

Mosswood Care Home Care Home Service

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Linwood
Paisley
PA3 3FA

Telephone: 01505 335042

Type of inspection:

Unannounced

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Service provided by:

Pacific Care Limited

Service provider number:

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Service no:

CS2012312934

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

Mosswood Care Home provides care to 71 older people who may have physical/sensory impairment and/or memory impairment. There were 71 people living in the home at the time of the inspection.

The purpose built home has three units of different sizes. The single bedrooms have en suite facilities and have access to internal courtyard gardens or their own outside patio area. Each unit has its own dining and lounge areas. Off street parking is available and the home is close to local amenities and public transport.

The home is owned and operated by Pacific Care Ltd.

The provider "strives to consistently deliver the highest level of personalised professional care. Genuine care, compassion and respecting resident individuality is key to the delivery of care".

This section is locked and cannot be edited.

What people told us

Before and during our visit we received 10 completed care standards from relatives and 15 from staff. There were 71 residents living in the home at the time of our inspection. During our visit we spoke with 13 residents and 7 visiting relatives.. We spoke with staff throughout our inspection and as part of our general observations. We also observed a lunchtime and carried out a SOFI 2* observation involving residents with limited communication abilities.

Overall residents, relatives and staff gave positive feedback about the standard of care at Mosswood care home. When areas for improvement were identified we explored these further and communicated them anonymously to the manager and with a view to supporting improvement if needed. Comments included:

- "I am very happy here".
- "Exceptional nurses in charge".
- "We are very happy with the care my mum receives at Mosswood".
- "I am impressed that staff know and use all of the residents' names, even the cleaning ladies"
- "The home is spotless; the cleaners do a wonderful job. We are also very impressed with the laundry service".
- "I like the food. The menu is good".
- "No issues and extremely happy with the care home".

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staffing?	5 - Very Good
How good is our setting?	5 - Very 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?

5 - Very Good

We were encouraged by evidence of positive experiences gathered from observations, sampling of records, feedback from residents and relatives and discussions with managers and staff. As a result we were confident that people experienced very good outcomes while accessing care and support by the service. Relatives we spoke to commented positively on their experience of the service.

We saw that staff reviewed and assessed the needs of residents regularly. This meant that staff were responsive to changes in people's health and wellbeing. Staff worked in partnership with health and social care professionals to ensure that health and wellbeing needs were met. During our visit we spoke to a visiting GP and a physiotherapist who both confirmed that they were happy with the way the home cooperates with them. The service carried out all required risk assessments and reviews regularly. Complaint procedures and access details for independent advocacy services were well displayed. These things were important to ensure a good level of care and to protect the rights of vulnerable people.

Evidence from our observations and feedback from residents and relatives showed that there was a positive climate of care supported by genuinely caring staff who demonstrated very good knowledge of the people in their care. Our SOFI 2 observations and observations of mealtimes found that staff were able to skilfully use their knowledge of the residents to interact with compassion and positivity. This meant that people experienced compassionate and respectful care that maintained their dignity and respected their choices and wishes.

The service's overall management of medication was safe and robust. We found that a particular strength of the medication management system was the way the service approached the use and management of psychoactive medication for people living with dementia in line with best practice. This meant that people's medication was based on a plan and reviewed regularly to ensure that people benefit from its use. Very few people received medication covertly. We discussed with managers how the documentation around covert medication could be further improved to ensure consistency in application of best practice.

We found that the service offered a wide range of activities. Staff had a good awareness of the importance of activities in supporting physical and mental wellbeing. Regular outings helped to keep residents connected to their community and to live a full life. The freely accessible and safe gardens meant that people could go outside when they wished. These things promoted physical and emotional wellbeing and personal choice. We discussed with the managers that the gardens could be made more interactive and interesting spaces.

How good is our leadership?

4 - Good

The service used a range of quality assurance methods to monitor the experience of people living in the home and to ensure that their needs are met. Feedback from families and residents was encouraged in different ways to enable people to give their views forward. Newsletters, information boards and regularly organised meetings informed people about developments in the home. This meant that we could be satisfied that the service had overall good and well led quality assurance systems.

We saw that managers had started to use a mealtime observation tool for observations of practice during mealtimes. These were designed to ensure consistency of practice and to drive further improvements. Staff feedback and our own mealtime observations showed that the tool appeared to be effective. This meant that the service had started to use regular observations of practice as an effective quality assurance tool. We encouraged managers to keep developing the mealtime observation tool and to empower more junior staff members to become involved in carrying out and evaluating those observations. We also spoke to managers about how their quality assurance system could be further expanded by including more regular observations of practice in other areas of care.

Where things went wrong with a person's care and support, managers were able to demonstrate how they dealt with it in an open and constructive way. This meant that people's rights were respected and that managers used learning from accidents, incidents or complaints to improve the service. A good example of practice was that managers had started to encourage staff to use reflective practice to help them with learning from incidents where things went wrong.

The service had an on-going action plan to manage and support improvements in the service. Managers used some of the measurable outcomes from their quality assurance systems to inform this action plan. This meant that the service had a basic, development plan that took audit outcomes, feedback and best practice guidance into account. A good example of practice was how managers use their knowledge of best practice in dementia care to combine quality assurance outcomes and training to drive improvements. We discussed with managers how they could further improve their service development plan by working out the service's strengths and areas for improvement in an evidence-based way. We also found that the service could further improve how quality assurance processes and findings can be made more transparent. This could further strengthen the involvement of people in the development plan of the service.

How good is our staff team?

5 - Very Good

We found that the service assessed and understood the needs of the residents well and that staff were deployed effectively. Managers were able to demonstrate how they used a dependency tool in combination with other measures, like unit size and layout to determine the necessary staff numbers to meet the needs of residents. We encouraged managers to keep developing how they could use a variety of measurements, including feedback from residents, relatives and staff to determine the right numbers and mix of staff.

Staff told us that they were clear about their roles and found that they were deployed effectively. Nightshift staff were able to give us examples of how they worked well and flexibly together between the individual units. This meant that staff used their initiative in response to residents' needs and changing situations.

Staff feedback also showed very good working relationships throughout the home. Managers encouraged feedback and offered opportunities for staff to voice concerns or contribute ideas. The contribution of support staff, like housekeeping, activities, maintenance and catering were valued by managers and care staff. This meant that we were able to see that staff were confident in their roles and able to build positive relationships with residents. We found that this contributed to the overall warm and kind atmosphere in the home.

How good is our setting?**5 - Very Good**

We saw that residents overall benefitted from a modern, purpose-built service. This included features and designs to promote independence for older people and people living with dementia. Apart from the useful design, people commented very positively on the high degree of cleanliness and tidiness throughout the service. There was a variety of lounges and communal areas, including quiet spaces and spaces for activities. This meant that the setting overall contributed to achieving good outcomes for people by encouraging people to retain their physical abilities by moving around as much as possible.

The service had several small courtyard gardens which were easily accessible and safe for people to use independently and spend time outside. This was a very good feature that helped to promote physical activity and access to sunlight and fresh air. We found that the garden areas could contain more interactive features and opportunities to be active throughout the year and discussed this with managers.

Although each unit was well designed to promote independence and allow a maximum of free movement, we found that people could not move between units without a staff member opening the door for them. We spoke to managers about this and they felt positive about trying out to leave the connecting doors open during daytime. This could potentially further enhance people's choice and independence.

The service carried out regular surveys and meetings in which people were also asked about their experience of the environment. We discussed with managers how the service could use evidence-based resources like the King's Fund assessment tool for dementia friendly environments tool with involvement of residents, families and staff. This could further enhance how the service ensures that people can be meaningfully involved in future decisions about the setting.

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

We found that residents benefitted from a robust care planning system that contained some good detail and person-centred content. Personal risk assessments were carried out regularly. This meant that staff used the care plan system effectively to deliver care and to support good outcomes for people. We discussed with managers that the content of some sampled personal plans remained static for long periods. This meant that there were some inconsistencies between different personal plans for the same person.

The service had recently made changes to their care planning systems which added more clarity and person-centred detail and also created some good opportunities for innovative interventions. This included a whole section for the use of 'playlist for life' to support a person-centred, planned and evaluated use of music to enhance well-being for people living with dementia. However, we found that so far none of the plans contained any formulated personal outcomes. This meant that personal plans lacked sufficient focus on the person's abilities and what was important to them in relation to the individual plan. We discussed this with managers and identified it as an area for improvement (see area for improvement 2).

The service carried out regular reviews of the personal plans with residents or their representatives. People's wishes and preferences were established and documented. This meant that people were involved in shaping their care and support. The new care plan system also added section for anticipatory care planning which was designed to gather information to help people to live well right to the end of life. This created a good

opportunity for staff to find out about what is important to people and their wishes for the future. Managers were aware of the fact that some of the anticipatory plans still needed more detail and had plans to address this.

We saw that some of the assessment and care planning processes for specific health conditions and symptoms, like pain or stress and distress in dementia did not always contain sufficient information. Although the care planning system contained good and relevant assessment tools, we found that they were not always used effectively. This could potentially affect the quality of outcomes for people. We discussed this with managers and identified it as an area for improvement (see area for improvement 1).

Areas for improvement

1. The service should improve the assessment and care planning processes for long-term and short-term health conditions and symptoms, like pain and stress and distress in dementia.

This should include, but not be limited to:

- the use of evidence-based assessment tools for the assessment of pain to support the evaluation of pain management
- the use of care plans for all psycho-active medication to support the evaluation of their use and effectiveness
- the use of care plans and protocols for 'as required' medication to ensure their correct use and to support the evaluation of their use and effectiveness

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

2. The service should include personal outcomes in personal plans and ensure that these are meaningfully evaluated.

- the personal outcomes should acknowledge things that are important to people in their lives in relation to the subject of the personal plan
- the personal outcomes should acknowledge individual strengths and should demonstrate a shared sense of purpose to which the person, their family, staff and relevant others can contribute
- evaluations and reviews of the personal plans should meaningfully measure if and how the personal outcome is achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

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 consider how it can achieve a more person centred approach to care planning. The care plan recordings should reflect the choices and abilities of the resident . This should describe the enabling approach which is practiced by staff.

National Care Standards for Care Homes - Older People, Standard 6 Support Arrangements

This area for improvement was made on 17 November 2017.

Action taken since then

The care plan system was improved and upgraded. There was good detail in the individual care plans. A new area for improvement has been identified to focus on improving working with person-centred outcomes.

This previous area for improvement will not continue.

Previous area for improvement 2

The care plans should include a system of reviews which identifies and encourages the abilities and choices of people. This should more fully reflect the person centred and enabling practice of staff.

National Care Standards - Care Homes for Older People, Standard 6 Support Arrangements

This area for improvement was made on 17 November 2017.

Action taken since then

There was evidence that reviews were carried out regularly and that people had been involved. People's choices and abilities were identified.

This previous area for improvement will not continue.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	5 - Very Good
How good is our setting?	5 - Very Good
4.2 The setting promotes and enables people's independence	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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