

Mull Hall (Care Home) Care Home Service

Barbaraville
Invergordon
IV18 0ND

Telephone: 01862 842 308

Type of inspection:
Unannounced

Completed on:
6 May 2025

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 between 24 and 25 April 2025, with follow-up file reading which we carried out remotely. Formal feedback was provided to the manager and provider on 6 May 2025. 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 nine people using the service and observed daily life in the care home and interacted with most people who lived there. We received 16 survey responses from people who lived there;
- spoke with two of their family members and we received 14 survey responses from family members;
- spoke with a number of staff and management and we received five survey responses from staff;
- reviewed various documents; and
- received three survey responses from visiting professionals.

Key messages

- The management and staff team had met the required improvements from the last inspection.
- Staff were recruited into the service to a good standard.
- People's care and support needs were being met.
- Staff continued to improve the activities they offered people and they were looking at more ways to develop this.

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

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| How well do we support people's wellbeing? | 5 - Very 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?

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.

People felt they were treated with kindness, dignity and respect. Our observations evidenced this during our inspection. People felt they would be able to raise concerns if they had any.

People benefited from a comprehensive range of health-based assessments. Staff used the information to inform people's personal plans. For example, around tissue viability or diet and nutrition. Staff shared with external health professionals concerns appropriately which enabled a responsive and appropriate plan for people's needs. We did see staff being responsive when supporting someone around their skin integrity and we received feedback from a person about staff being proactive. Community nurses had continued to support with any nursing needs for people. Professionals told us they thought people's health and wellbeing was supported well.

Staff managed people's medication safely and appropriately. The management team had supported staff with a recent change, which saw the service temporarily reverting back to recording on paper medication administration records. Staff were being supported with the change which included a fresh competency check to reassure the change was being managed well.

Staff had encouraged and promoted people to be mobile and active within the care home which was the right approach to take. Staff detailed appropriate actions around unplanned incidents which included falls. The manager had oversight of these and had carried out all the necessary follow-up actions.

Staff had encouraged people to drink regularly throughout the day, and we found where they needed to record people's intake, these records were more up to date than we had found before. Staff should continue to work on this to sustain improvements.

People described the food as:

- 'Being tasty'.
- 'Good sized portions, but sometimes there's a bitty too much for me'.
- 'Really like the food, always something I can eat'.
- 'Delicious and nutritious meals'.

We were told about a situation when a person didn't have access to a call bell and during our inspection we asked staff for assistance around another person. Staff intervened quickly to remedy. We mentioned this to the manager who followed this up.

Staff continued to provide a range of different activities within the care home. People had been able to choose what they wished to get involved with and complimented the opportunities they had. We were told about recent themed activities which had been around the seven continents of the world and how this had been a joint initiative with some of the care homes in the north.

How good is our leadership?**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.

Staff had been able to evidence more in relation to continually reviewing people's experiences. They had done this by reviewing personal plans monthly and making updates when people's needs changed.

The manager and depute had improved various aspects within the quality of management and leadership. They had established the right level of quality audits which had been on track. From that they had updated the service improvement plan to enable them to focus on the improvements; and the manager had commenced self-evaluating the service, focussing on people's experiences.

The manager had been evaluating unplanned events like accidents, incidents, or falls, and had recorded the follow up actions which had been taken. We found these were being managed well.

The management team had improved on communication, and we found a range of meetings had taken place with the teams in the care home. The regional manager held regional meetings which focussed on developing and improving services and the manager felt these had been beneficial for them. The manager and depute told us about the opportunities this brought for them to work more closely with their neighbouring care homes.

The manager had continued to establish ways in which people could offer feedback, and this was included within their plans. People we spoke to had felt comfortable to approach the manager if they had any feedback. During our inspection we had observed the manager's open door approach which family, people living in the care home and staff all benefited from.

We were confident in the management team's ability to drive forward and sustain improvements and encouraged them to continue with their self-evaluation approach.

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 provider had centralised staff who supported the service with their recruitment needs.

We reviewed recruitment files for staff recently employed to work in the service. We could see these files were organised well and documentation was kept in order. Prospective staff completed an application form and if shortlisted, would then attend an interview. We found application forms to be complete, and the interview process had been documented which included recording the panel's decision making.

The centralised team had then supported with the necessary recruitment checks, which would include references, protection of vulnerable groups scheme and identification checks. Where the provider had not received a reference for someone after making a number of requests, they used a process of risk assessment to determine whether they could proceed to start the staff member. We discussed the need to review this to ensure the risk is updated, which should consider if there was another referee that could be sought to help support these decisions.

Once staff had begun working in the service, they had an induction period and mandatory training to complete. New staff completed their progress through an induction notebook which was reviewed jointly with their line manager through regular probationary review meetings.

How good is our setting?

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 able to choose where they spent their day and there was access to outdoor spaces. People's bedrooms were appropriately furnished, and we could see evidence that people had personalised their rooms to their tastes. Staff made sure that any equipment people needed was safe and had been maintained. The service was well maintained and when concerns had been raised, remedial actions had been taken. Maintenance officers handled appropriately the needs of the service.

People benefited from a warm, comfortable, and welcoming environment. The environment was clean, tidy and well looked after with no evidence of intrusive smells. On occasion during our inspection noise levels from staff were too high. We discussed this with the manager who promptly discussed this with staff. Noise levels did improve following on from that.

Staff who were involved in housekeeping and laundry had managed to do this safely and in line with guidance. They kept up to date records of the duties they had carried out which evidenced our findings during our inspection.

How well is our care and support planned?

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.

Staff had improved the level of detail that is contained within people's personal plans. We found personal plans reflected people's choices and preferences, setting out how they wished their care to be arranged. Staff had worked on combining information contained in the main file area and the information which was displayed on the handheld devices.

Personal plans included relevant details about any legal arrangements that were in place to support them. Staff kept up to date the risk assessments within personal plans and reviewed these regularly. Records demonstrated the views of people or from their legally appointed guardian and staff should continue to develop this further.

From our observations, we could see staff supporting people in a way which was documented within their personal plans. We could see evidence of plans being updated to reflect people's needs when there had been a change in their needs. There was evidence that more routine reviews were taking place. This included those formal six-monthly reviews, and the more routine reviews carried out monthly. Staff should continue to develop the level of information documented in reviews which continue to look at outcomes.

Managers had worked with staff to ensure the right level of information was present within personal plans.

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

Requirements

Requirement 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).

This requirement was made on 24 December 2024.

Action taken on previous requirement

The management team had time to work on their approach and had established positive ways of working together. The regional manager was involved routinely and was part of the management team at the home.

The management team were leading and supporting the staff and service at an improved level. Staff were monitoring people's needs routinely and responding appropriately when areas of concern were identified.

The management team had established a robust process of audits in place, which were supporting their ability to complete an appropriate service improvement plan.

The manager had continued to develop the ways in which they were self-evaluating the service.

Therefore, this requirement has been met.

Met - within timescales**Requirement 2**

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).

This requirement was made on 24 December 2024.

Action taken on previous requirement

Staff had worked on reviewing people's personal plans and had managed to update the detail within the plans we considered.

Staff had improved how they recorded and updated personal plans when changes occurred.

People's formal reviews were happening more regularly.

Therefore, this requirement has been met.

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

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).

This area for improvement was made on 24 December 2024.

Action taken since then

The manager and the team had reviewed the environment to support improvements in this area. We did not find a repeat of any of the issues we had identified at a previous inspection.

Therefore, this area for improvement has been met.

Previous area for improvement 2

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

We reviewed records and observed staff practices and could see there was consistent focus in supporting people with their needs around eating and drinking. Records demonstrated an improvement around fluid intakes.

Therefore, 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

The manager had taken steps to improve upon the training needs, competency, and staff skills. Staff had been able to access person specific training. The service had identified additional training and had been accessing this from a range of various sources.

Therefore, this area for improvement has 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

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| How well do we support people's wellbeing? | 5 - Very 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 |
| 3.1 Staff have been recruited well | 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 |

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