

Mossview @ The Opera Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 November 2023

Service provided by:
Care Concern Fife Ltd

Service provider number:
SP2014012349

Service no:
CS2014330580

About the service

Mossview @ The Opera (Mossview) is situated in a residential area of Lochgelly, close to local shops and amenities. The service provides 24 hour care to a maximum of 42 older people and 41 people were living here when we inspected.

Accommodation is provided across three floors with each floor having its own living/dining area and small galley kitchen. The ground floor benefits from a larger dining room and entertaining space as well as a smaller cafe which has access to a small enclosed courtyard.

About the inspection

This was an unannounced inspection which took place on 7 and 8 November 2023. The inspection was carried out by two inspectors from the Care Inspectorate plus an inspection volunteer.

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 seven people using the service and five of their family;
- spoke with nine staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

The home was welcoming with a relaxed atmosphere.

People reported feeling safe.

A program of activities was on offer to keep people active.

Improvements were needed to the home's quality assurance.

Staff supervision and training was lacking.

Care planning required personalisation.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	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 considered how well the service supports people's wellbeing and found the strengths just outweighed weaknesses, resulting in an evaluation of 'adequate' in this area of inspection. Strengths had a positive impact on people's experience and outcomes, but improvements must be made.

The care home had a warm, welcoming, and relaxed atmosphere. Families could visit freely and felt known and welcomed by staff. People were supported to go out into the local community with their families which helped maintain their identity and connection to their community. People enjoyed regular planned activities. For example, there was connection with the local community through regular visits from the local nursery and sociable pamper sessions, all of which was an asset to people living here. Improvements could be made to ensuring the program of activities available to people are linked to goals, wishes and outcomes. **(See area for improvement 1).**

There was a system in place to systematically record information about care and support needs when people were admitted. We found management of medication was safe and compliant. Examination of medication administration records identified medications were readily available and people were supported to receive their prescribed medications and treatments. This meant people could be kept safe and their health would benefit from treatment or symptom relief.

Staff provided a good account of their knowledge of the importance of food, nutrition, and hydration. They could identify people at risk of weight loss and the measures in place to mitigate risk. There was clear written information held in the kitchen and handover sheets listing those people on fortified diets. Sampling care records indicated people were maintaining their weight. We observed some people enjoyed their lunch but that the dining experience could be improved. There was limited meaningful staff interaction with people and missed opportunities for a sociable dining experience which had a negative impact on people's motivation and focus. **(See area for improvement 2).**

We spoke with staff about keeping people safe. They were able to demonstrate a good working knowledge of what it might mean if people were at risk, and to whom they would report any concerns. This meant people could be kept safe from harm.

We found that management oversight of key areas including falls, weights and skin integrity had been interrupted which meant they may not be alerted to significant change in people's health. This meant people may not get the treatment they needed. The service demonstrated their commitment to gathering people's critical health needs and some assurance was given to their oversight of this moving forward. **(See requirement 1).**

We found good pro forma in care records and supporting documents were in place to guide staff regarding people's current care and support needs. We found inconsistencies in the standard of completion of records and supporting documents. This meant they may not accurately reflect people's needs or guide staff in delivering the necessary support. **(See requirement 1)**

Staff were held in high regard and described as "busy" and "hard working". Feedback from people described their experience of inconsistency and having to repeatedly guide staff in supporting their daily routine. One person said, "it's difficult to build up relationships with staff" and that they "missed the days

when (they) had a key worker".

We found workforce pressures had a negative impact on people's experience of positive outcomes. Staffing regularly relied on agency staff and that there had been days where the home had been short staffed. Staff told us they often did not have time to read care plans and that felt rushed. This meant less meaningful activity as part of routine care and contact which had a negative impact on everyone's wellbeing.

Requirement under Key Question 3 applies.

Requirements

1.

By 19 February 2024 in order to ensure the health and wellbeing of people the provider must ensure that:

- a. Individual's personal plans clearly set out how their health, welfare and safety needs are to be managed and met.
- b. Care documentation is kept up to date and used to evaluate and amend people's care as needed.
- c. Quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.
- d. Communication systems are effective at sharing information in order that important care needs for people are suitably responded to.

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

This is to ensure that care and support is consistent with 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); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).

Areas for improvement

1. In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. There should also be a focus on regularly recording and evaluating of the range of recreational activities being delivered.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)

2. To promote people's nutritional health, the provider should improve their dining experience by ensuring meaningful engagement and staff promote moving to dining areas.

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

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where there are some strengths which just outweigh weaknesses. Although we saw evidence of capacity for improvement at the time of the inspection, the service must evidence its ability to sustain this.

Quality assurance and improvement should be well led, drive change and improvement. The home had a range of systems in place to monitor practice and service delivery. This included audits of care plans, medication administration and mealtime experiences. Despite being conducted regularly, evidence of these supporting improvement was limited with identified actions not addressed. We recognised the home being in a period of disruption with changes to both care staff members and management, which had impacted quality assurance. We were pleased to see action plans in place by the provider and work had commenced to address key areas of concern. This helps give confidence that the experiences and outcomes of people living in the service are drivers for change. **(See requirement 1).**

The provider evidenced having good systems in place to monitor practice and ensure that staff have the right skills, knowledge, and competence. We found that these were being poorly utilised. Use of these tools helps to ensure that the right care and support is in place at the right time to meet people's outcomes.

Requirement under key question 3 applies.

Requirements

1. By 19 February 2024, you must prioritise effective use of quality assurance systems to ensure that the health, safety, and well-being needs of service users are met and they experience positive outcomes.

This must include, but is not limited to:

- a) Ensuring appropriate and effective leadership of the service at all times.
- b) Implementing accurate and up-to date audits for monitoring and checking the quality of service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay.
- c) Ensuring a continuous improvement plan, that evidences the care and support provided meets the assessed needs of service users and that they experience positive outcomes on an ongoing basis.
- d) Dependency assessment tool accurately reflect the needs of residents and this translates to the right number of care staff at any one time.

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

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths, but these just outweighed weaknesses. Whilst strengths may still have a positive impact, the likelihood of achieving positive experiences and outcomes for people was significantly reduced because improvement was needed in key areas.

Staff should be confident and competent, with a system in place to support continuous professional development. Staff we spoke with could tell us about their roles and responsibilities and about people's basic care needs. We found poor use of observations of practice and supervision to assess competency and support staff development. Our inspection also found access to training could be improved to ensure practice is safe and informed. A requirement is made. **(See requirement 1).**

Care staff should be sensitive to people's care needs and wishes and use this information to inform practice. Care staff we spoke with and observed were friendly and wanted the best outcomes for people. One person told us "I like it here, i think the staff are good". We were disappointed to find examples of task centred care, that impacted people's choice and experiences. Another person living in the service told us "I don't go to activities as it takes two staff to move me, and they don't have time". We also found that care staff had not consistently accessed people's care plans to help guide delivery of care. This puts people at risk of receiving care that does not meet their needs. **(See requirement 1).**

We found that use of induction for both contracted staff and agency staff was inconsistent. Robust induction helps set the standard of care that is expected. The provider evidenced prioritising improving this system with immediate effect, which gave us assurance.

Requirements

1. By 19 February 2024, the provider must ensure that people experience a service with well trained and informed staff. In particular, you must ensure that all staff receive training that is relevant to people's care needs and the work that they carry out. This must also include, but is not limited to:

- a) Regular quality assurance checks to demonstrate how the training received is being implemented in practice throughout the care service.
- b) Regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance.
- c) Providing regular staff supervision to ensure their learning and development needs are assessed, reviewed and addressed.
- d) Ensuring staff have access to up-to-date knowledge and best practice guidance through access to regular team meetings or other information sharing forums.
- e) Ensuring care staff have read care plans to inform and direct care delivery.

This is in order to comply with Regulations 9, (2)(b) (fitness of employees) and 15, (b)(i)(staffing), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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).

How good is our setting?

4 - Good

We evaluated this key question as good. There were significant strengths which impacted positively on outcomes for people.

People could move freely throughout the home. Good signage supported wayfinding. The environment was clear and uncluttered, and people were not limited in their access to private and communal areas. Lounge areas were bright and attractive with plenty of seating in small groups. Television and music provided entertainment but were not intrusive. Group activities were easily accommodated in the large space. The café area was attractive and gave good opportunities for independent socialising. This promotes a homely and safe environment.

The service should continue to explore opportunities for people to maintain independent living skills, that support meaningful days and keep people active. This should also include consultation with people living in the service, and their relatives, on how the environment can be developed to enhance their experiences.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths, but these just outweighed weaknesses.

Care plans should support effective delivery of care. Plans we sampled demonstrated good use of best practice guidance and recognised health assessment tools. These tools supported staff to assess potential health risks, monitor changes and recognise when to seek advice from other professionals. We found inconsistent information recorded in plans around stress and distress, anticipatory care planning and wishes and outcomes. Lack of this guidance puts people at risk of not getting the care that is right for them. The service gave some assurances on their priority to improving information recorded in care plans.

Requirement in key question 1 of this report applies.

Care plans should be regularly reviewed to reflect any change in need and involve people and their relatives. This supports care that is person centred and reflects people's choices, strengths, and voices. The service also must prioritise care staff reading care plans to ensure their care delivery is person centred.

Requirement in key question 3 of this report applies.

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 support communication between departments, new staff and ensure positive outcomes for people who use this service, the provider should evidence that care records and supporting documentation are consistently up to date and sufficiently detailed.

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 29 September 2022.

Action taken since then

The service evidenced having good systems in place to record information and capture any changes in health that required adaptations in care provision. We found recording and sharing of information was inconsistent. Care staff were not accessing care plans to direct care. Meetings that were taking place did not involve the whole team, resulting in missed opportunities to holistically meet people's care needs.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

Previous area for improvement 2

In order to ensure positive outcomes for people who use this service, the service should further develop robust systems to effectively demonstrate that staff have a clear understanding about their role and responsibilities in relation to skin care and tissue viability and that they can demonstrate this through their practice.

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 20 August 2021.

Action taken since then

Discussion with staff evidenced good knowledge about people's care needs. We found, however, poor use of supervision, reflective practice and competency checks to evidence training was being effectively transferred to practice.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 3.

Previous area for improvement 3

In order to ensure positive outcomes for people who use this service, the service should further develop robust systems to improve lines of communication.

To achieve this:

- (a) staff must be able to demonstrate through their practice a clear understanding of their role and responsibilities to ensure all parties are kept fully informed.
- (b) staff must be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney.

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 20 August 2021.

Action taken since then

We found care plans held appropriate information about legal proxies. Discussions with staff gave some assurance of their understanding in this area.

The service was using agency staff to cover staffing vacancies. We found missed opportunities for information about people's care needs to be shared among care and agency staff.

Care plans were poorly accessed. This impacted staff clarity around their roles and responsibilities in delivering high quality care.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 3.

Previous area for improvement 4

In order to ensure good outcomes for people experiencing care, management should improve their oversight of the meals being provided, and people's satisfaction with the menu. Any unplanned weight loss should be fully explored, and an appropriate person-centred care plan should be put in place, and regularly evaluated for effectiveness.

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

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

This area for improvement was made on 21 July 2023.

Action taken since then

There was clear written information held in the kitchen and handover sheets listing those people on fortified diets. Sampling care records indicated people were maintaining their weight.

Our observations indicated people enjoyed their lunch but that the dining experience could be improved. See area for improvement made in key question 1.

In discussion, staff provided a good account of their knowledge and understanding of the importance of food, nutrition and hydration in maintaining health. Care staff could identify people they looked after, at risk of weight loss and the measures in place to mitigate risk.

The area for improvement is met.

Previous area for improvement 5

In order to support good outcomes and independence for people experiencing care, people's needs and wishes in relation to medication management, should be fully assessed and explored upon admission to the care home.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11).

This area for improvement was made on 21 July 2023.

Action taken since then

A simple audit of medication found no concerns. The service has a system in place to record and assess people's needs on admission which had been successfully used.

The area for improvement is met.

Previous area for improvement 6

In order to ensure good outcomes for people experiencing care, the manager should ensure all staff understand their responsibility to report, and record, concerns as they are being raised. This would enable the manager to identify any trends or patterns of concern to be acted upon, and for appropriate action to be taken.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

This area for improvement was made on 21 July 2023.

Action taken since then

Discussions with staff demonstrated that they understood their responsibility to report, and record, concerns as they are being raised. We felt this could be captured more clearly through induction of both contracted and agency staff and feedback was given to the service about this.

The area for improvement is met.

Previous area for improvement 7

In order to support people's health, wellbeing, and sense of security, appropriate risk reduction measures must be put in place, and be regularly evaluated for effectiveness, when there are known risks to people experiencing care from other people living in the service.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14).

This area for improvement was made on 21 July 2023.

Action taken since then

We observed care staff managing stress and distress discreetly and effectively. Unfortunately we found care records did not capture people's care needs or risks appropriately. This meant that people were at risk of being exposed to harm.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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