

Mull Hall (Care Home) Care Home Service

Barbaraville
Invergordon
IV18 0ND

Telephone: 01862 842 308

Type of inspection:
Unannounced

Completed on:
24 December 2024

Service provided by:
Mull Hall Care Ltd

Service provider number:
SP2003001708

Service no:
CS2003008485

About the service

Mull Hall (Care Home) is a care home for older people situated in a small residential area called Barbaraville which is near Invergordon. It is close to a bus stop and the service has access to a minibus. The service provides residential care for up to 42 older people.

Accommodation is arranged over one floor, in single bedrooms with en-suite toilets. There are a number of lounges for people to use. The service has access to different garden areas, dependent on people's needs.

About the inspection

This was an unannounced inspection which took place on between 20 and 24 December 2024. The inspection was carried out by two 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 several people using the service and a number of their family;
- spoke with several staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Staff were welcoming, friendly, kind and compassionate most of the time.
- Staffing levels were planned well, but sometimes due to last minute cancellations the service operated with less than the planned level.
- Management of the service had stabilised recently.
- Improvements were needed in various aspects of the service.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People were treated with respect, dignity and compassion most of the time. When we spoke with people and their relatives, many described the staff as being 'second to none', 'very kind', and that they 'made people feel welcome'. Mull Hall created an environment whereby it was warm and homely, and this is also what people felt living there.

Management and staff went out of their way to make the move into the home as easy as possible. They considered where best people would be suited to have their bedroom, whilst thinking about any potential friendships, or activities the person might enjoy. A family member of a relative who had recently moved in, spoke highly of the staff's approach to their loved one, and how the home had been welcoming when they had visited.

Staff at times needed to be consistent in their communication, particularly when supporting people with stress and distress. In these situations, staff need to be able to follow clear guidance from personal plans consistently. Some of the detail in personal plans did not describe well enough the steps staff should take. We asked the management team to look at ways to free up staff to come together, to assess and evaluate stress and distressed personal plans as a team to make these more effective. The management team agreed to take this forward.

Some people displayed stress and distressed behaviours, and staff could benefit from more training around their approaches. The service was receiving support from NHS Highland and within the provider's own training team to help support staff with this and other areas of training. We made an area for improvement about this previously, which hasn't been met and we carry this one forward.

Staff assessed people's health and wellbeing needs through several health-based assessments. Staff did not always complete these assessments fully, and on occasions they did not carry forward the risk reducing steps into people's personal plans. We found examples where information was not clear between the care plans. Staff did not always record the information in relation to the personal plans, for instance people's food and fluid intake sheets, when this had to be recorded. We made an area for improvement about this previously, which hasn't been met and we carry this one forward.

Community nurses came into the home to see people who needed nursing needs. Community nurses told staff any update or issues, but staff did not always record this information clearly. The manager had identified this as an area they wanted to improve, so that the right information was available for people's care and support.

People were encouraged to move regularly, and this was supported on a regular basis. Activities staff worked well to provide a level of activities which people said they enjoyed.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

There had been a period of change within the management team which had affected the quality of management and leadership.

The provider had a range of quality assurance audits available to the service. Management at the service, and external visiting staff from the provider completed these audits and we found most of these had been completed. Management had identified several necessary improvements. We found additional areas within our assessment. We were concerned about the level of improvements needed, and the evidence that showed some of these improvements had been around for quite some time. We have made a requirement here (**see requirement 1**).

The manager and their depute had been supported by the regional manager most recently. They had updated and evaluated the service's improvement plan recently. The manager was keen to gain the views of others, from staff, people who live there, and their family and friends. We agreed this was important to help support continuous improvement and being able to self-evaluate the service.

We identified some ways staff could be supported to do their job roles in key question 1. The management team had set up some meetings with staff to begin seeking their views and we discussed some other options whereby staff could come together to discuss people's care and support. For the service, there was a lot of areas for improvement needed, and this needed inputs from different people to help the service achieve this. Some of these supports had been identified for the service. The management team and provider needed to continue to work through these areas for improvement to help improve the outcomes and experiences for people.

Requirements

1. By 24 March 2025, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement.

To do this, the provider must, at a minimum, ensure:

- a) that staff are led, directed and supported by suitably qualified, and skilled leaders on each shift, ensuring that roles and responsibilities are clear;
- b) that the care service users receive is effectively monitored to ensure that it meets their needs;
- c) that, where improvements are identified, these are taken forward as a matter of urgency to address potential impacts on people's experiences; and
- d) that robust follow up actions are taken to minimise risks of harm to people living in the care home.

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 the Health and Social Care Standards (HSCS) which states that:

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The management team planned for the right level of staff through a rota-based allocation. For the majority of the time, this was what the staffing levels ended up being. However, there were times when numbers of staff available were not ideal and staff had to then problem solve cover. Cover issues usually arose from last minute cancellations of shifts, which was generally hard for the staff in the service to plan for. The manager used the provider's tool to assess safe staffing levels, which was based around the needs of people and the service. They were completing this regularly.

Staff were able to provide basic care to people, and most of the time they were able to provide more than that. Staff helped by covering more shifts with overtime, or the service used bank or agency staff. The service had contingency plans in place, and these should be reviewed in tandem with the staffing tools the management complete.

Staff were allocated appropriately when on shift and this was clear on the allocations board in the entrance of the care home. Team leaders were on shift to help guide and direct staff when necessary to support people as best as possible. We identified in key question 1 and 2 some areas where staff could be better supported with some additional training.

People benefited from a warm atmosphere because staff worked well together. The service could improve on communication between staff and different shifts. We were told about instances where information wasn't passed on properly, which sometimes involved information from external visiting health professionals.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The setting of the care home is all on one level, which provides ease of access for people living there. The care home has a number of different areas where people can choose to spend their time in. People were able to choose to spend time in their rooms in private if they wished as well.

The staff and management had been looking at ways to make the use of the building more efficient in terms of staff supporting people. These measures were still under consideration and included in ongoing discussions.

The service had a proactive maintenance system which helped to keep all routine and emergency maintenance up to date. We were confident the maintenance team had systems in place that helped to prioritise their work.

The service had identified some areas where the access to the garden could be improved upon, and this had been an ask for the service for quite some time. The provider had not yet progressed with the work, and this should be considered promptly.

We noted that some furnishings could benefit from being properly cleaned to make sure they were comfortable for people to use. The management and provider need to assess the environment, which will include furnishings, and take action to address any areas identified (**see area for improvement 1**).

Areas for improvement

1. People should benefit from an environment and furnishings, which are well maintained and meets their needs and wishes.

To do this, the provider and manager should assess the environment, which will include the furnishings, and act promptly to address any issues identified.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff completed a personal plan for people upon moving into the care home and staff evaluated these regularly. People's plans captured their likes, dislikes and a number of their preferences. We found there were some gaps in the personal plans around the support needed for people, or information was difficult to find, particularly when reviewing the computerised care plan system. We discussed with the manager some of the ways this could be streamlined which would make it easier to follow. This was important as information needed to be clear for staff to follow, particularly with health and wellbeing, or stress and distress needs.

The management team had identified the need to re-introduce the resident of the day schedule, which would be an important way of ensuring people's information was up to date; and that family/legally appointed guardians were involved and asked their views.

Staff needed to do more to keep up with people's personal plans, ensuring they were effective, up to date and supportive of people's formal six-monthly reviews. There were a number of people who were due these reviews, which again would help to support improvements identified around people's personal plans.

It is important that management and staff take forward a sequence of improvements to help improve and enhance the experiences of people living in the care home **(see requirement 1)**.

Requirements

1. By 24 March 2025, the provider must ensure that people's personal plan sets out clearly their needs, preferences and support that is required to help guide staff consistently.

In order to do this, the provider must, as a minimum:

- a) carry out audits of personal plans to identify areas for improvement;
- b) update people's personal plans to ensure that information is clear, concise and accurate. This will involve the person and/or their legally appointed guardians;
- c) establish ways to ensure that people's needs are evaluated appropriately on a regular basis and changes made where this is required; and
- d) establish regular and routine six-monthly reviews for people, or sooner if their needs change substantially.

This is to comply with Regulation 5(2)(b) 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:

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

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

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 (HSCS) 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).

This area for improvement was made on 5 September 2022.

Action taken since then

Staff had completed health-based assessments which should then offer direction in people's personal plans, how to address the health risks identified. Upon reviewing information in relation to people's food and fluid records, it was clear that sometimes the detailed guidance was lacking, or was not consistently referenced. Evidence considered, like fluid intakes, did not offer us confidence that staff were managing to record accurately people's food or fluid intakes.

Therefore this area for improvement has not been met and is carried forward.

Previous area for improvement 2

To ensure that people who use the service get the most benefit out of their prescribed medication they 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; and
- b) 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 (HSCS) which state that:

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

This area for improvement was made on 5 September 2022.

Action taken since then

We found that better recording was in place and the service was utilising their electronic medication records to maximise the aspects of recording efficacy of as required medication.

Topical medication administration records were completed better, and the service should continue to make progress in this area.

This area for improvement has been met.

Previous area for improvement 3

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

- a) there is an on-going assessment of staff training needs, competence and skills relevant to the care and support of people using the service; and
- b) that all staff supporting people with stress and distress, catheter care, Parkinson's, 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 (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 5 September 2022.

Action taken since then

We considered the evidence of staff training and assessed that this area for improvement had not been met. Further training was needed to aid staff being knowledgeable in the areas identified within this area for improvement.

Therefore this area for improvement has not been met and is carried forward.

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
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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