

Mosswood Care Home Care Home Service

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Unannounced

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Service provided by:
Pacific Care Limited

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CS2012312934

About the service

Mosswood Care Home provides care for up to 71 older people who may have physical/sensory impairment and/or memory impairment. There were 61 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. There are a range of other spaces people can use for activities, or quiet areas. Off street parking is available and the home is close to local amenities and public transport.

About the inspection

This was an unannounced inspection which took place on 20 and 21 March 2025 between 14:30 and 21:30 hours. We evaluated documentation virtually on 22, 23 and 24 March 2025. 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 14 people experiencing care and ten of their family and friends
- reviewed feedback from our questionnaires from 13 family members and five people experiencing care
- spoke with 12 staff and management and received feedback from 23 staff through questionnaires
- observed practice and daily life
- reviewed documents
- received feedback from four professionals.

Key messages

- The service is led by a strong visible leadership team.
- People experiencing care are supported with dignity and respect.
- Personal plans value people's choices and wishes.
- People are supported to connect meaningfully with people important to them and the wider community.
- The environment is well presented, clean and well maintained.
- Staff work well together and are well trained.
- Quality assurance is robust and supports continual improvement.
- Tay unit may benefit from exploring new ways of working to increase opportunities for people to engage with peers.

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?	5 - Very Good
How good is our staff team?	5 - Very 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 found significant strengths in aspects of the care and support provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The mealtime experience was enjoyable and well organised. People chose where they would like to sit and were offered hand hygiene as soon as they sat down. There were menus on the table and pictorial menus on the wall which helped people make choices. A selection of adaptive plates and equipment were in place to support people to eat which promoted independence. We observed people with dementia or other cognitive impairments were supported in an extremely person-centred approach where staff were comfortable to let people eat or move around as needed. This meant potential stress and distress was reduced. A relative said, "We often see staff walking with a person with an arm around their shoulder and touching people's hands, they are so caring."

Access to hydration was visible throughout the day with jugs of flavoured juice on display and people being offered teas and coffees regularly. Bowls of fruit were also filled for people to choose from. This encouraged people to increase their uptake on both hydration and nutrition. In bedrooms people also had plenty access to fresh drinks.

Medications were managed well using a new electronic system. Staff found this had improved practice and reduced the time of medication rounds. Effective audits were in place which were meaningful which gave reassurance and oversight.

People and relatives told us about various health issues and were happy how responsive staff were in contacting the right professionals at the right time. Communication relating to people's health care needs was timeously reported to relatives in a caring and reassuring manner. As a result families felt reassured and confident their loved ones were being supported to meet their health and wellbeing outcomes. We were told, "I thought he wouldn't walk again but the staff made it a priority to get him on his feet" and another comment was, "My mum had deteriorated so badly but due to the staff's good care she is still here." Health professionals we spoke to were positive about the care and support provided. We asked the service to consider ways the telephone could be answered more promptly, as this on occasion had hindered professionals speaking about some referrals.

At our last inspection we had made areas for improvement in relation to key areas which included: infection prevention and control, activities and meaningful connection and personal planning documentation. These have been fully met and information is detailed later in our report in section, 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of how quality assurance and improvement was led and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality assurance processes and practice was robust. The service had embedded a wide range of audits which gave very good oversight of the service. This provided assurance that ensuring quality was at the heart of the service's ethos. Audits were completed regularly which included those completed internally and by the quality assurance manager. Action plans were detailed and had clear follow up.

Staff told us the manager and deputy were visible in the home across the day and evening. This meant people could be assured that the manager had oversight across the home which included walking around the various units. A relative commented that, "The staff and the management team are superb! We couldn't ask for anything else, nothing to improve on!"

Clinical oversight was very good and an effective tracker in place. This meant key areas were being monitored and reviewed each week and month. This information was discussed with the staff team, and also reported to the quality assurance manager. This supported a collaborative approach within the service.

The quality and improvement plan was well presented in a format that supported people to engage with the information. Feedback from people was incorporated and disseminated through newsletters. These were attractive and contained lovely information and photos. Information about what staff training was being provided was also included. This gave people reassurance that staff were continually developing in their roles. It was clear a lot of work went into the newsletters, but meant that people could feel connected to life in the service.

The service had completed a self evaluation of core assurances in line with areas looked at during an inspection. This gave in depth information which gave us reassurance that the manager had very good understanding of how well the service was performing in key areas.

At our last inspection we made an area for improvement in relation to quality assurance. This has been fully met and is detailed later in our report in section, 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the staffing arrangements and how staff worked well together to support positive outcomes for people, therefore we evaluated this key question as very good.

Staffing level assessments were carried out monthly. We saw evidence of this and the meaningful information the management team used to assess. The management team knew people well. There was good analysis of this which supported decision making.

Staff worked well together and supported each other. We heard from staff how well they had built supportive and trusting work relations. This extended across the units. We heard how staff made every effort to do extra hours to support short notice gaps so that agency use was kept to a minimum. This meant that people could be confident their needs would be met consistently from a team who worked well together.

We observed there to be mostly enough staff on across the day and evening. Some staff discussed how the environment in Tay unit meant it could be busier in the evenings as people preferred to spend time individually in rooms. We asked the service to consider ways of working that could support staff at busier times. We found staff to be responsive to people's needs, and appeared well cared for. In the afternoons and evenings staff also supported with activities, and people enjoyed relaxing bubble baths. Lounge time in the evening on Gryffe and Clyde was ambient. Staff were visible and present with people which was lovely to see.

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 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.' (HSCS 4.27)

This area for improvement was made on 15 July 2022.

Action taken since then

The service had moved onto an electronic care planning system called Person Centred Software (PCS). Care plans were in place and included detailed person-centred assessments and documentation. These were clearly presented and written in an enabling way which supported people to get the most out of life and retain skills and abilities.

Daily recording was completed in a timely manner throughout the day. Although tasks were recorded, there was the addition of a person-centred note of how people had spent their day. Overall, this was done well, but plans were in place to develop this to ensure a consistent approach across all the units.

The 'who I am' and 'about me' sections contained for some people very detailed information which clearly showed what was important to people. This meant people's choices and wishes valued and had been used to support positive outcomes.

Audits of care plans had begun, and we discussed how embedding this will ensure all staff are including the same detail of information. The language used to describe people had been written in a very person-centred way. We found it really captured the individual personalities and showed that people are valued and respected.

Health information was detailed well, some had more information around medication management than others. Not all plans we sampled explained how people took their medications. Although staff knew people well, it is important that this is recorded to ensure consistency in case unfamiliar staff are providing support, however in practice this happens only occasionally.

Information related to dementia was written very well and provided good insight into how this affected people in relation to what support they needed. This included consideration of people's physical, psychological, emotional or social needs.

This area for improvement has been fully met.

Previous area for improvement 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)

This area for improvement was made on 15 July 2022.

Action taken since then

Great consideration had been made to include information in relation to meaningful connections in personal plans. It was easy to see who was important to people and how meaningful connections were maintained.

Structured activities were in place across all units with a plan visible for people to see. There was very good documentation detailing how people participated in a range of meaningful activities. This includes strength and balance classes, exercises, arts and crafts. People we spoke to said there was plenty to do and people really enjoyed the activities offered. Someone said about staff that they, "Always go above and beyond, the activities staff are amazing too!"

People had opportunity to spend time with others, and lounge time was meaningful, staff engaged well with people and families were able to join in with different activities. This showed relationships were valued and staff supported people to maintain relationships with the people important to them.

We discussed ways of building peer relationships within the service, as a relative had highlighted her Mum wanted more opportunity to speak to likeminded folks and felt lonely. The service said they would look at further opportunities to support people to make friendships. But overall people were very satisfied with the activity arrangements. We could see person centred activities and also really great initiatives with the local community such as the toy sleepover. In Tay unit people tended to spend time in their rooms which was people's choice. As meaningful connection supports and enhances people's health and wellbeing, we asked the service to consider creating more opportunities for people to come together at different points in the day and evening. We signposted the service to resources and how they could consider developing peer relationships within the home.

A visiting policy was in place and supported people to remain in contact with their loved ones even in exceptional circumstances. The service had engaged well with the meaningful connections resources and Anne's Law. They were supporting people to understand how this pending legislation could support them. Resources were widely available for people.

The sign in for visitors linked directly with the daily log within Person Centred Software which meant it was easy to see when people were visited by someone.

This area for improvement has been met and we have also re-evaluated the associated quality indicator (1.4) to very good as we found significant strengths in practice.

Previous area for improvement 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)

This area for improvement was made on 15 July 2022.

Action taken since then

The service demonstrated robust processes and staff practice in relation to infection prevention and control (IPC). Personal protective equipment (PPE) was well stocked and stored safely. Regular training was completed and this included observation of staff practice. The service had an IPC policy in place and it was evident from our observations that staff were following guidance. The service had made appropriate referrals to the local Health Protection Team and had sought advice when needed.

People were supported with hand hygiene before and after meals. People were supported with vaccinations if this is what they wanted. If someone presented with a suspected infection we saw records of testing when this was clinically necessary. Quality assurance was robust, detailed and meaningful, with effective action plans put in place. We saw regular communication within the staff team which gave us confidence that the service was 'outbreak ready' should the service experience an outbreak of infection.

This area for improvement has been met and we have also re-evaluated the associated quality indicator (1.5) to very good as we found significant strengths in practice.

Previous area for improvement 4

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.' (HSCS 4.7)

This area for improvement was made on 15 July 2022.

Action taken since then

This area for improvement has been fully met. Please see section earlier in the report, 'How good is our leadership' for details.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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