

Mossview @ The Opera Care Home Service

49 Francis Street
Lochgelly
KY5 9NN

Telephone: 01592 780 235

Type of inspection:
Unannounced

Completed on:
4 March 2024

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 42 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 café which has access to a small enclosed courtyard.

About the inspection

This was an unannounced inspection which took place on 29 February 2024. The inspection was carried out by one inspector from the Care Inspectorate. This was a follow up inspection, following up on requirements that were made at an inspection in November 2023. 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 six people using the service and one of their family members
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Improvements were evident across care planning and quality assurance.
- The service had successfully recruited new care staff and this was having a positive impact on outcomes for people.
- Systems were in place to monitor staff competency and promote good standards of care.
- People living in the service reported care staff to be "excellent" and felt safe and comfortable.

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

Requirements

Requirement 1

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

- Individual's personal plans clearly set out how their health, welfare and safety needs are to be managed and met.
- Care documentation is kept up to date and used to evaluate and amend people's care as needed.
- 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.
- 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).

This requirement was made on 20 November 2023.

Action taken on previous requirement

Care plans we reviewed provided clear information for care staff, to guide care and support. We found evidence of regular reviews and communications with relevant professionals, where necessary, to direct care.

The service had developed structured systems for auditing care plans to ensure that they were effective in directing care and monitor risks. Feedback was given to the service about ensuring care plans provide best practice guidance information about people's specific medical conditions. This supports care that is informed and meets people's needs.

We observed improvements to the information sharing portals used by the staff team to support good communication about people's acute and immediate care needs.

Met - within timescales

Requirement 2

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)

This requirement was made on 20 November 2023.

Action taken on previous requirement

We were pleased to see the service had filled its senior leadership positions. We observed that this had a positive impact on how people's needs were met. This also allowed for a more consistent focus on quality assurance. We found evidence of regular audits, for example, of care plans, mealtime experiences and medication administration. It was clear that some of the outcomes of these audits had supported improvement. The service must continue to prioritise this level of quality assurance, with clear systems to follow up and consistently action any identified areas of improvement. This promotes continuous improvement.

The service development plan was reflective of current improvement focusses and requirements at Mossview @ The Opera. It evidenced clear roles and responsibilities to achieve these objectives. This could be enhanced by having a clearer space for residents, relatives, and staff to be involved in service development. This promotes a responsive service that is open and transparent.

We observed good staffing numbers across the home and effective deployment of care staff meant people were getting the right care at the right time. Dependency assessment tools evidenced staffing numbers being adapted to meet peoples changing needs.

Met - within timescales

Requirement 3

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).

This requirement was made on 20 November 2023.

Action taken on previous requirement

We saw the service was dedicated to regular monitoring of staff practice around medication administration and infection prevention control. Work had also been done to ensure staff received regular supervision. The service should continue to prioritise this and ensure that all staff practice is regularly monitored to maintain good standards of care and support.

A schedule for team meetings was evidenced and a few had taken place. Other communications systems were in place to ensure that staff have up to date information available to them. This included the introduction of "care plans at a glance" which were introduced as a way to make key information about peoples care needs easily accessible to care staff, to direct person centred care. Overall, this gives people confidence that their care is being delivered by people who are well informed and competent.

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

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)

This area for improvement was made on 20 November 2023.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 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).

This area for improvement was made on 20 November 2023.

Action taken since then

This area for improvement has not been assessed and remains in place.

Complaints

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

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