

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:
24 July 2023

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 five 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

About the inspection

This was an unannounced inspection undertaken by two inspectors. The inspection took place between 18 and 24 July 2023.

To prepare for this inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke informally with people living in the service and 14 of their family members;
- spoke with staff and management;
- spoke with four partnership agencies;
- observed practice and daily life; and
- reviewed documents.

Key messages

There had been significant improvements made since the last inspection, which should be sustained and built upon.

People's needs were met to a good standard by a caring and compassionate staff team.

The staff team were quick to identify changes in people's health and getting the right treatment for people.

There were more activities available to people, these needed to be built on.

Leaders needed to undertake further self evaluation of service performance.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this quality indicator. This means there were important strengths with some areas for improvement.

We observed staff supporting people in a warm, and caring manner. Staff reassured and comforted people when they were feeling anxious or worried. This helped people feel safe and accepted. People enjoyed staff spending time with them and having a "banter". Comments from people we spoke with included:

"Whatever I ask, the staff help me with. The staff are excellent and they cannot ever do enough for you."

"The staff are smashing and I really enjoy conversations with them."

"The staff are fantastic, they are so caring."

There were robust and effective health systems in place to monitor and promote people's health. Staff were responsive to changes in people's health, and promptly followed up any concerns with relevant health professionals. The manager and staff were well respected by other external health professionals, who viewed them as professional, competent and knowledgeable. The above meant people got the right care at the right time. Comments from people we spoke with included:

"Staff are really good at making sure my relative's health is maintained."

"My dad is much better since he has moved into the care home. He has put weight on and he seems more alert."

"The nursing staff are superb and I don't know what I would do without them. They have really helped me with my health."

"The manager has a good knowledge base of physical and mental health and how this applies to frail adults. Moss Park staff are very skilled in identifying the right, individualised, non-pharmacological approach to managing stress and distress symptoms." (professional).

Staff had a good understanding of people's likes and dislikes through "remembering together" documents. People enjoyed a variety of activities. A number of people mentioned the recent "open day" and the effort staff had gone to, to make this a success. The "food spread" was particularly highlighted.

Further improvements were required, so as all the people living in Moss Park had the opportunity to get involved in meaningful activities (see area for improvement 1). Comments from people we spoke with included:

"My relative likes the activities. has just started to do singing."

"It was really nice seeing everyone at the open day. The cooks went above and beyond with the "spread", it was amazing."

"Sometimes my relative likes to go out on the mini-bus."

Areas for improvement

1. Staff should be confident and making the most of opportunities to engage all people in Moss Park in meaningful activities.

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

How good is our leadership?

4 - Good

We made an evaluation of good for this quality indicator. This means there were important strengths with some areas for improvement.

The service was well led and managed. Leaders had a good oversight and understanding about what was working well and what improvements were needed within the service. There was regular evaluation of people's outcomes. This helped people get the right care and support at the right time.

The manager had had time to focus on service improvements due to a stable and competent staff team. Service improvements had enhanced people's day to day living. For example staff had more time to spend with people, shifts were well organised and care and support was delivered at the person's pace rather than reactively. We have concluded there should not be significant changes to the current staff team if these improvements are to be sustained and built upon.

People's views were sought regularly about the care service. Appropriate action was taken when issues were raised about service improvement. This resulted in an open and transparent culture, where the priority was the person receiving care and support. Comments from people we spoke with included:

"Moss Park provide good quality, high standards of care." (professional).

"I would discuss if I had any concerns, but I have never had any concerns."

"There is good communication and the staff are open, honest and approachable. We know we can pick up phone, this reassures us that she is safe."

"I feel listened to and as soon as I bring up any issues, they are discussed and resolved."

Quality assurance, including self-evaluation and improvement plans, ensure standards of good practice are adhered to. Part of this process should include regularly self evaluating service performance. This ensures a focus on people experiencing high quality, safe care that meets their needs, rights and choices (see area for improvement 1).

Areas for improvement

1. To support improvement the provider should undertake a process of self evaluation. This should result in the development and ongoing reviewing of improvement plans that have measurable outcomes relating to person-centred care and support.

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

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

'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?

4 - Good

We made an evaluation of good for this quality indicator. This means there were important strengths with some areas for improvement.

We made a requirement in November 2022 relating to there being sufficient and competent staff to support people with all their needs. As mentioned previously in this report (see key questions 2 and 3) Moss Park now have a stable and competent staff team. This has meant staff have time to provide holistic care and engage in meaningful conversations and interactions with people. It was clear from our observations, that people were benefiting from this and enjoying spending time with staff.

The staff team were motivated and good at communicating with each other, ensuring care and support was consistent and stable. Staff were clear on their roles and responsibilities, the main focus being on promoting people's well-being. People were supported in a person centred manner by a team that worked well together. Comments from people we spoke with included:

"There is always plenty of staff visible within the care home in communal areas."

"The staff have really stepped up and improved and the agency staff are really good at communicating."

"The staffing is really good and there is always plenty staff about, they go the extra mile."

There were systems in place to check staff were competent and confident when they were supporting people. This included a variety of relevant training opportunities and regular staff supervision. There were some staff who required further "coaching" when supporting people with stress and distress. We are confident the manager will action this. We have asked the manager to review the staff supervision format and develop a training matrix (see area for improvement 1).

Areas for improvement

1. To ensure staff are confident and competent when supporting people, there should be more opportunities for staff to reflect on their practice during formal supervision. It would also be helpful to have a training matrix linked to staff's professional development.

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

'I am confident in people because they are trained, competent and skilled and are able to reflect on practice and follow their professional and organisational codes.' (HSCS 3.14)

How good is our setting?**4 - Good**

We made an evaluation of good for this quality indicator. This means there were important strengths with some areas for improvement.

There were robust systems in place to ensure a safe environment. These included fire safety, regular maintenance of equipment and environmental checks. There were a number of effective systems in place to promote safety and wellbeing of people. For example, oversight of accidents and incidents, training, reviews and staff meetings and supervision.

The environment was clean, welcoming and homely. Staff followed cleaning schedules which reduced the risk of spread of infection. Staff were competent when handling potentially contaminated laundry. This reduced the risk of the spread of infection.

The garden was well maintained, attractive and accessible. We felt the garden could be better utilised by people living in Moss Park and their relatives. There is clear evidence that being outside benefits people's well-being. Comments from people we spoke with included:

"It is clear, staff try hard to make it a home from home and do their best to make it a welcoming, homely environment for families as well as residents."

"The rooms are clean, tidy, spacious, happy with the environment, always quiet and calm staff are fantastic."

"The building is tired and old and the rooms are very small. Staff work as best as they can to make it welcoming."

"My relative's bedroom is very comfortable and welcoming. They bought her a new chair which is much more comfortable for her."

How well is our care and support planned?**4 - Good**

We made an evaluation of good for this quality indicator. This means there were important strengths with some areas for improvement.

People's care and support plans evidenced their choices, and clearly identified the way they wished their support to be delivered. End of life care plans were sensitive and detailed and involved family and relevant professionals. This allowed people to be supported in the way they wished at the end of their life.

Overall people's care and support information was up to date and relevant. We have asked the manager to undertake checks of all people's care and support plans, and to follow up any discrepancies identified (see area of improvement 1).

People's review meetings took place on a regular basis. These provided an opportunity for a person and their representative, to be involved and discuss how well care and support needs were being met. We have asked the manager to consider how reviews could be more person centred. We will look at this at the next inspection.

Areas for improvement

1. To ensure people are getting the right care at the right time, staff should be supported to quality audit all people's care and support plans. Management should have suitable oversight so as they can address any concerns/discrepancies identified.

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)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

From 19 December 2022, to sustain and build on improved outcomes for people, the provider as a minimum should maintain the current staffing levels unless there is clear evidence these require to be adjusted. This should take into account the holistic needs of people, the layout of the building and how knowledgeable and competent staff are about individuals' needs.

It is necessary to comply with Regulation 4(1)(a) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15). A new timescale of 30 June 2023 has been given for this requirement

This requirement was made on 18 November 2022.

Action taken on previous requirement

The requirement has been met. Further information can be found in key question 3 of the report.

Met - within timescales

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 ensure people are receiving the right amounts of fluids to keep them hydrated, staff must complete fluid charts accurately and evaluate them regularly.

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

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

This area for improvement was made on 31 March 2023.

Action taken since then

The area of improvement has been met. Fluid charts were being completed fully and evaluated regularly.

Previous area for improvement 2

To enhance people's experiences of activities the provider should continue gathering individual information for their "remember together" document and consider this when planning activities.

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

This area for improvement was made on 18 November 2022.

Action taken since then

The area of improvement has been met. See key question 1 for further information.

Previous area for improvement 3

To ensure environmental improvements within Moss Park are sustained and built on, the provider should continue with their planned environmental improvements programme.

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

'My environment is secure and safe' (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 area for improvement was made on 18 November 2022.

Action taken since then

The area of improvement has been met. See key question 4 for further information.

Previous area for improvement 4

To support positive outcomes for people who use the service, the provider should continue to make improvements to their care planning documentation. This should include ensuring care plans are meaningfully evaluated and provide accurate information to staff about people's specific care needs, such as their end of life support needs and wishes.

This is to ensure that 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 18 November 2022.

Action taken since then

The area of improvement has been met. See key question 5 for further information.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.