

Mossvale Care Home Care Home Service

151 Mossvale Road
Glasgow
G33 5PT

Telephone: 01417 747 731

Type of inspection:
Unannounced

Completed on:
3 September 2021

Service provided by:
Mossvale Care Home Limited

Service provider number:
SP2011981788

Service no:
CS2011281824

About the service

Mossvale Care Home was registered with the Care Inspectorate in 2013 to provide a service to 61 older people. The provider is Mossvale Care Home Limited.

The home is situated in the residential area of Craigend in Glasgow. It is a purpose-built care home with its own parking and gardens. The service provides accommodation over two floors for up to 59 older people and two named adults below the age of 65 years. Each floor provides three communal lounge/dining rooms and single bedroom accommodation with en suite shower and toilet facilities.

The service is close to local shops and public transport. There were 58 residents using the service during our inspection.

Mossvale Care Home 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".

This was a focussed inspection to evaluate how well people were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate,

What people told us

People living in the home expressed that they were happy and felt safe. They appeared relaxed and comfortable in their surroundings and in the main moved about freely between bedrooms and communal spaces. Comments included:

"The staff are 100% here, anything I ask for they try their best to get me".

"I feel valued as my family are offered food if they come to visit me at mealtimes and it's never too much trouble for the girls...this makes me feel like this is my home".

We spoke with seven family members and their feedback was all very positive with comments about the care and support received by their loved ones, such as:

"Brilliant, honestly brilliant, really good. Kept up to date and informed. Dad is well looked after".

"Absolutely brilliant, think they are great. Husband was there before mum, passed away. Couldn't ask for better care for husband and when mum needed care wouldn't go anywhere else".

Families were free now to visit any time with very little restrictions and commented:

"No restrictions on visiting now, do still have to give notice but always accommodated".

"Visiting going well, prefer to visit in bedroom rather than lounge due to own health needs - to keep safe. Wear a mask and staff ask questions. Self-testing and asked to see this before before entering.

Appointment system has stopped, prefer to say your are coming but don't have to, so someone at the door for you. Don't always do this and they are fine with this".

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?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated how well the service supported the wellbeing of people experiencing care. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve. We assessed the performance of the service in this area to be adequate.

Staff used their knowledge and skills to deliver care and support in a compassionate way with warmth and kindness. Catering and domestic staff were also seen to have positive and kind relationships with residents helping them to feel valued.

People we spoke with stated they felt safe and cared for, 'I feel safe and my opinion is important here. The staff can't do enough for me and have made me feel comfortable and relaxed in the home'.

People were encouraged to move about the home appropriately and most attended the lounges and dining areas for meals and socialising. This meant they were less isolated and more involved in what was going on in the home. Mealtimes were observed to be relaxed, and enjoyable with staff attending discreetly to people needing more assistance with eating, ensuring people's dignity.

Three staff were employed to support activities and socialisation. This included organised and informal activities such as coffee chats and walking groups. However, a previous plan to develop this had not been progressed and should now be taken forward to ensure people's views and choices are sought and a programme of meaningful activities be developed to reflect these. (See area for improvement 1)

The service followed Scottish Government's "Open with Care" guidance to support visits. This included indoor visiting in line with people's wishes and trips outside of the home. Relatives and people living in the home spoke of the positive impact that this had on their wellbeing. People told us that communication from the service during "lockdown" was very good. This meant that people were kept informed and had reduced social isolation.

To ensure care and support meets people's needs and is delivered as they would like, personal plans need to be more consistently completed. The management team had introduced quality monitoring systems which

included an overview of people's health needs. This was not fully established. To ensure appropriate care, health related risk assessment tools must be consistently evaluated and used to inform care arrangements. (See requirement 1)

People could be confident that Covid-19 symptoms and other ailments would be identified. Appropriate escalation of any concerns to health professionals was made so that people received the right treatment at the right time. Feedback from an external health professional we spoke with was very positive with comments such as "staff team are excellent, take on board everything suggested... referrals are always appropriate...honestly no negatives".

We saw anticipatory care plans that were specific to Covid-19 were in place. These provided an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell. It would be beneficial to develop these further to reflect aspects of people's lives out with Covid-19.

Whilst there was a service development plan in place it did not reflect involvement of the people who live in the service or their families. We have repeated a previous area for improvement. (See area for improvement 2)

Requirements

1.

By 14 November 2021, the service must ensure people have personal plans that reflect their needs, wishes, and interests. They must ensure that plans are or include:

- a) health assessments that are reviewed and monitored for accuracy and inform personal plans;
- b) person-centred by highlighting people's wishes, interests, and what is important to them;
- c) strengths-based by identifying what people can do as well as areas in which they need support;
- d) outcome-focused by capturing what people want to achieve in terms of health and wellbeing, ways to meet these outcomes, and an evaluation of progress;
- e) reviewed every six months in an inclusive way by involving people and their relatives and identifying actions; and
- f) reflective of people's current needs by having regular, quality audits that identify issues and assign responsibilities and reasonable timescales.

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

This is also 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)

Areas for improvement

1. The service should review how they plan and deliver their activity programme. This is to ensure that a varied and meaningful programme is available to residents and that all residents of all abilities are given opportunities to fulfil any wishes and aspirations.

This ensures that care and support is consistent with the Health and Social Care Standards, 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.' (HSCS 1.25)

2. The manager in conjunction with people who experience the service, relatives and staff should develop a service 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)

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

3 - Adequate

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

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff. We found the performance of the service in relation to this quality indicator was adequate.

Staff, visitors and visiting professionals had appropriate Covid-19 related checks completed by staff on arrival. Testing for Covid-19 was taking place as per current guidance for staff, residents, and visitors. These processes and supports helped reassure people and reduced the risk of spread of any infection.

There were posters on display throughout the home to remind staff and visitors of the infection control measures in place. The staff had good knowledge of the use of personal protective equipment (PPE) and were able to demonstrate this throughout the day whilst being observed donning and doffing PPE correctly. Facilities for safe disposal of PPE were readily available. Handwashing facilities were available throughout the home as was hand sanitiser. There were some moments missed by the staff for good hand hygiene practices at times. Some direct observations of staff's infection prevention and control practice had been completed.

We saw there was an effective laundry process on site and the staff we spoke with were knowledgeable in the safe management of laundry. The laundry cupboard and cleaning supply cupboard were clean and well managed.

It is important that equipment and the environment is clean to reduce the risk of infection for the people supported and staff. Overall, the care home appeared clean and well-presented, and bedrooms were nicely personalised. Housekeeping staff were observed to follow appropriate cleaning standards using good practice in IPC and used correct cleaning materials in most areas of the home. This helped to keep people in the home safe and reduce the chances of transmission.

The management team took immediate action in response to some mattresses and bedrail protectors that were not as clean as expected. Management oversight of the cleanliness of some care equipment needs to be improved to help reduce the risk of infection for the people who live at the home. (See requirement 1)

The service had a Covid-19 staff contingency plan in the event of an outbreak in the home to ensure that they are all prepared for what actions they need to take to manage this.

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

We reviewed staffing arrangements. We concluded that there were several important strengths, which taken together, outweighed areas for improvement. However, improvements were required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible. We concluded the performance of the service in this area to be good.

Staffing arrangements were right, staff were observed to be confident in supporting people in both communal areas and their bedrooms and were able to provide appropriate observation and support. A stable, permanent staff group ensured a consistent approach to meeting people's day to day needs timeously. All staff showed awareness of people with additional mobility, cognitive or communication needs and sensitively responded to ensure these needs were met.

Staff told us that they benefited from a supportive and approachable management team. Training had been provided in key areas of infection prevention and control and staff said that they had found this training to be informative. The home could benefit from refreshing this training with a more innovative approach to updating staff practice including the introduction of IPC champions.

There was also limited opportunities to reflect on and support good practice and we have repeated a previous area for improvement to progress this. (See area for improvement 1) This would further support and monitor good practice which would help promote positive outcomes for individuals.

Requirements

1. To ensure that infection control practices support a safe environment for people experiencing care and staff, the provider must by 14 November 2021:

Ensure the management team develop and implement robust auditing processes to demonstrate a satisfactory standard of cleanliness throughout the home is maintained.

This is in order to comply with Regulation 4(1)(a)(d) and 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is also to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes.' (HSCS 3.14), 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. The manager should develop and implement regular meetings for staff to enable discussion and explanation of policies, procedures and best practice in relation to Covid-19.

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

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

People's personal plans should be person centred and reflect the involvement of people in identifying personal wishes and goals that promote good outcomes in their daily life.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 21 December 2020.

Action taken since then

There was no evidence that personal plans reflected the involvement of people living in the home. Improvement to care planning has been included in a requirement.

Previous area for improvement 2

The manager should develop and implement regular meetings for staff to enable discussion and explanation of policies, procedures and best practice in relation to Covid-19.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"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)

This area for improvement was made on 21 December 2020.

Action taken since then

There was no evidence of regular team meetings taking place. This area for improvement will be repeated.

Previous area for improvement 3

The manager in conjunction with people who experience the service, relatives and staff should develop a service 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 (HSCS) which state that:

"I can be meaningfully involved in how the organisations that support and care for me work and develop."
(HSCS 4.6)

This area for improvement was made on 21 December 2020.

Action taken since then

There was no evidence that people who use the service or others had been involved in developing a service improvement plan. This area for improvement has been repeated.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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