

# Westwood House Nursing Home Care Home Service

1 East Milton Grove  
Westwood  
East Kilbride  
Glasgow  
G75 8SN

Telephone: 01355 267 446

**Type of inspection:**  
Unannounced

**Completed on:**  
26 October 2023

**Service provided by:**  
Gate Healthcare Limited

**Service provider number:**  
SP2003001705

**Service no:**  
CS2003010597

## About the service

Westwood Nursing Home is registered as a care home to provide care and support to a maximum of 42 older people. The provider is Gate Healthcare Limited.

The home which was purpose-built, is situated in a residential area of East Kilbride. It has easy access to local amenities and transport links.

Accommodation is provided over two floors, with 42 single rooms, four with en-suite shower facilities and 37 with en-suite toilet facilities. There are 35 rooms located on the ground floor and seven rooms located on the lower ground floor. Each floor has a communal lounge and communal bathroom, with the main dining room located on the ground floor. There is a passenger lift providing access to each floor.

There is a well maintained, spacious garden area, with wheelchair access and seated areas for residents and their visitors to use. There is a small car park to the front of the home.

At the time of this inspection there were 41 people living at the home.

## About the inspection

This was an unannounced, inspection, which took place on 25 and 26 October 2023 between 09:00 and 18:30.

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 eleven residents using the service and two relatives
- spoke with eight staff including members of the management team
- observed practice and daily life
- reviewed documents
- spoke with external professionals.

## Key messages

- The management and staff team had focussed on improving the areas identified at previous inspections.
- People told us that staff were kind to them, and we saw supportive, caring interactions.
- Opportunities for people to engage in meaningful connections had improved.
- Staff had received a range of training which had improved their knowledge and practice.
- Information recorded within the personal plans had improved to ensure peoples wellbeing.
- There had been improvements to the quality assurance systems used to improve standards of care and improve staff performance.
- The service had met all three requirements and four areas for 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?                | 4 - Good |
| How good is our staff team?                | 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 completed an inspection of the service on 30 and 31 May 2023 and made one requirement and one area for improvement in relation to this key question.

We returned to complete a follow-up inspection on 25 October 2023 to follow-up on progress made in relation to this requirement and area for improvement.

The areas we followed up on related to meaningful connections ensuring person-centred support is provided and the nurse call bell system.

During our visit, we received positive comments from both people who lived at the home and those visiting relatives. There were positive interactions between care staff and people living in the home. One person told us 'The staff are nice and look after me well'. This meant that people could be assured that care staff would support their needs.

We looked at how the service obtained feedback from relatives and people living in the home. We could see that a consultation had taken place to gather feedback about the nurse call bell system. Resident and relative meetings had taken place and minutes had been recorded. This provides people with reassurance that when anything is not as good as it could be, the management and staff take responsibility and action to resolve issues.

We were satisfied that the requirement and area for improvement has been met. As a result of this we have re graded the service from adequate to good.

We have reported on our findings under the following sections of this report:

'What the service has done to meet any requirement and areas for improvement we made at or since the last inspection.'

## How good is our leadership?

4 - Good

We completed an inspection of the service on 30 and 31 May 2023 and made one requirement and two areas for improvement in relation to this key question.

We returned to complete a follow-up inspection on 25 October 2023 to follow-up on progress made in relation to this requirement and areas for improvement.

We reviewed the process the home had in place for submitting notifications of significant events to the Care Inspectorate and other external professional agencies and found this to have improved since the previous inspection. This meant that all relevant agencies were informed and kept up to date with peoples' changing health needs.

We saw staff had received training and staff practice observations were being carried out. There were daily flash meetings where staff had the opportunity to discuss concerns with senior staff. Supervisions were taking place and there was good quality discussion that was focused on staff development and upskilling.

We saw improvement within the culture of the staff team. There were clear leadership roles within the teams that provided direction and support. Feedback about the quality of management and leadership was positive. People found the management team very accessible and responsive. Staff appreciated the open and supportive style of management. This helped to make people feel confident about the service and made them feel listened to.

We are satisfied that the requirement and areas of improvement has been met and as a result of this we have re graded the service from adequate to good.

We were satisfied that the requirement and areas for improvement has been met. As a result of this we have re graded the service from adequate to good.

We have reported on our findings under the following section:

'What the service has done to meet any requirements and areas for improvement we made at or since the last inspection.'

### How good is our staff team?

4 - Good

We completed an inspection of the service on 30 and 31 May 2023 and made one requirement in relation to this key question.

We returned to complete a follow-up inspection on 25 October 2023 to follow-up on progress made in relation to this requirement.

The area we followed up on related to staff skills and knowledge.

Staff training had been reviewed and supervision and meetings were taking place, actions and outcomes were recorded, discussions were development focused. Staff practice observations were taken place and new staff were supported through a thorough induction and buddy system. Staff had received mandatory training as well as additional training relating to epilepsy, diabetes, and Parkinson's. This assured us that staff had the skills and competence to deliver the right care to people living in the home.

We were satisfied that the requirement has been met. As a result of this we have re graded the service from adequate to good.

We have reported on our findings under the following section:

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

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

### Requirements

#### Requirement 1

By 16 October 2023, the provider must ensure meaningful connection and person-centred support is provided in order to meet the social, physical and psychological needs of the people living in the service. To do this, the provider must, at a minimum:

- a) develop existing care plans to demonstrate a personalised approach to capture what meaningful connection, including individual and/or group activities means for each person.
- b) care plans for meaningful connection must demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, wishes and goals and,
- c) the review of care plans dedicated to meaningful connection must assess and evaluate the experiences and outcomes from the person's perspective.

This is to comply with Regulation 4(1)a (Welfare of users) and Regulation 5(1) (requirement for personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

**This requirement was made on 6 June 2023.**

#### Action taken on previous requirement

Personal plans were recorded on an electronic system and contained information about residents' needs and the support they required to keep well. New staff induction included protected time to review the plans and on how to use the online system. Once familiar with the electronic system, the plans were easy to follow and provided details of people's healthcare needs, abilities and choices. There had been a focus on people's preference and how they wanted to spend their time and what was important to them. This was evaluated at the review to ensure that information remains accurate. This helped give staff an understanding of the support needed when providing care to people.

There had been a focus on meaningful connection and engagement and as a result of this there had been an extensive programme of activities and community links developed. The service was good at ensuring people-maintained relationships with those important to them. Friends and relatives were made to feel welcome, and people were supported to build and maintain community links where this was appropriate to their needs. This helped people to maintain their sense of identity and continue with meaningful relationships they had prior to and since moving into the home.

There were positive interactions between care staff and people living in the home. One person told us 'The

staff are nice, and they know me, what I like and don't like'. Another told us 'I'm very happy here and don't want to leave'. This meant that people could be assured that care staff would support their needs.

### Met - within timescales

#### Requirement 2

By 16 October 2023, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement and transparent communication with governing bodies. This must include, but is not limited to:

- a) Ensure all staff recognise and report incidences of harm or potential harm.
- b) Liaise with all governing bodies; and
- c) Submit notifications to the Care Inspectorate as required by our notification guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is in order to comply with regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

**This requirement was made on 6 June 2023.**

#### Action taken on previous requirement

We reviewed the process the home had in place for submitting notifications of significant events to the Care Inspectorate and other external professional agencies and found this to have improved since the previous inspection. Staff were confident in recognising and reporting incidences of harm. This was evident from the increased number and detailed content of the notifications submitted to the Care Inspectorate and other governing bodies. This meant that all relevant agencies were informed and kept up to date with peoples' changing health needs.

We saw staff had received training and support in recognising and reporting incidences of harm. Staff practice observations were being carried out. There was daily flash meetings where staff had the opportunity to discuss concerns with senior staff. Supervisions were taking place and there was good quality discussion that was focused on staff development and upskilling. This will help improve and increase staffs' knowledge, practice and understanding of the people they care for.

### Met - within timescales

#### Requirement 3

By 16 October 2023, you must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service. This must include, but is not limited to:

- a) assessing the training needs of all staff,
- b) developing and delivering a comprehensive plan of training; particularly to include but not limited to Diabetes, Parkinson's, Epilepsy, stress and distress and Dementia,
- c) ensure this plan is reviewed to reflect the ongoing training required to equip staff to meet the individual mental and physical health needs of people experiencing care.

This is to comply with Regulation 4(1)(a), 9(b), 15(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with 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 requirement was made on 6 June 2023.**

### Action taken on previous requirement

New staff were supported into their role through an induction programme including a range of mandatory training. The induction process also included mentoring from more experienced staff who knew the residents well and could share their skills and knowledge. During induction staff also attended regular meetings with senior staff. This provided opportunities to discuss their progress and identify any issues or additional support needed to improve their confidence and knowledge.

Role descriptions were issued and signed by staff describing details of specific roles and responsibilities. This ensured the staff employed had the required qualifications and knowledge for the position they applied for and were able to care for people safely. Senior staff delegated duties at the daily staff handover meetings. This ensured staff were up to date with what was happening in the service and were clear in their roles and responsibilities for the day ahead.

Staff had attended a range of both newly sourced as well as updates to all mandatory training. There were plans in place for this increased level of training and support to continue both online and face to face, facilitated by external health professionals.

Staff attended group supervisions sessions, organised by management to address areas they thought staff needed additional training and support. Some recent sessions included adult protection and recognising harm. This provided an opportunity for staff to discuss any gaps in their knowledge and review best practice and current guidance to help improve their knowledge.

Staff supervision meetings were taking place which helped to identify additional training as well as staffs' personal development needs. This will ensure that staff continue to receive the appropriate training and support to carry out their role safely and effectively.

The management team continue to carry out evaluations, observations, and competency assessments. This will ensure the staff team have the necessary skills and knowledge to deliver safe practice to the people they care for.

**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

In order for people to be included in the ongoing improvement work related to staff responses to call bells, the provider should ensure that residents and relatives are invited to provide feedback on this based on their experiences.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

**This area for improvement was made on 6 June 2023.**

#### Action taken since then

We looked at how the service obtained feedback from relatives and people living in the home. We could see that a consultation had taken place to gather feedback about the nurse call bell system. Resident and relative meetings had taken place and minutes had been recorded. This provides people with reassurance that when anything is not as good as it could be, the management and staff take responsibility and action to resolve issues.

As a result of this consultation the provider has introduced daily spot checks and unannounced out of hours visits carried out by the manager. This has provided an opportunity to improve staff awareness and ensure that staff are responding to people's needs in a timely manner. The provider has evaluated the nurse call system regularly and results of this evaluation has shown that the response to call bells is improved. This means that people's needs are being responded to and they are receiving more efficient care.

**This area for improvement has been met.**

#### Previous area for improvement 2

To support continuous improvement of existing approaches to quality assurance, the provider should increase observations that focus on the lived experiences of people.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

**This area for improvement was made on 6 June 2023.**

#### Action taken since then

As part of ongoing quality assurance, the provider had introduced monthly observations of people's experience of living in the home. These observations were carried out by management and provided insight into the daily life of people living in the home. This helped the provider understand the needs and preferences of people.

The provider had also introduced weekly staff observations. Observations have helped the provider to gain better understanding of the work environment, including the interactions between staff and people living in the home. This has led to better support, targeted training, development plans and better communication. This helped to ensure that people's needs were being met whilst also supporting staff development.

**This area for improvement has been met.**

### Previous area for improvement 3

To support staff to feel valued, listened to and their views and suggestions taken into account the provider should ensure staff have the opportunity of attend regular supervision and staff meetings. Issues and suggestions from these meetings should be included within an action plan with evidence of actions taken until resolved and positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state: 'My care and support is consistent and stable because people work well together.' (HSCS 3.19).

**This area for improvement was made on 6 June 2023.**

#### Action taken since then

We saw evidence of regular supervision happening for all staff as well as a yearly appraisal system. This was a collaborative process which staff found supportive and valuable. Supervision records had improved to demonstrate a more detailed discussion on staff performance, development needs and well-being. There was evidence of identifying objectives and actions, and progress towards this was clearly documented.

Staff meetings were happening regularly. We saw evidence of issues being discussed and actions to resolve this.

**This area for improvement has been met.**

### Previous area for improvement 4

To support better outcomes for people experiencing care, the provider should ensure staff are supported to review, and understand people's support plans, and are fully aware of the content and any updates or changes to individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

**This area for improvement was made on 6 June 2023.**

#### Action taken since then

Staff had direct access to personal plans on a digital handheld device. The plans provided details of people's healthcare needs, abilities, and choices. They included details of specific health conditions and information about the support required to help keep people well.

There was an effective induction and buddy system in place. Staff had access to the right information about

a person to support their specific needs and outcomes. This ensures people continue to experience consistent high standards of care to meet their individual needs.

There were daily meetings in place where staff shared important changes to people's presentation. We saw evidence of regular weekly meetings between management and senior care staff. This ensured good oversight and monitoring of people's health needs.

**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](http://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?   | 4 - Good |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 4 - Good |

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