

HC-One Limited

Mossdale Residence

Inspection report

Mossdale Residences
Mossdale Avenue
York
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Tel: 01904293061

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mossdale Residence is a care home which provides both nursing and personal care for adults, including people who may be living with dementia. It is registered to support up to 80 people. At the time of our inspection 29 people were using the service. The care home is in a new building with several large and smaller communal areas and outside spaces for people to use.

People's experience of using this service and what we found

People were safe. Risks to people's health, safety and wellbeing were managed by staff with the relevant skills and knowledge to meet their needs. Any accidents or incidents were appropriately responded to and were monitored and learned from to reduce the risk of them happening again.

Suitable staff were employed, and staffing levels met people's needs. People's medicines were administered as prescribed. The service was clean and staff appropriately used personal protective equipment (PPE).

People were supported by kind and caring staff who were attentive to people and their needs. People had choice and control regarding their care and were enabled to follow their own routines. People's privacy and dignity was maintained, and people's independence was promoted.

Staff were knowledgeable about people's needs and supported people to access healthcare services when required. People had a varied diet and meals were served in line with people's personal preferences and dietary requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were happy with the care provided and the provider's quality assurance systems helped to ensure this. The management team promoted a positive culture through appropriate support for their staff.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mossdale Residence

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mossdale Residence is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mossdale Residence is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We requested feedback from the local authority contract team. We also looked at information sent to us since the service registered such as notifications about accidents, incidents and safeguarding alerts. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the managing director, area director and the registered manager. We also spoke with one nurse, one unit manager, two care staff and the chef. We also spoke with six people who used the service and two relatives.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for three people and medication administration records for three people. We looked at three staff recruitment files and reviewed documentation relating to the management and running of the service such as audits, service safety records, and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm and abuse. People told us they felt safe. One person said, "I feel very safe. Security is good and staff are very good." A relative also told us, "They are very safe here. There are always staff about to look after people."
- Staff were trained in safeguarding and were able to identify signs and types of abuse. Staff understood processes to report concerns and were confident any concerns would be promptly addressed.
- Safeguarding referrals had been appropriately submitted and systems were used to monitor referrals to ensure any required actions could be implemented.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing had been appropriately identified, recorded, managed and monitored to help keep people safe.
- Staff were able to describe the actions taken to manage risks and keep people safe from harm.
- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring system. Accidents and incidents were investigated to find out why they happened, learn lessons and reduce the risk of them happening again. Staff were kept informed of changes following investigations.

Staffing and recruitment

- Staffing levels were safe. Processes were in place to review and adjust the number of staff needed to keep people safe. However, one person told us they felt there could be more staff.
- People got support when they needed it as staff met people's needs in a timely manner.
- Safe recruitment processes were in place. Appropriate employment checks were completed to ensure staff were suitable to work with vulnerable people.

Using medicines safely

- People's medicines were administered safely. Staff had completed training in medicines administration and their competency checked. They had a good understanding of people's preferences for taking their medicines.
- Appropriate guidance was in place to support staff to administer 'as and when required' medicines.
- Medicines were stored appropriately.
- Medicines processes were kept under review to ensure they remained effective. The registered manager reviewed and updated recording systems to ensure records continued to be detailed and accurate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from their families and friends in line with current guidance.
- Processes were in place to enable this to take place safely and alternative arrangements were implemented in the event of an outbreak of COVID-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People's needs were assessed, and detailed care plans and risk assessments were implemented.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people. Robust induction and training processes were in place to ensure staff had the required skills and knowledge before working with people.
- Staff were positive about induction processes and the support they received. A staff member said, "[Registered manager's name] is really good, really supportive. When new staff start, she goes above and beyond to ensure they are ok. She did that with me when I started."
- Staff were supported by the management team. Staff received regular support, supervision and annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. People were offered drinks regularly and meals were provided in line with people's dietary requirements.
- Staff appropriately supported people to eat and drink and offered support discreetly and respectfully.
- People were included in decisions to change the menu and the provider had received positive feedback about the food. One person had complained about the food and the provider was working with them to address this.
- Staff were knowledgeable about people's dietary needs and care records contained detailed and up to date information.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with health and social care professionals to improve people's quality of life. Records showed referrals to health and social care professionals were made in a timely manner and care plans were updated following professional advice. One relative told us, "[Person's name] has a much better quality of life since coming here. [Person's name] was always a sociable person and enjoyed company but used to slide out of the old wheelchair so spent a lot of time in bed. Now, since getting this new chair they can come into the lounge, see other people, join in activities. It's made such a difference."
- Staff were knowledgeable about people's healthcare needs, associated risks and how to manage them.
- Handover meetings were held to ensure staff had accurate information about people's needs. A member

of staff told us, "You always get a proper fifteen-minute hand over at the start and end of every shift. I think that is so important."

Adapting service, design, decoration to meet people's needs

- The building had been designed to consider the needs of people using the service. Rooms and corridors were large to enable people and staff to use and manoeuvre equipment safely.
- People had personalised their bedrooms with their own furniture from home, photos and personal belongings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought consent before helping people.
- People were encouraged to make their own decisions where possible. Where people lacked capacity the MCA had been followed.
- DoLS had been appropriately applied for and systems were in place to monitor and review them, ensuring any conditions were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated as individuals. Their wishes and beliefs were outlined in care plans and staff provided care in line with these. For example, staff supported one person to follow a religious diet and staff had the required knowledge to appropriately support them.
- We received positive feedback from people and their relatives about staff. People told us, "Staff are most polite and respectful" and "[Staff] are all so kind and caring and very respectful." A relative told us, "Staff here are all very friendly, cheerful and respectful. I've no problems with the staff."
- Staff were trained in human rights and equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were included in decisions about their care. One person told us, "I was involved in setting up my care plan." Records showed people's views and those of their relatives were gathered and acted upon.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and maintained. One person told us, "[Staff] are very good, they always shut my door and are very discreet when it comes to personal care."
- Staff were knowledgeable and recognised the importance of supporting people to maintain their privacy, dignity and independence, supporting them to do so where possible. A member of staff told us, "This morning I was sat with a person who needs encouragement to eat, so instead of just feeding them, I sat with them and encouraged them, so they did it themselves."
- Dignity was considered during daily walkarounds of the service and also with targeted audits.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed, and people were included in developing their care plans. These were reviewed and re-assessed as people's needs changed.
- Care plans were detailed outlining people's preferred routines, likes and dislikes, so staff could support people in their preferred way.
- People told us they were offered choice and control regarding their care and this was taken at their own pace.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was given to people in a way they could understand. For example, in large print or verbally.
- People's communication needs were recorded in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Daily activities were available in the service, and people maintained their own hobbies and interests. One person told us, "They do arts and crafts. Sometimes I join in, but I have my own hobbies too. I like pressing and drying flowers and making cards for people."
- Some people told us they would like more outdoor activities. The provider was aware of this and was reviewing activities.
- People were supported to maintain relationships and meet new people. One person told us, "Being here has made a big difference to me socially, I've made friends here." People were able to have visitors and staff supported with making phone and video calls.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate, respond to and address people's concerns and complaints. The registered manager was working with a person to resolve a complaint and action was taken following shortfalls identified.

End of life care and support

- People were supported to have a pain-free and dignified death. Staff worked closely with relevant healthcare professionals to ensure anticipatory medicines were available when required.
- Staff knew people well and supported people to receive person-centred care up to and after their death.
- People's needs and wishes for the end of their lives were clearly recorded so staff could follow their wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had promoted a calm and positive atmosphere and culture in the service. Staff were caring and attentive to people's needs, providing appropriate physical and emotional support.
- We received positive feedback from people and their relatives regarding staff and the care people received. One person told us, "I love it [here] and have been here more or less since it opened." One relative told us, "I love it here; I think it's great. I'm so happy my relative is here."
- Staff were positive about the support offered by the management team. Staff told us, "There is really good support from management" and "They are approachable, I have had managers over the years who haven't been approachable so when I came here, it was so refreshing. You can talk to them and they are always available."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Governance systems were effective in maintaining the safety of people using the service through promptly identifying and addressing shortfalls.
- The registered manager had the skills, knowledge and tools available ensure regulatory requirements were met.
- The registered manager understood their responsibilities regarding the duty of candour. They encouraged staff to be open and honest and promoted accountability. The provider had systems in place to uphold the duty of candour when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gather feedback from people using the service and their relatives, which was used to develop the service. Regular meetings were held for people to discuss what they liked about the service, and any improvements needed. Action was taken following meetings to make the changes people wanted.
- Staff were involved in changes to the service. Staff told us they regularly attended meetings and their views and suggestions were welcomed by the management team.

Continuous learning and improving care

- Detailed investigations were held into accidents and incidents to help learn from them. Systems were in place to support the management team to monitor accidents and incidents and actions taken.
- Information was used to support learning lessons in the service and shared learning across the provider's other services. Staff told us they were updated following accidents and incidents and informed of any changes that had been made.

Working in partnership with others

- Staff worked with people and professionals to achieve good outcomes. Referrals were made to relevant professionals when required and staff worked with health and social care professionals to meet people's needs.