

# Mosswood Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 July 2022

**Service provided by:**  
Pacific Care Limited

**Service provider number:**  
SP2003002346

**Service no:**  
CS2012312934

## About the service

The service was registered with the Care Inspectorate on 3 February 2014.

Mosswood Care Home provides care to 71 older people who may have physical/sensory impairment and/or memory impairment. There were 69 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".

## About the inspection

This was an unannounced which took place on 12, 13 14 July 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 9 people using the service and received feedback from 10 of their relatives and friends
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from with 4 visiting professionals.

## Key messages

- People were well cared for and their health needs well managed
- People's physical and mental well being would benefit from a consistent programme of activities
- Management were responsive to making improvements to the service.

## 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?	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 made an evaluation of good for this key question. There were a number of important strengths which had a significant positive impact on people's outcomes. Some improvements were needed to ensure that people's wellbeing and outcomes were maximised.

People received responsive healthcare support. We saw that people looked clean, tidy and well cared for. There was regular and frequent monitoring and review of key clinical information, for example weights, falls, skin integrity issues. Medications were generally well managed. We saw that these measures to monitor and review people's healthcare needs were effective and that people's health benefitted from them.

People received the right healthcare from the right people at the right time. We saw that the home had good relationships with community-based services and they were involved in people's care as needed. People had equipment that supported their mobility where necessary and we saw this was well maintained and people were encouraged to use their mobility aids. Personal plans were detailed and provided clear links to risk assessments, linking support to best practice guidance.

Some unnecessary and out of date charts and documentation were being used. We asked that charts and documents be reviewed so that only relevant and current documentation is used. This would ensure that staff are clear about the support to be delivered and that people receive the care and support that is right for them. Evaluative comments when recording care delivered, would better evidence people's choices and wishes and how the care they receive supports people to have positive outcomes. (AFI 1)

We saw that people had plenty of access to food and drink, including access to drinks and snacks in their room and also home baking in the afternoons. Meal service in dining rooms was dignified, unhurried and carried out on an individual way with people receiving assistance as needed. People should be offered hand hygiene before eating.

There was good oversight of people's nutritional needs and we saw evidence that people had gained weight. Food fortification for people who require it should be delivered at the point of service and clearly documented. Offering people a visual choice at the time of the meal would support people with a cognitive impairment make an informed choice. People's mealtime experience would benefit from consistency in practice across all units, specifically when transporting food to people who chose to eat in their own rooms.

We saw that the service had used a variety of methods including technology to promote people's contact with their families when contact was restricted during an outbreak and that newsletters to relatives kept them up to date with visiting guidance as it evolved. People received visitors during the inspection and we saw evidence of people going on outings with family members and staff. We encouraged the home to adopt the full range of principles available in the updated Open with Care guidance (July 2022) to ensure that there were no unintended barriers to supporting meaningful contact.

The home had previously had contact with local schools including work experience placements and had group activities such as the walking group which we were advised the home were looking to reintroduce. Activities at the time of the inspection were mainly, but not exclusively, one to one. The home should also provide a consistent programme of structured daily communal activities in order to support people's physical and mental wellbeing, (AFI 2)

The home was visibly clean with no intrusive odours and cleaning was completed to a high standard. We saw that domestic staff had standard procedures to work to, used cleaning checklists to detail each part of the cleaning completed and that these were audited.

The washing and thermal disinfection of laundry was managed in line with guidance and the layout of the laundry and management of linens reduced the likelihood of cross infection. Shared equipment and laundry trolleys were not being stored in a way that reduced potential cross contamination. We fed this back to the manager who made improvements to this during the inspection. We asked that the home refresh themselves on the NIPCM (National Infection Prevention and Control Manual) and other relevant infection prevention guidance to ensure that all staff understood the guidance and could apply it consistently in the home. (AFI 3)

Staff received training on Donning and Doffing PPE (Personal Protective Equipment) and Infection Prevention and Control (IPC) measures and their practice in donning and doffing and handwashing was observed and recorded. We asked that observation of hand hygiene be added to the recorded observations. During the inspection we saw that some staff wore masks or gloves inappropriately and did not follow all opportunities for hand hygiene. This practice could put people at risk of cross infection. The manager had taken positive action during the inspection to address the areas we identified by initiating a daily walk round to observe and check on practice.

There was plenty of PPE in the home. One unit had a risk assessment in place that included PPE stations not being visible in the unit for resident safety. We asked that this RA is reviewed to include specific steps staff need to take to reduce the likelihood of cross infection in these circumstances.

## Areas for improvement

1. To ensure people receive the care and support that is right for them, the service should ensure that the documentation used to record the care provided to people is relevant to the individual, current, up to date and evidences how the care provided supports people's outcomes, choices and wishes.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS) which state 'I experience high quality care and support because people have the necessary information and resources.' (4.27)

2. To promote people's wellbeing, the service should:

- a) consistently provide daily structured activities that people can participate in should they choose.
- b) ensure that people have a range of meaningful contacts within and out with the service with people who are important to them.

This is to ensure that care and support is consistent with the 'Open with Care supporting meaningful contact in adult care homes – principles' (July 2022) and Health and Social Care Standards (HSCS) which state 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

3. To ensure that the likelihood of infection is reduced and people are protected from the risk of infection, the management team should ensure that staff are familiar with the NIPCM (National Infection Prevention and Control Manual) and other relevant legislation and national guidance and can apply the guidance consistently in their practice according to their role. This includes, but is not limited to:

- a) using PPE and hand hygiene in accordance with current guidance and best practice.
- b) actions that are not in line with the guidance are risk assessed, include measures to address cross infection or cross contamination hazards and are reviewed regularly with a view to becoming aligned with the guidance when possible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question. There were several important strengths that, taken together, had a significant positive impact on people's experiences and outcomes. Improvements are required to ensure that people consistently have experiences and outcomes which are as positive as possible.

The service benefits from a range of quality assurance systems, including but not limited to health monitoring, care plan audits and environmental checks that fed into the provider's quality assurance processes. Follow up actions could be more consistently recorded to identify what action was taken and the date of completion. Staff were involved in completing checks and audits, which promotes staff's involvement with and responsibility for quality assurance.

The service plan would benefit from using the SMART format (Specific, Measurable, Attainable, Relevant, Time bound) as this would better evidence how the actions were improving outcomes for people using the service.

The home managed complaints and suggestions in line with their policy and feedback from relatives confirmed that the home was responsive when issues were raised and responded appropriately. We could see from records that the home appropriately informed relevant agencies of notifiable events.

The manager kept oversight of staff training, registration with professional bodies and we saw evidence that completion of training was monitored. Staff supervision was being completed though the policy did not specify the frequency of supervision that staff could expect. We asked that the service Supervision policy should be reviewed to include frequency and type of supervision and that performance monitoring activities e.g., supervision, observation of practice, be recorded and tracked for each staff member. This would ensure that staff learning and competence could be effectively monitored and assessed.

We saw evidence of meetings that showed that quality assurance and clinical governance was routinely considered. Stakeholder surveys with staff, residents and relatives were carried out and the findings analysed. It was harder to see how this feedback was used to inform the service plan or how people who gave their views were responded to.

Further ways of promoting relatives and residents engagement and collecting and responding to their views should continue to be explored to ensure that resident's views are driving the service's improvement plan going forward.

During the inspection, the provider acknowledged that they were aware of the identified areas for improvement and the manager was responsive to feedback. We were satisfied that the services quality assurance processes were effective in having a positive impact on people's outcomes and that the service was well placed to make further progress.

### Areas for improvement

1. To inform improvements to the service, the service should:

- a) record quality assurance actions in a way that evidences how feedback from relatives and people using the service has informed the actions in the plan. This should include how people who gave their views were responded to.
- b) record the actions in the service plan in a way that demonstrates how they have improved outcomes for people who use the service.
- c) develop processes and recordings that demonstrate how staff's learning and competence is monitored and assessed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.'

### 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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good



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