were of good quality and demonstrated a person-centred approach, based on very good knowledge of the individual person.

There was evidence of a robust overview of the 6 monthly review cycle for people and for inviting people's families or legal representatives.

This area for improvement was 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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very 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

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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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