

Mull Hall (Care Home) Care Home Service

Barbaraville
Invergordon
IV18 0ND

Telephone: 01862 842 308

Type of inspection:
Unannounced

Completed on:
5 September 2022

Service provided by:
Mull Hall Care Ltd

Service provider number:
SP2003001708

Service no:
CS2003008485

About the service

Mull Hall (Care Home) is registered to provide a care service to a maximum of 42 older people. At the time of the inspection there were 41 people resident in the home.

The provider is Mull Hall Care Ltd , which is part of the Sanctuary care group.

Mull Hall is a relatively modern, single storey care home situated in the village of Barbaraville, close to the town of Invergordon.

The grounds that surround the premises are pleasant, very well maintained and easy to access by people who live in the care home.

About the inspection

This was an unannounced inspection which took place on 29, 30 and 31 August 2022. The inspection was carried out by one inspector 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 eight people using the service and 13 of their family representatives .
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals and had email/survey response from another two people who support the service.

Additionally we took account of completed surveys that were submitted to us by relatives, staff and people experiencing care.

Key messages

People are supported by a stable and committed staff team.

The home works in partnership with health professionals to help keep people well.

Contact with loved ones had been prioritised.

Meaningful activities, entertainments and outings are a regular feature of life in the home.

The environment was relaxed, clean, tidy and well looked after.

Most people said that communication with them was good.

Some aspects of record keeping should be improved.

Staff training could be further developed, and training updates were not fully up to date.

The manager was committed to service development and improvement.

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?	5 - Very 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 this key question as good, where several strengths impacted positively on outcomes for people.

Staff knew people well and demonstrated a good understanding of people's needs, wishes and preferences. This enabled effective person centred support to be provided to enhance people's quality of life. People experiencing care described the staff as being "very good". It was evident in our observations that people enjoyed warm and friendly interactions, that were respectful and caring. People looked well supported and people were being enabled to maintain their own standards in terms of dress and grooming. Relatives told us that their relative experienced " excellent care " and that they felt confident that needs were being met. One person told us that "staff worked hard to help my relative settle into the home". This supported people to feel confident about the care that they or their loved one experienced.

People should benefit from care plans that are reviewed and monitored regularly. Care and support plans contained a range of information about people's past experiences, preferences and choices. Care plans, were regularly evaluated, and were informed by a range of assessment tools which had been regularly reviewed. We found care plans were up to date and reflected people's current health needs. Consequently these would support staff to deliver the right care.

People benefited from regular access to relevant professionals to support their health and wellbeing. Staff had good links with local health professionals and liaised with them promptly when any concerns were identified and feedback we obtained indicated that advice and guidance received to support people's care was followed.

People told us that there was plenty of food and that they enjoyed it. Choices were being offered and alternatives were readily available. People were given opportunities to give feedback about the food and this was reflected in menu planning. We observed plenty of drinks and snacks being offered throughout the day and cold drinks were readily accessible in communal areas. Assistance was being provided to people who needed support to enable them to eat and drink. However, some improvements were needed for people who required their fluid intake recorded, to ensure that records were closely monitored, evaluated, and that required actions were logged and shared in the event of targets not being reached.

(See area for improvement 1).

The Provider had recently successfully introduced a new electronic medication system. This system provided assurance that people's medication needs were administered, as prescribed, and intended. We highlighted a couple of minor areas where remedial action was immediately required and which were dealt with quickly. Overall we were satisfied that regular oversight was in place regarding medication administration, and that staff supporting this process had had the appropriate training and competency checks to safely perform this task. However, improvements continued to be needed in relation to ensuring that people who need pain relief on an "as required" basis, were being closely monitored, and the effect of such medicines evaluated. This is to make sure that people are being prescribed the most appropriate and effective medication to manage pain. An area of improvement had been made previously regarding this, and although it had partially been met, a core element regarding evaluation had not. The service also needs to ensure consistency in the written records of the use of 'topical' medications which are applied to people's skin. While these were mostly in

place, there were gaps. A previously made area of improvement about medication has been reworded to take into account what has been met, and what remains outstanding. **(See area for improvement 2).**

New staff were supported into role through an induction process that included a shadowing period, as well as some online training courses. The provider was in the process of ensuring that all staff had completed these mandatory courses, including moving and handling training being brought up to date. We were also encouraged that staff were currently receiving training in supporting hydration. However, we concluded that in order to be confident that all staff had the right level of training appropriate to their role, improvements could be made in the range of training consistently made available. **(See area for improvement 3).**

Visiting was taking place in line with the Scottish Government 'Open with Care' and where appropriate the local health protection team's guidance. The management team had been keeping relatives and representatives updated through regular communication to advise on any changes to arrangements. Everybody we spoke with told us that there was "no problem with visiting" and others indicated that they felt welcomed to a "very open and friendly environment". This meant that people's human rights were respected and they were able to enjoy the psychological and social benefits of family visits.

Regular access to meaningful activities is important for keeping well and having a sense of wellbeing. Staff helped people celebrate important events. For example, a lot of people told us about the very special day they had enjoyed with their relatives at the recent Jubilee day celebrations. An activities programme was in place, and was shaped by people's interests. During the inspection we observed people participating in armchair exercises, being supported to enjoy a walk outside, manicures, and conversational group activities. It was also evident that people were encouraged to use their skills, and keep busy around the house, which helped promote a sense of wellbeing and personal contribution. Regular outings were arranged so that people were able to spend time outwith the home, and access ordinary places. This meant people had been given opportunities to engage with in-house activities and connect with their local community. There was a very good staff presence in the communal areas of the home. This meant that people had ongoing opportunities for interaction, as well as the responsive support this offered.

The home had good standards of cleanliness throughout and the fabric and fittings of the building had been well-maintained. Audits ensured standards were being maintained. Domestic staff were knowledgeable, and were motivated to maintain good standards of cleanliness and followed cleaning schedules.

Staff were seen to adhere to infection prevention and control guidance. Direct observations of practice had been used to check and remind staff to adhere to good practice, in relation to PPE use and handwashing. Guidance was displayed to remind staff of expected standards. There were plentiful supplies of personal protective equipment (PPE) and cleaning equipment.

Although the home was generally well organised we noted that some storage areas would benefit from reorganisation to ensure that they can be easily kept clean. Practice in relation to managing laundry was satisfactory, although the lack of available space in the room limited the scope for segregation.

As the home does not have a dirty utility area (sluice), we suggested at feedback that they review practice and guidance around waste disposal and disinfection, to ensure that it remains in line with standard infection control precautions.

Areas for improvement

1. The service should ensure that when someone requires to have their fluid intake monitored and recorded, targets are clearly stated, intake is totalled and evaluated, and action to be taken clearly documented .

This is to ensure that care and support is consistent with Health and Social Care Standards which states 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)

2. To ensure that people who use the service get the most benefit out of their prescribed medication they should ;

Ensure that where people receive pain relief medication on an 'as required' basis, that there is a system in place to regularly evaluate the effectiveness. This will ensure that people's medication remains appropriate and is effective in bringing about relief from their symptoms.

Ensure that detailed guidance is in place to support staff to apply topical medication, and that accurate records are maintained to evidence use. This will support staff to make an informed decision as to when and in what circumstances topical medication should be applied.

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

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

3. To ensure that people can have confidence in the staff and their care and support needs are met, the provider should ensure;

there is an on-going assessment of staff training needs , competence and skills relevant to the care and support of people using the service;

that all staff supporting people with stress and distress, catheter care, Parkinsons , dementia or other long term conditions benefit from suitable training.

This is 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 their professional and organisational codes'. (HSCS 3.14).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff and relatives spoke positively about the management and staff team who were seen as being very approachable and supportive, as well as able to address issues effectively. While we heard that most people described good communication, a small number had not had such a consistently positive experience. We were encouraged that leaders in the service had responded to the issues raised and made some changes to address this problem and avoid a reoccurrence. We also spoke to relatives who described feeling confident in addressing any concerns to key staff in expectation that these would be resolved.

Staff we spoke with were motivated in their role and the majority of people we heard from described feeling well supported. While staff did describe experiencing staff shortages, there was a sense that as a team every effort was made to mitigate the impact of this on people's experiences. Formal supports such as supervision, staff meetings were effectively in use .

The service has a service improvement plan that covers all aspects of service delivery. We were encouraged to see that there was a significant environmental refurbishment planned, so premises will benefit from updating and improvement. Work is scheduled to develop the outside spaces, adding a number of features into the garden area ,to enhance the opportunity for people and their families to get the most out of time spent together .

A wide range of audits were undertaken and the management team was responsive and had a good oversight of what was happening within the service. We could see that where actions were identified that these were addressed to ensure improvements were made, for example, they had identified that some of the mandatory training was incomplete and were working to highlight this. This reassured us there was a system of checking in place in order to sustain good practice and keep people safe. As part of our core assurances we checked processes were in place to ensure compliance with best practice, guidance and legislation. We found satisfactory practice, for example, in terms of health and safety, premises management, as well as in meeting the requirements of other regulatory bodies.

There was a strong sense of the service listening to the voice of people who use their service, and taking on board their findings to inform improvement. A variety of methods were used to enable people to express their views, and encourage their involvement.

There was very good team working. We saw a respectful and supportive team who shared the aims and values of the service. This meant that people living in the home were cared for and supported by a dedicated and positive workforce.

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

1. To ensure that people who use the service get the most benefit out of their prescribed medication the manager should:

- a) Ensure that where people receive pain relief medication on an 'as required' basis, that there is a system in place to regularly evaluate the effectiveness. This will ensure that people's medication remains appropriate and is effective in bringing about relief from their symptoms.
- b) Ensure that detailed protocols are developed for each 'as required' medication. This will support staff to make an informed decision as to when and in what circumstances 'as required' medication should be given.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 19 December 2019.

Action taken since then

There are detailed protocols in place for each "as required" medication. However, there was no system in place to regularly evaluate the effectiveness of the medication. We have therefore continued with this area of improvement, reflecting what remains outstanding.

Previous area for improvement 2

To ensure that people receive care and support that meets their needs, the manager/staff should look at developing care plans with a more outcome focused approach. Regular evaluation should be carried out and where there have been any changes to people's care the care plan should be updated to reflect these changes. Where six monthly reviews are being carried out, these should be fully recorded and cover all aspects of people's health and well-being needs. Any issues raised should be followed up and actions taken within the identified timescales.

This is to ensure that 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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 19 December 2019.

Action taken since then

Care plans were up to date, being regularly evaluated, and we assessed that they were an accurate reflection of people's current needs. Six monthly reviews were being fully recorded, and covered all aspects of people's health and well-being needs. There was a clear auditing process in place which will support the team to maintain these standards and continue to take forward an outcome focussed approach to care planning.

This area of improvement has consequently been 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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
2.3 Leaders collaborate to support people	5 - Very Good
2.4 Staff are led well	5 - Very 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 iarrrtas.

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.