

Mossvale Care Home Care Home Service

151 Mossvale Road
Glasgow
G33 5PT

Telephone: 0141 774 7731

Type of inspection: Unannounced
Inspection completed on: 18 May 2018

Service provided by:
Mossvale Care Home Limited

Service provider number:
SP2011981788

Care service number:
CS2011281824

About the service

Mossvale Care Home is situated in a residential area and is a purpose-built care home which provides accommodation over two floors for 59 Older People and two named Adults below the age of 65 years. There were 61 residents using the service during our inspection.

Each floor provides three communal lounge/dining rooms and single bedroom accommodation with ensuite shower and toilet facilities.

Mossvale aims to: 'provide the highest standard of care for all our residents' as well as 'encouraging independence and offering them the chance to pass on their feedback about their experiences'. 'We realise the importance of making decisions for the Home and use all feedback to improve the Home for the better'.

What people told us

Comments from people who experience the service and their relatives were very positive about the quality of the service and staff. Comments included:

"My relative has been very well supported and settled in far better than we could have hoped. This is in large part due to the excellent care and support of the excellent staff team who we can not fault"

"I am sure my relative is receiving the best of care from diligent and caring staff in Mossvale care home"

"From the first visit before my relative was taken into care to the present day all members of staff are welcoming and helpful. I can't praise them enough..."

"I am very happy with the staff in this home and the care given. Residents and family are fully consulted and listened to"

Self assessment

We did not request a self assessment this year.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

People who experience the service and their relatives told us that they were treated with dignity and respect by staff. The home had a warm and friendly atmosphere and we could see by staff interactions that they were knowledgeable of people's individual needs and had a genuine respect for the people they cared for.

We could see that meetings with the people who live in the home and their relatives took place regularly and covered a range of topics including the New Health and Social Care Standards, activities, the quality of the staff and meals and fundraising activities. People and their relatives told us that they felt included and encouraged to take part in the decision making within the home.

We found that the service had positive relationships with external health care professionals and there was evidence of staff frequently seeking their advice to improve the care of individual residents. We looked at skin care and wound care plans and found they were regularly reviewed and contained relevant photographs and wound measurements. This meant that residents had access to community health services which promoted their health and wellbeing.

The way people spend their day should promote feelings of purposefulness and wellbeing. Activities should be meaningful and suited to individuals' abilities and needs. The service continued to develop ways to improve the availability and quality of activities by providing more opportunities for one to one activities including walks to the local shops and increased use of the enclosed gardens. Feedback from people who experience the service and family members was extremely positive about the activities and the activity staff.

We observed residents having lunch, on the day of the inspection. The tables were attractively set and the food looked and smelled good. Staff were observed to be interacting with residents at a pace that suited them. Residents were being assisted if they required it. Residents spoken with said they enjoyed the food and the home baking.

The environment was generally bright and fresh and in a good state of repair. Residents' bedrooms were personalised and the corridors were themed and had destination areas which helped orientate residents to their environment. The housekeeping staff worked hard to keep the environment clean and fresh. People and their families told us that the domestic and laundry staff provided a very good service.

What the service could do better

People's care plans should give clear direction about each person's care and support with details of personal interests and life history. This is important to ensure that the care provided is in line with the needs and wishes of individuals. Care plans and six monthly care reviews lacked detail and were not person centred. We could not see much evidence of forward planning for future activities or personal wishes. We spoke with staff about the benefit of making reviews and care plans more outcome focused that reflected individual residents' lifestyle and choices. **(See Recommendation 1).**

We found that information contained in care plans on how to manage individual residents' stressed and distressed behaviour could be more detailed and person centred, however we observed appropriate interventions from staff when residents were anxious and distressed.

We discussed with the manager and staff the benefit of care staff being more involved and trained in care planning including assessment tools for falls, skin care and person centred planning.

We noted that the activity recordings held for each person were held separately from their care plan and the content of the daily recordings and people's activity likes and preferences lacked detail and did not evidence the good work being done by the activity staff. We signposted the activity coordinators to various websites and resources that would improve the quality of meaningful activities.

We found some food and fluid charts, and topical medication records were incomplete and did not contain targets amount of fluid. Staff would benefit from further training on nutrition including the use of textured and fortified diets.

We found that individual staff supervision meetings were not meaningful and did not evidence any depth of discussion or refer to any feedback from the people who experience the service or staff colleagues. We did not see evidence of reflective practice or discussion about competence or best practice. Some supervisions were out of date. We noted that supervisors and supervisees had not received any training in supervision. We signposted the Step in to Leadership area on the Scottish Social Services Council (SSSC) website. **(See Recommendation 2).**

We recognised that the service has some good quality assurance tools and audits which helped ensure people's health and wellbeing. However we noted there was no operational improvement plan in place which would help assess the overall quality of the service and measure the improvements. **(See Recommendation 3).**

We looked at maintenance logs and noted that we could not identify if the hot water temperatures for showers and baths were taken and recorded. We asked the manager to check these records with the handyman to clarify that temperatures had been taken.

We asked the manager to review how people accessed their room as we found that only certain staff and some family member held keys to bedrooms. People who experience the service should hold a key to their room if they wish.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The manager should ensure that records in relation to care and support reflect the outcomes or effectiveness of any action taken to improve the quality of life for the individual resident.

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 manager should ensure all staff receive training in supervision. Supervision meetings should include reflection of individual practice and competencies which contribute to continuous learning and development.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

3. The manager in conjunction with people who experience the service, relatives and staff should develop a service development and improvement plan which identifies the strengths of the service and areas for improvement. The development plan should be regularly reviewed to promote the continuous improvement of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I can be meaningfully involved in how the organisations that support and care for me work and develop. (HSCS 4.6).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
2 May 2017	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
25 May 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
7 Jul 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good
27 Aug 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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