Mossview @ The Opera
Care Home Service

49 Francis Street
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Type of inspection:
Unannounced

Completed on:
13 September 2024

Service provided by:
Care Concern Fife Ltd

Service provider number:
SP2014012349

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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 in the home when we carried out the inspection.

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 café through which people can access to a pleasant courtyard garden.

About the inspection

This was an unannounced inspection which took place between 5 and 10 September 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

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 four of their relatives;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People received person-centred and values led care and support.
- People and their relatives were very happy with their care.
- Leadership and quality assurance had improved.
- Staff training should be further developed and include systems to evidence staff's understanding and competency.
- People enjoyed living in a welcoming, clean, fresh and contemporary environment.

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?	3 - Adequate
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 evaluated support for people's health and wellbeing as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which are as positive as possible.

The atmosphere in the home was welcoming and cheerful. People living in the home and staff were positive about their experiences of living and working in the home.

We observed warm, compassionate and respectful interactions between people using the service and staff. We saw humorous exchanges being enjoyed. This improved people's outcomes and wellbeing. It was apparent that trusting relationships had been established.

Staff communicated with people at their pace. We observed a member of staff drawing and colouring in with a person. This provided an opportunity to enjoy quiet, one-to-one time together.

Staff supported people to maintain their sense of identity through their dress and personal grooming. People who wanted to were involved in keeping their environment clean and tidy. People told us they felt useful. This increased and maintained people's independence, self-esteem and confidence.

People had support from all relevant professionals to address their physical, emotional and mental health needs. Staff knew people well and this enabled them to identify changes to people's needs quickly. Staff responded both reactively and proactively to safeguard people's health and wellbeing. Referrals to professionals were appropriate and timeous. The provider's regional nurse was available to provide guidance, support and learning for staff.

Relatives and other stakeholders told us that communication with staff was positive. They were kept up-to-date with any concerns or just what people had been doing. Relatives felt reassured, informed and involved.

Staff used a range of tools to monitor people's weight, risk of pressure injury and malnutrition. Where people were at risk of dehydration, staff recorded their fluid intake. Records were completed consistently. Concerns were discussed at daily meetings and ensured concerns were addressed. This included ensuring referrals were made to relevant professionals, such as dieticians.

Assessments of people's needs were carried out on a monthly basis. Assessments identified the support people needed and monitored changes in their needs. The assessments also calculated the number of staff required to meet people's needs.

People told us they enjoyed the food and drinks in the home. The newly refurbished café was very popular. People used the space to enjoy visits with friends and family. People also enjoyed spending time with staff and each other in the café enjoying the drinks and cakes that were always available. People's specific dietary needs were assessed and monitored. Some people required food and drinks in modified textures or fortified diets to maintain and increase their weight. Chefs and kitchen staff were skilled and knowledgeable about supporting people's dietary needs and choices. This ensured people's health, safety and wellbeing.

People received safe support with medication. People had medication pods in their rooms, but medication was to be dispensed from medication trolleys on a temporary basis. This was in response to there being several new staff in the team. This practice change aimed to reduce risks of medication errors.

We sampled people's Medication Administration Records. We found these were in order. Any issues with prescriptions were addressed with people's GPs. Controlled medications were sampled and also found to be in order. A stock count of controlled medications was carried out twice per day by two members of staff. Medication audits were carried out on a monthly basis by keyworkers and the manager.

Where people were prescribed medication to be administered on an "as required" basis, protocols were in place to inform staff's practice. Protocols were generally robust. However, protocols for the administration of aperients should be improved so staff are clear about when medical input should be sought. The provider should also ensure administration instructions do not include staff making decisions about the amount of aperients that should be administered (see area for improvement 1).

Clinical risk meetings with the home's leadership team took place on a weekly basis. All aspects of people's health care needs were reviewed and actions were planned and addressed to ensure people's health, safety and wellbeing.

People spent their time in ways that were meaningful and purposeful for them. Some people enjoyed participating in maintaining their home, other people chatted with each other in the garden or spent time in their bedrooms. A full and varied programme of social and leisure opportunities were made available by the activities team. This included visiting entertainers, weekly visits from two local nurseries and regular bowling events which were very popular and competitive. The home's minibus also enabled people to get out and about. People valued opportunities to have their hair styled in the salon. We observed people enjoying various pastimes and this support improved people's outcomes and wellbeing.

People and their relatives told us they were very happy with the care and support they received. Staff could not do enough for people and people felt well cared for. People had confidence in managers and staff and felt safe and content.

Areas for improvement

1. In order to safeguard people's health, safety and wellbeing, the provider should ensure protocols for medication prescribed on an "as required" basis provides clear information and guidance for staff practice. This should include when medical advice should be sought.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

How good is our leadership? 4 - Good

We evaluated support for people's health and wellbeing as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which are as positive as possible.

People living in the home and their relatives told us the appointment of the new manager and more recently, the deputy manager, had led to significant improvements in the service. The leadership team were accessible to people and their relatives. Any issues or concerns were quickly addressed. People said managers were always around the home to catch-up with people and staff. Managers were happy to work alongside staff if required. Staff turnover had been worrying and unsettling for people. However, people and their relatives were satisfied that staffing was now positive. People and their relatives were happy with the care and support provided and commented on the improvement in staff morale and the atmosphere in the home.

Staff told us they felt supported and valued. Managers were flexible and tried to accommodate staff's work and personal commitments. Staff said these attitudes enabled them to carry on working in the home. Staff felt listened to and issues and concerns were addressed. Relationships between staff had improved and staff worked well together. This led to improved outcomes and experiences for people.

Managers had a comprehensive overview of the service and quality assurance. We were confident that managers were aware of all key risks in the service and how these were being mitigated. We were assured that people's needs were assessed, monitored and met.

Quality assurance systems were robust. Audits were carried out across care and support, housekeeping, health and safety, maintenance and service improvement. Audits were usually carried out by managers. Consistent and detailed audits identified areas for improvement in areas such as people's dining experiences, care plans and medication. We were pleased to find that the use of anti-psychotic medication was reviewed on a monthly basis. This demonstrated good practice. We noted there was a lack of evidence that areas for improvement had been addressed. The provider should ensure areas for improvement are signed to signify they have been addressed. This includes evaluating the impact of the improvements on people's outcomes. Short daily meetings with heads of departments ensured all was in place to ensure people's needs were met and action was identified to address concerns on a daily basis. For example, where people's fluid intake was monitored, daily record checks enabled appropriate action to be taken in response to concerns.

Heads of department meetings took place monthly and this provided opportunities to identify, plan and assess improvements needed. This ensured the managers maintained in-depth knowledge about the service across the home.

People had opportunities to provide feedback about the service they received through monthly residents' meetings. People contributed ideas for menus, activities and their environment. The managers should ensure evidence of how feedback was addressed. One person was the resident wellbeing co-ordinator. This role involved gathering people's views, encouraging participation in meetings and informing people who hadn't attended the meetings of the outcomes.

Relatives' meetings took place every two months and were facilitated by the management team. Relatives were able to provide feedback about the service and make suggestions about improvements. Managers provided information about developments in the service and the provider. Minutes were provided for those who attended the meetings.

Quarterly newsletters kept relatives up to date with developments and changes in the home as well as providing information and photographs of activities and events enjoyed by their family members.

A quality assurance questionnaire was distributed to people using the service and their relatives. The results were collated in August 2024. Feedback was almost exclusively positive and there were very few areas for improvement identified. However, the provider had several ideas to further improve people's outcomes and experiences. The results of the questionnaire and an action plan should be formulated and sent to respondents to inform them of how their feedback will be addressed.

Health and safety and safety checks and audits were carried out on a regular basis. This ensured the health and wellbeing of people living in the home and staff. We were satisfied that moving and assisting equipment safety checks were carried out prior to their use. We asked the provider to record the checks to evidence areas for improvement identified and how these were addressed.

The leadership team were committed to improving people's outcomes and experiences. We were satisfied that quality assurance and service improvement systems enabled consistent and detailed assessment and monitoring of people's health, safety and wellbeing.

How good is our staff team? 3 - Adequate

We identified strengths in staffing in the home, but these just outweighed weaknesses. Whilst strengths had a positive impact, improvement was needed to ensure people experienced positive outcomes. Therefore, we evaluated this key question as adequate.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high quality care. Service providers must also support staff wellbeing to ensure people's care and support is not adversely affected.

The provider continued to develop systems and processes to implement the legislation and develop staff practice. The provider was represented at care provider forums, sharing good practice and accessing information and support.

Assessments of people's care and support needs determined the level of staffing across the home. Assessments were reviewed on a monthly basis and we found staffing levels were consistently higher than required staffing levels.

People using the service, relatives and staff were consulted about staffing levels in the home. We were pleased to find the manager responded positively to feedback to address any issues identified. People and their relatives told us staffing levels were satisfactory and said there were always staff around. This was good when people needed support.

Allocation plans determined where staff worked in the home. Allocations were based on staff's skills, knowledge, experience and relationships with people using the service. Rotas and allocations aimed to ensure an appropriate mix of staff skills across the home. This supported people's health, safety and wellbeing. Staff were allocated to support specific individuals throughout their shift. This included monitoring fluid intake and providing support with personal care. We advised the provider that this information should be recorded to improve accountability, identify areas for improvement and target improvement support.

Providers were expected self-evaluate their services to identify what they were doing well and where they needed to improve. Whilst self-evaluation had been carried out, further developments would help the provider benchmark the service and identify how they are performing against practice standards, codes of practice and legislation. We will provide additional support for the service.

Providers should carry out a training needs analysis on a regular basis. This is to ensure staff have the knowledge, skills and competence required to meet the full range of people's needs (see area for improvement 1). The provider determined the training staff were required to complete. We found gaps in staff's training that put people living with dementia and diabetes at risk. The provider should ensure staff complete the necessary training as a priority. This should also include supporting positive risk taking to ensure people are aware of and can claim their human rights.

Staff had access to a wide range of learning and development opportunities. Most training was provided in an online format. However, in-person training was used to deliver courses such as moving and handling and administering medication.

Managers oversaw a training tracker system. This ensured staff completed training and refresher courses timeously.

Practice observations were used to evaluate staff understanding and ability to transfer learning into practice in administering medication and moving and assisting people. The provider should develop tools and approaches to evaluate staff's competence across all areas of learning. This should include supporting people experiencing stress and distress, epilepsy and diabetes.

The care home liaison nursing team were keen to support staff's learning and practice and the provider should take the opportunity to benefit from their knowledge and expertise.

Staff had access to regular one-to-one supervision meetings with their line managers. This provided opportunities to access support and guidance. Staff's learning and development needs were discussed and planned. Regular team meetings provided further opportunities for learning and development. Staff valued these opportunities to learn from peers.

Areas for improvement

1. In order to ensure staff have the knowledge, skills and competencies to meet the full range of people's needs, the provider should carry out a training needs analysis on a regular basis. Systems and processes to evaluate staff's ability to put their learning into practice should be further developed.

This is to ensure that care and support reflects 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 support for people's health and wellbeing as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

The atmosphere in the home was warm and cheerful. Staff and managers were welcoming and it was apparent that staff enjoyed their work. This improved people's experiences and quality of life.

People enjoyed a clean, fresh and pleasant living environment. Cleaning schedules and records provided evidence that housekeeping staff maintained good standards of cleanliness, safety and comfort for people.

Communal areas were homely and inviting. Furnishings were comfortable, contemporary and of a good quality and décor was fresh and clean. People told us they were happy with the environment and were involved in choosing furnishings and décor. Rooms and corridors were spacious and clutter free. This accommodated walking aids and wheelchairs. This meant people could mobilise safely around the home.

The café was recently refurbished and was very popular. The café was spacious and inviting. Good quality equipment and facilities contributed further to people's positive experiences. Environmental and maintenance audits identified when necessary repairs and replacements were needed in the home.

People's bedrooms were personalised to their taste. Some people brought pieces of furniture and other important possessions with them when they moved into the home. This helped people settle in and feel at home.

The home had a courtyard garden. Whilst the outdoor space was small, the space was used to its full advantage with flowers and plants in pots around the garden. Seating, barbecue and dining areas provided spaces for people to socialise together. The garden was very well used.

Dementia environment audits were carried out on a regular basis. Signage and wayfinding in the home should improve. Whilst the signage was appropriate for the people currently living in the home, this could change as people's needs increased or people with more complex needs were admitted. The provider had already identified this issue and new signage had been ordered.

Person-centred signs helped people find their bedrooms. Pictures of people's interests and favourite pastimes were displayed along with their names. This included people's favourite singers, jobs and hobbies. This also supported staff to interact and reminisce with people.

We were confident that the environment increased and maintained people's independence and improved their outcomes and wellbeing.

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

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

People and their relatives, where appropriate, were involved in developing and reviewing their personal plans which were person-centred and values led. Personal plans presented a positive picture of people and highlighted their strengths, talents and abilities.

Individual care plans were developed to meet people's specific care and support needs. This included support with personal care, eating and drinking and mobility. Whilst care plans were generally good, some care plans would benefit from more detail about people's choices and preferences. The provider should ensure care plans are of a consistent standard across the home. Care plans provided sufficient information and guidance to enable staff to provide safe, consistent and effective care and support. However, the provider should develop care plans to address people's epilepsy and diabetes support needs as a priority. This is to improve people's wellbeing and safety.

Where people had been assessed as lacking the capacity to make safe choices and decisions, welfare guardianship or power of attorney was granted to relevant people or social work. Section 47 certificates were provided by medical practitioners where people could not consent to medical treatment. Copies of adults with incapacity documentation was retained to ensure staff were aware of and could comply with the powers granted in the orders.

Risks to people were identified and risk assessments were developed but we noted an absence of risk assessments to address people's health risks including epilepsy, diabetes, constipation and delirium. The provider should provide training and support to improve staff's knowledge and skills in assessing and mitigating risks. A positive risk-taking culture should be developed to maximise people's outcomes and experiences (see area for improvement 1).

We noted the risk of falls was assessed and regularly reviewed. Appropriate falls prevention equipment and aids were provided by health professionals. This helped protect people's health and wellbeing. When people experienced a fall, regular checks and monitoring ensured any injuries were identified and addressed. Risk assessments were reviewed to identify changes and improvements needed.

People had a review of their service on a regular basis. Relatives and other stakeholders contributed where appropriate. Reviews focused on tasks rather than people's outcomes and experiences. However, we were assured that people's care and support continued to meet their care and support needs. The provider should ensure reviews are signed and dated.

People, relatives and staff told us there had been significant improvement and involvement in people's personal plans. The provider should continue to develop personal plans.

Areas for improvement

1. In order to ensure people's health, safety, and wellbeing, the provider should develop and implement a risk enablement culture and approach. This should include risks to people's physical, emotional and psychological health and support people to take positive, life-enhancing risks.

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

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of life.' (HSCS 2.24).

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 was met. Please see the "How well do we support people's wellbeing" section of this report for further details.

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

People's dining experience had improved. Most people now ate their meals in the dining areas in each unit. Mealtimes were relaxed and unhurried. Where people required support with eating and drinking, this was provided discreetly and sensitively. Staff were mindful of people's dignity. People enjoyed the company and benefited from the cheerful atmosphere. Regular dining experience evaluated people's outcomes and identified opportunities to make further improvements. This area for improvement was met.

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	4 - 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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