

Moss Park Nursing Home Care Home Service

St.Johns Road
Caol
Fort William
PH33 7PR

Telephone: 01397 700 815

Type of inspection:
Unannounced

Completed on:
2 June 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300755

About the service

Moss Park Nursing Home is registered to provide a care service to a maximum of 40 older people; up to 5 of these places can be provided to people under the age of 65.

The provider is HC ONE Ltd.

Moss Park Nursing Home is a purpose built two storey care home in Caol, Fort William. All of the bedrooms are single with en-suite toilet and wash-hand basin facilities. The dining room is on the ground floor and there are lounges on both floors. There are shower and bathing facilities on both floors. There is a secure garden area within the grounds which can be accessed directly from the building.

The first floor accommodation can be accessed via the stairwells or the passenger lift.

The aims of the service are:

- to provide kind professional care that caters to people's individual preferences and needs
- to warmly invite relatives and friends to be partners in care within the home
- to provide a safe, homely environment where people are supported and encouraged to be themselves within the limits of their condition.

What people told us

We spoke with nine relatives during the inspection. Feedback received was generally positive, and comments included:

"The Home have done everything they possibly can to maintain contact between me and my mum."

"We went on window visits but they didn't work because when my dad saw us he expected us to come in and was upset when this didn't happen."

"There is nothing that the home won't do to accommodate visiting."

"The staff are very person centred. My mum has a wicked sense of humour and the staff appreciate this and enter into the spirit of it."

"The staff are absolutely fantastic. They know her well and manage her behaviour very positively. The rest of the family were not sure about her moving into Moss Park but they now say it was the best thing we ever did."

"We are very pleased with Moss Park. They know my relative really well and treat her with kindness."

"The staff are supportive of us as well as of our relative. We appreciate this."

Some families raised concerns that their family member did not always feel safe and that people frequently tried to enter their room.

One family member said that belongings often went missing or were broken and that they had to raise this with staff.

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

The service was performing at a weak level in this area. There were some strengths but these were outweighed or compromised by significant weaknesses.

When we visited there were not enough staff to offer people the comfort, care and support they needed. We issued a letter of serious concern on 28 May. It required the provider to ensure there were enough staff to meet people's emotional wellbeing needs. When we followed up on the 1 June people were benefiting from increased staff numbers during the day and night.

The provider told us that increased staff numbers will remain in place while the service works with the multi-disciplinary team to review people's needs and identify the right staffing levels and skill mix. **(See requirement 3)**

Care plans were not person-centred. They did not accurately reflect people's health and care needs or provide clear guidance on how to support people, particularly in times of distress. Environmental restraint was being used without the necessary safeguards to ensure it was in people's best interests. Opportunities for people and their relatives to be involved in decisions about their care and support were limited. **(See requirement 1)**

The majority of care plans that we looked at did not have end of life and/or anticipatory care plans in place. This meant that people's choices and preferences were not being considered in relation to the care they wished to receive at the end of life. **(See requirement 1)**

People had been supported by staff to maintain contact with their relatives throughout the pandemic. Families told us that the service was good at keeping in touch with them. Families appreciated the closed group Facebook page, which helped keep them up-to-date with activities that people took part in. Garden and indoor visiting were also taking place. Families said booking a visit was easy and the service made sure the time they had with their loved one was safe.

People enjoyed time in the well maintained and interesting garden on their own and with staff. The activity co-ordinator offered people a wide range of indoor and outdoor activities five days a week. Most of these were group activities but some individual activities were offered. In the evening there were minimal opportunities for people to be involved in activities due to the lack of staff. Care plans had very little detail on people's likes and dislikes and how they like to spend their time. **(See requirement 1)**

Medications were always available, and people were supported to take them. This helped people keep well as they were taking the medication prescribed to them.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

The service was performing at a weak level in this area. There were some strengths but these were outweighed or compromised by significant weaknesses.

There was access to personal protective equipment (PPE). Face masks were not available at PPE stations but stored elsewhere in the building. Access to PPE could be improved by increasing the numbers of PPE stations, ensuring there is a supply of all required PPE at each station and placing clinical waste bins next to PPE stations. We observed staff using PPE correctly. Staff were aware of guidance around infection prevention and control and had completed a range of relevant training.

Some equipment and furnishings were not clean and parts of the home were malodorous. Areas of the home, including people's bedrooms, bathrooms, the sluice rooms and carpets needed refurbishment and redecoration. The care home had identified essential repairs such as a broken bath but there were significant delays in making these repairs. **(See requirement 2)**

There was no system that demonstrated baths, showers and reusable equipment, for example, hoists, were being cleaned between use. Full clinical waste bags were being stored in sluice rooms on the floor. This increased the risk of infection and cross contamination. **(See requirement 2)**

The provider did not have a robust quality assurance system that supported them to identify areas for improvement that could contribute to a safer environment for people and staff. **(See requirement 2)**

A changing area was provided for staff however it was very small and did not contain PPE, a clinical bin or alcohol based hand rub (ABHR). Staff told us that they also used the staff toilet to change. There was no access to PPE or ABHR either inside or in the area outside the toilet. The configuration of the staff changing and break area should be reviewed, in order to reduce the risk of harm to staff and people through cross infection.

There was a good supply of cleaning equipment, products, and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines.

We saw that laundry was managed appropriately.

We saw that the home had implemented weekly staff testing for COVID-19 in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm. Visitors to the home were also being tested in line with government guidelines.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We evaluated the service to be performing at a weak level. There were some strengths but these were outweighed or compromised by significant weaknesses.

Regular team meetings, supervision and appraisals provided staff with support and opportunities to develop their knowledge and skills. Staff told us that they were well supported by the manager and worked really well together, but that it was always very busy and they felt they were often short staffed.

We observed that staff were kind and caring but did not have enough time to ensure that people received the care and support they required. There was not enough staff to meet people's needs (see 7.1). The provider must work with the multidisciplinary team to ensure people's needs are accurately assessed, and the service is staffed so that people experience consistent good quality care. **(See requirement 3)**

The service did not have adequate domestic staffing levels to ensure the care home was safe and clean, especially in the evenings. This impacted on the quality of people's care and support and the environment.

(See requirement 2)

Requirements

1. By 23 August 2021 the provider must ensure that service users receive care and support that meets their health, safety and wellbeing needs.

In order to achieve this the provider must ensure that:

a) service users' needs are assessed and their care is planned by skilled professionals with all appropriate legal documentation in place;

b) service users are recognised as experts in their own experiences, needs and wishes and their views and those of their relatives or representatives and other professionals are sought when assessing, planning and evaluating their care.

c) service users' receive care and support from trained, competent and skilled staff who are familiar with their needs and have time to provide the right care in a warm and compassionate manner;

d) staff are led well and work together to consistently provide high quality care;

e) staff respond to signs of deterioration in service users' health and wellbeing, that they are unhappy or at risk of harm and use the care planning process to improve service users' experiences and outcomes;

f) each person using the service has a full, written, accurate personal plan in place; which fully reflects the person's health, welfare and safety needs and takes into account their choices and preferences and that personal plans and risk assessments are reviewed with service users and their relatives or representatives at least once in every six month period.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and

'My care and support is provided and planned in a safe way.'(HSCS 4.14)

This is also in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 23 August 2021 the provider must ensure that service users experience a safe and well looked after environment. In particular the service must be staffed, resourced and led in a manner that will ensure that:

(a) the premises, furnishings and equipment are clean, tidy and well maintained,

(b) effective arrangements are in place to prevent and control the spread of infection, and
(c) robust quality assurances are in place to ensure the environment is safe and well looked after; and any concerns are promptly identified with effective action taken to make the necessary improvements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My environment is safe and secure' (HSCS 5.17); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210: Regulation 4(1)(a) and (d).

3. By 23 August 2021, service users must receive consistent high quality care and support from the right number of suitably qualified and competent staff. In order to achieve this, the provider must ensure that service users' needs are accurately assessed and sufficient staff are rostered at all times to meet the needs of each person.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My needs are met by the right number of people.' (HSCS 3.15)

'I experience consistency and continuity.' (HSCS 4.17) and

'My care and support is provided and planned in a safe way.' (HSCS 4.14)

This is also in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

It is important that all people are offered opportunities to take part in regular meaningful activities regardless of their abilities and needs. In order to do this the provider, management and staff should:

- a) ensure all people have a personal plan which clearly details how their recreational, social, creative, physical and learning needs will be met;
- b) carry out a review of activities based on consultation with people and their representatives, and following this;
- c) put in place an activity plan in to ensure that people are supported to take part in meaningful activities, that this is promoted; and
- d) ensure this is regularly reviewed to ensure that there are continued positive social experiences there is a focus on improved outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards 1.25 which state that: '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.'

This area for improvement was made on 24 April 2019.

Action taken since then

People were supported to complete an activities survey in February 2021, this clearly identified the activities that people enjoy and would like to take part in. Weekly activity planners were in place that offered a range of mostly group activities throughout the day. People had access to an enclosed garden space that had interesting things to look at and a choice of seating areas. We saw people accessing the garden on their own and with staff.

People were encouraged to spend time out with the care home with family members and regular bus trips were also available.

Families told us that there could be more individual activities but that they felt the home had offered creative activities during the pandemic and had kept them up to date on activities through a closed Facebook page.

Care plans did not include sufficient information about people's likes and dislikes or how they were to be supported to take part in activities they enjoy. Staffing pressures in the home meant that people could be left for periods of time with little to do.

Please refer to the body of the report (7.1) for further information regarding this area for improvement.

Previous area for improvement 2

The management should make suitable arrangements to ensure there are sufficient staff on duty and suitably deployed throughout the home at all times to ensure people receive the right care at the right time from the right number of people.

People's needs at different times of the day, the layout of the building and the fluctuating levels of ancillary and support staff throughout the week should be taken account of when making these arrangements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.15 which states that: 'My needs are met by the right number of people.'

This area for improvement was made on 26 July 2018.

Action taken since then

This area for improvement has not been met. Please refer to the body of the report (7.3) for further information regarding this area for improvement.

Previous area for improvement 3

The provider should enhance the quality of the environment in ways that:

- a) promote people's independence and wellbeing
- b) promotes mobility and enables access to all parts of the premises, both indoors and outdoors, that people can use;
- c) supports people choices of where they spend their time.

This is to ensure that care and support is consistent with the Health and Social Care Standards 5.16 which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.'

This area for improvement was made on 26 July 2018.

Action taken since then

This area for improvement has not been met. Please refer to the body of the report (7.3) for further information regarding this area for improvement.

Previous area for improvement 4

The service should develop more outcome focussed care plans with people and ensure that reviews are more evaluative to ensure people's care is right for them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.23 which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are

respected.'

This area for improvement was made on 24 April 2019.

Action taken since then

This area for improvement has not been met. Please refer to the body of the report (7.1) for further information regarding this area for improvement.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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