

Mosswood Care Home Care Home Service

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Linwood
Paisley
PA3 3FA

Telephone: 01505 335042

Type of inspection:

Unannounced

Completed on:

15 August 2019

Service provided by:

Pacific Care Limited

Service provider number:

SP2003002346

Service no:

CS2012312934

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

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 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".

What people told us

Before and during our visit we received 5 completed care standards from residents, 11 from relatives and 11 from staff. There were 71 residents living in the home at the time of our inspection. During our visit we spoke with 15 residents, 5 visiting relatives and a visiting health professional. We spoke with staff throughout our inspection and as part of our general observations. We also 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 think it is a very nice place to live. It's been hard adjusting to living here as I've always been very independent, but staff have made me feel very welcome'.
- 'I get on well with staff. They are great company. I'm pleased with everything'.
- 'Very good level of care and support. I'm always encouraged to take part in activities, though sometimes I'm just not feeling up to it and the staff respect this'.
- 'Excellent, loving care is given to my relative'.
- 'The manager is visible and approachable. My mother's clothes are kept spotless. The cleaners ensure the premises are immaculate'.
- 'At certain periods there can be a struggle to have the unit fully staffed. It's not a major issue'.
- 'There is a high level of involvement. Everyone is excellent at notifying any change in circumstance or general well-being'.

*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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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

Our observations showed that staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. We saw that staff interacted in kind, warm, encouraging and supportive ways. Staff appeared to know individual residents well and formed positive relationships with residents and families. We saw that the service was led in a way that promoted recognising people as individuals and encouraged all staff to get to know individual residents very well. Managers also encouraged a sense of everybody being responsible for meeting people's needs and respecting their preferences. Feedback we received from residents and relatives confirmed this and was overall very good. A relative told us: 'Staff are professional and caring. They create a warm, friendly and positive atmosphere'. People were therefore able to experience compassion, dignity and respect.

We saw that residents' rights were respected and that people were not inappropriately restricted. Residents and relatives told us that people felt respected and listened to. A resident told us: 'I was recently at a residents meeting. I enjoyed it very much and felt involved in the business - and also enjoyed the cuppa and biscuits'. We saw and heard from feedback, that people's views and opinions were taken into account and that people felt involved in the home.

People told us that they were happy with the range of activities in the home. Activity records, feedback and interviews showed that the service aimed to enable and support relationships within and outside the home. Staff showed that they had good awareness of the importance of encouraging physical activity throughout the day. A resident said: 'I love the chair exercises. I am eager to lose weight and get fit and would love even more exercise classes'. Several residents spoke about the friendships they were able to form in the service. Some residents also told us about positive relationships they formed with visiting secondary school children. This meant that there were good examples of people being able to do things that mattered to them and to keep existing interests.

People gave us good feedback about the quality of healthcare provision in the service and felt confident about it. The visiting GP who works regularly with the home felt confident about the competence of staff and said that staff were quick and pro-active when a resident's health needed professional attention. There was evidence of the home working effectively with a range of healthcare professionals to meet people's needs. The management of medication was robust and had improved since our last visit. The service also achieved improvements in the assessment and care planning for complex conditions like pain or stress and distress. This meant that people's health benefitted from their care and support.

We observed that residents were able to enjoy well-managed and enjoyable mealtimes. Staff promoted choices well and created an enjoyable, unhurried atmosphere. Individual dietary needs and assistance needs were well assessed and met. Staff showed that they had a very good understanding of best practice. We encouraged managers to review how the service could further develop their system for offering visual choices to people living with advanced dementia.

Residents and relatives told us that they felt safe and re-assured about the home. Managers demonstrated clear leadership that promoted a positive, safe and person-centred culture in the service. However, several people told us that they felt that staffing levels in the service appeared stretched at times. We asked managers to review their current system for assessing and setting staffing levels to improve transparency and evidence that staffing levels are safe and effective.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

We looked at several care plans and found that plans and risk assessments were complete, detailed and up to date. The sampled care planning documentation showed that staff are gathering information to get to know individual residents very well. This meant that residents benefitted from a robust and dynamic care planning system. We were encouraged by the recently introduced outcome focussed care plans. This project was aimed at promoting individual preferences, dignity and choice. We encouraged managers to continue work on achieving that all plans are completed to the same standard and to improve the quality of care plan evaluations.

Managers used regular audits to evaluate the quality of the completed care plans and risk assessments. There were clear signs of improvement since our last inspection and the service successfully met two previous areas for improvement (see outstanding areas for improvement).

This meant that people's care plans benefitted from strong leadership and managers aiming to continually improve the care planning system.

People were given regular opportunities to review their own or their relative's care plans. A relative told us: 'We have regular reviews. Where there have been concerns, we have been able to raise them and have the appropriate conversations to agree how to move forward'. This meant that residents or their representatives were meaningfully involved and able to contribute to their care plans.

All required legal documentation and consent was in place. This ensured that people's rights were protected and that significant others were involved in making decisions and choices where necessary.

The sampled care plans showed that the service gave people and their family opportunities to speak to staff about their wishes and preferences in relation to future care. This included people's wishes concerning treatment or intervention at the end of their life. This meant that people were helped to live well right to the end of their life and that their wishes and opinions were important and respected.

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

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).

This area for improvement was made on 10 August 2018.

Action taken since then

Reviewed documentation for two residents who took medication covertly. There was clear evidence that the service addressed the previous issues. Full documentation was in place, contained appropriate consent and MWC pathway. Documents were up to date and with evidence of recent review.

There were 'as required medication' protocols in place for all sampled MAR sheets. Some protocols still contained too much professional jargon and we discussed this with managers. There was good evidence of 'as required medication' being reviewed and reduced to a minimum.

We sampled examples of Abbey pain scale use and care planning for pain.

The overall evidence gathered from sampled plans and interviews showed that the service made sufficient progress to consider this recommendation met. Managers acknowledged that there were still some plans that required further work, showed us those examples and explained how they were going to address this. The progress made showed that managers and staff had the required competence to make further improvements.

This Area for Improvement was met and will not continue.

Previous area for improvement 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).

This area for improvement was made on 10 August 2018.

Action taken since then

The care plan system was reviewed and changes were made to the format to allow staff to assess and capture in greater detail what is important for the person, why it is important and how enabling them to live in as close to as possible a way that acknowledges their feelings, wishes, abilities and preferences.

The care plans contain a new part at the front of the files that described what the person needed and what was important to them throughout key times of their day. Examples viewed of fully implemented plans in this section showed a good understanding of the principles of working with personal outcomes.

Managers showed us examples of new continence care plans that carried the outcome focussed way of formulating a care plan forward into the more specific areas of care.

Overall the sampled care plans and discussions with the managers showed that the service had worked hard on implementing our advice and continued to do so. This included extra staff training and changes to the care plan format. The samples also showed that there were still a number of plans that needed to be brought up to the same standard and that work on the project would have to continue to achieve that all plans are completed to the same, person-centred and outcome focussed standard. We discussed with managers that the most important issue to be addressed was to ensure that the new, outcome focussed parts of the personal support plans showed clear evidence of measurement and evaluation.

This Area for Improvement was met and 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 well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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