

Westwood House Nursing Home Care Home Service

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Westwood
East Kilbride
Glasgow
G75 8SN

Telephone: 01355 267 446

Type of inspection:
Unannounced

Completed on:
10 May 2022

Service provided by:
Gate Healthcare Limited

Service provider number:
SP2003001705

Service no:
CS2003010597

About the service

Westwood is a purpose-built care home situated in a residential area of East Kilbride. It has easy access to local amenities and transport links. The provider is Gate Healthcare Limited and the service is registered to provide care and support to a maximum of 42 older people over the age of 65 years.

The care home has 42 single rooms with en-suite facilities and is built over two floors. There is a passenger lift providing access to each floor. The entrance is situated on the ground floor which also has communal dining areas, a lounge and a conservatory for residents and their visitors to use. There are bedrooms on the lower ground floor and a smaller communal lounge for residents to use.

At the time of this inspection there were 32 people living at the home.

About the inspection

This was an unannounced, follow-up inspection, which took place on 10 May 2022 between 08:00 and 18:00.

The inspection was carried out by 2 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 three people using the service and one relative
- spoke with six staff including management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

The provider should continue with the improvements to documentation and monitoring of people's healthcare to ensure positive outcomes for people living within the home.

The provider should continue with the improvements to the quality assurance system in order to sustain and support continuous improvement within the service.

Improvements to the environment should continue with evidence of ongoing maintenance, including furniture, fixtures, fittings, and equipment to ensure a safe and clean environment

One requirement and one area for improvement have not been met from previous regulatory activity.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	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?

3 - Adequate

We completed an inspection of the service on 23 March 2022 and made three requirements and seven areas for improvement in relation to this key question.

We returned to complete a follow-up inspection on 10 May 2022 to follow-up on progress made in relation to these requirements and areas for improvement.

The areas we followed up on related to the management of people experiencing, increased levels of distress and anxiety, calculation of dependency assessments, staffing levels, and deployment of staff.

We also looked at the content of care plans, and completion of monitoring charts as well as the management of falls and medication training. Other areas looked at included consultation, the complaints process, and the management of people's belongings.

In addition to these areas we also followed up on the maintenance of the home as well as the cleanliness and management oversight of these areas.

We were assured by the positive response of the provider and senior management team and were satisfied that the service had taken appropriate action to address these requirements and areas for improvement. This resulted in the grades for this key question increasing from weak to adequate at this inspection. This meant that people benefitted from a safe environment that was subject to continuous improvement.

We have reported on our findings under the following sections:

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

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

How good is our leadership?

3 - Adequate

We visited the home on the 10 May 2022 to follow-up on progress made in relation to the seven requirements and thirteen areas for improvement we made at the previous inspection visit we completed on 23 March 2022.

We looked at how the management team had improved the quality assurance systems in order to provide evidence of ongoing improvement through an up to date development plan.

We found that the service had made sufficient progress to meet these requirements and area for improvement resulting in the grade for this key question increasing from weak to adequate.

We have reported on our findings under the following section:

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

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

How good is our staff team?**3 - Adequate**

We visited the home on the 10 May 2022 to follow-up on progress made in relation to one requirement and three areas for improvement made at the previous inspection completed on 23 March 2022.

We found that the service had made sufficient progress to meet these requirement. The area for improvement remains work in progress. The evaluation for this key question is assessed as adequate.

We have reported on our findings under the following section:

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

'What the service has done to meet any areas for improvement 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 9 May 2022, you, the provider, must ensure staff have received training in how to recognise and manage people who are experiencing increased levels of stress and anxiety. The information recorded within the personal plans must include measures to recognise, manage, support, and reduce levels of distress.

This is to comply with Regulation 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 30 March 2022.

Action taken on previous requirement

We found staffs knowledge, practice and interaction when supporting people who were experiencing increased levels of distress had improved. This had been achieved through additional training and support from the management team.

Staff were providing feedback on training by completing evaluations and reflective accounts. The feedback from this supported management to gauge staffs knowledge, assess and develop a future training plan to meet these needs, and improve practice.

From speaking to and observing staff practice we could see staff had a much better awareness and understanding of the people they were supporting. Staff could describe the reasons and measures they used to alleviate and reduce peoples anxiety.

This has resulted in significant improvement for some people who were now able to interact with staff and fellow residents supporting them to feel included and improving their daily experience.

Met - within timescales

Requirement 2

By 9 May 2022, you, the provider, must ensure that people experience care and support that is safe and right for them by improving individuals' personal plans to:

- a) provide current detailed and accurate information to support staff when providing care and support, with reference to the management of diabetes, epilepsy, infection, stress and distress, and injury;
- b) ensure staff are supported to contribute, review, and understand people's support plans, and are fully aware of the content and any updates or changes to individual needs;
- c) clearly document measures to reduce risk identified from risk assessments;
- d) ensure all parts are cross referenced to ensure consistency of information;
- e) clearly specify any external supports and how to contact them for advice; and
- f) introduce a more detailed Anticipatory Care Plan to record peoples wishes in the event of a deterioration in their health.

This is to comply with Regulations 4(1)(a) and 5 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 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).

This requirement was made on 30 March 2022.

Action taken on previous requirement

We acknowledge the work and commitment from the management and staff team since the previous inspection to update and improve the content of the personal plans.

The plans for people with high risk medical conditions including increased levels of stress and distress had been updated as a priority. There was evidence of links with external professionals who staff consulted if they had any concerns or required additional support. Relevant risk assessments were in place and updated regularly.

These improvements have resulted in personal plans which now provide clear information, up to date risk assessments and detailed evaluations. This provides staff with the information needed to deliver the appropriate care to individuals.

Access to clearer, up to date information has contributed to the improvement in staff practice and interaction we observed during the inspection.

The staff team continue to work through the personal and anticipatory plans to ensure that they all provide the same level of information and detail.

In order to assist the service to fully complete this work we have extended the timescale for this requirement to 11 November 2022.

Not met

Requirement 3

By 9 May 2022, you, the provider, must ensure that all care interventions required to maintain and improve people's health are undertaken in line with preference and need. Accurate records must be completed to include, but not be limited to, pressure relief, bowel care, and personal hygiene. In doing so, the provider must ensure there are effective systems to oversee their completion.

This is to comply with Regulation 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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement was made on 30 March 2022.

Action taken on previous requirement

Staff had benefitted from additional training and coaching sessions in order to support their understanding of the importance of completing additional monitoring charts.

The charts we sampled were fully completed and up to date, these were audited by management twice daily to ensure completion. Where gaps were identified this was recorded with clear instruction for staff on how to improve these.

Met - within timescales

Requirement 4

By 9 May 2022, you the provider, must ensure you keep people safe and healthy by reviewing and improving the risk and management of falls. In particular, you must:

- a) ensure there is an appropriate up to date risk assessment for each person;
- b) ensure if people's needs change, or they have a fall, reassess their risk, update their plan accordingly, and communicate these changes to staff; and
- c) analyse all falls, accidents and incidents so learning and improvement can take place to prevent future falls.

This is to comply with Regulation 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 (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 30 March 2022.

Action taken on previous requirement

We looked at the risk assessments and how the service recorded, analysed and managed falls. We found this had improved since the previous inspection.

Individual risk assessments within the personal plans had been updated to reflect current need. These were reviewed regularly to capture any change and provide staff with the most up to date information to ensure peoples safety and wellbeing.

There was evidence of links to external professionals including referrals to the falls team for additional support and advice.

An analysis of falls had been completed which highlighted to management the common times and locations of falls. This resulted in an increase to the staffing levels at these times. Staff we spoke to confirmed this and commented positively on these changes.

An audit of the environment had been completed which had resulted in improvements to the flooring, lighting and signage. This will assist people with mobility and visual impairment to mobilise safely and independently around the home. Activities and social interaction had increased which helped reduce feelings of boredom and isolation leading to increased levels of distress and anxiety.

We look forward to seeing if these improvements contribute to a reduction in falls over the coming months.

Met - within timescales

Requirement 5

By 9 May 2022, you, the provider, must ensure that there is an effective and robust quality assurance system which can demonstrate continuous improvement. Where areas for improvement have been identified within the managers auditing system, there must be sufficient information to show remedial actions taken to minimise risk and progress made until fully resolved.

This is to comply with Regulation 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 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 requirement was made on 30 March 2022.

Action taken on previous requirement

The management team have assessed, improved, and implemented a range of audits ranging from healthcare to maintenance. These audits provided detailed action plans with updates of ongoing review and improvement.

This improved level of quality assurance and management oversight has had a positive impact on the standards of care, staff interaction and overall improvement we saw at this inspection visit.

Met - within timescales

Requirement 6

By 9 May 2022, you, the provider, must review the staffing levels in the home to ensure that there are sufficient staff numbers working in the service to be responsive to the changing needs of people in the home. In particular, you must:

- a) assess the needs of people who use the service, taking into account their physical, social, psychological, and emotional needs;
- b) review how the environment impacts on the availability and deployment of staff;
- c) undertake observations at different points in the day; and
- d) obtain feedback from staff, residents, and relatives.

This is to comply with Regulation 4(1)(a) and 15(a) 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: ' My needs are met by the correct number of people' (HSCS 3.15).

This requirement was made on 30 March 2022.

Action taken on previous requirement

The personal plans contained an up to date review of each persons dependency and level of need. This information, along with an analysis of accidents/incidents and falls was used to assess if the staffing levels were sufficient to meet peoples needs safely.

The results of this analysis indicated there were times during the day where additional staff were needed, particularly in the evenings when some people experienced increased levels of distress. Additional staff had been included in the rotas and the staff we spoke to confirmed this.

They told us this had been beneficial in supporting them to increase their level of monitoring and interaction with people which helped reduce their anxiety and feelings of boredom.

Residents and relative meetings had started again. These meetings were used to assist staff in obtaining peoples views on how the service could improve going forward.

Met - within timescales

Requirement 7

By 9 May 2022, you, the provider, must ensure staff have received the appropriate training to support them in the role they are employed to do, and competence can be demonstrated in:

- a) supporting people with increased levels of stress and distress;
- b) assessment and appropriate medical intervention if required following an accident or injury; and
- c) completion of monitoring charts.

This is to comply with Regulation 4(1)(a) and 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 30 March 2022.

Action taken on previous requirement

The level of staff training, coaching sessions and meetings had improved since the previous inspection visit and staff told us they felt better informed and supported by the management team which had improved staff morale.

A range of training, coaching, and observation of practice had been carried out. Where improvements to practice were identified this was incorporated into an action plan for staff who were supported by management to complete this.

This additional training and support has had a positive impact on the staff practice and positive interaction with residents we observed.

Staff we spoke to were able to describe the care they delivered in a much more positive way demonstrating a better understanding of dignity and respect for the people they were looking after.

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

To ensure people feel listened to, and their opinions and wishes taken into account, the provider should ensure suggestions following consultation are recorded within an action plan. This should include evidence of progress and resolution to ensure positive outcomes for people.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 30 March 2022.

Action taken since then

The level of consultation has improved, regular meetings are now in place to inform people of any recent changes and obtain their views and suggestions going forward.

Minutes of the meetings were available and shared with those who were unable to attend. These contained action plans and we could see where requests/suggestions were made that these had been actioned to improve outcomes for people.

This area for improvement has been met.

Previous area for improvement 2

To help give purpose to individuals' day, the provider should review the dependency assessments within the home. This information should then be used to demonstrate how the staffing levels are calculated to support people's physical and mental well-being. This will ensure that each person has some level of stimulation, and for the service to create better opportunities for people to enjoy themselves and participate in activities that are meaningful to them.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 30 March 2022.

Action taken since then

The personal plans contained an up to date review of each persons dependency assessment. Management used this information to assess if staffing levels were sufficient at all times of the day to ensure people's safety and wellbeing.

The results of this indicated there were times where additional staff were needed to support peoples needs safely. This had resulted in an increase to staffing levels at these peak times.

The staff we spoke to confirmed this had been implemented and told us this had been beneficial in supporting them to improve their level of monitoring and interaction with people.

Activities had been planned to suit individual interest and choice. We saw the level of activity and participation had increased since the previous visit resulting in a much more relaxed, interactive atmosphere for people.

This area for improvement has been met.

Previous area for improvement 3

To support people's health and wellbeing the provider should ensure all staff who administer medication have received training and are competent in using the new electronic system of recording. This should be reviewed regularly by the management team in order to identify any issues.

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, 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 30 March 2022.

Action taken since then

All trained staff who administer medication have now received training on how to use the electronic system correctly and staff were able to explain this process with confidence.

Management reviewed staff practice through regular auditing of these records as well as competency assessments to ensure safe practice was maintained.

This area for improvement has been met.

Previous area for improvement 4

To maintain people's dignity and evidence respect of people's belongings, the provider should introduce a way to record any concerns and ensure staff are checking people's clothing to ensure it belongs to them.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I experience high quality care and support based on relevant, evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 30 March 2022.

Action taken since then

Since the previous inspection visit management have met with residents and relatives to update them on the contents of the complaints policy.

A complaints, grumble, and compliments' log had been introduced and had been used recently to record some minor issues, this included evidence of actions taken to resolve these issues before they escalated further into a complaint.

Management were auditing the log in order to ensure appropriate action was taken as well as identify any trends or recurrences.

The laundry appeared well organised, staff had a rail of unmarked clothing on display and were encouraging relatives to check for any missing items.

Resident of the day had recently been implemented which provided another way that residents could raise any concerns and have their views listened to.

This area for improvement has been met.

Previous area for improvement 5

The provider should work on developing an up-to-date development plan. This will enable the service to identify and prioritise any issues requiring improvement.

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 30 March 2022.

Action taken since then

There was a detailed service improvement plan in place. This was linked to the quality framework for care homes for adults and older people which is used at inspection to evaluate the performance of the service.

The plan provided details of the areas identified for improvement and included care plans, quality assurance and general environment. Areas identified were prioritised and included within an action plan which provided evidence of regular review and updates to capture ongoing improvement.

This area for improvement has been met.

Previous area for improvement 6

The service should ensure that all fixtures, fittings, equipment, and communal chairs are clean, intact, fit for purpose, and maintained. A regular review of the equipment in the care home should be carried out to identify priorities. Any items in a poor state of repair or contaminated, should be removed and replaced.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 30 March 2022.

Action taken since then

Regular audits of the environment were in place, including an assessment of mattresses, furnishings as well as the overall cleanliness and maintenance of the building.

This increased observation has resulted in improvements to the standards of cleanliness in order to provide a safer, more homely environment for people who live here.

Maintenance and repairs were recorded and actioned by the maintenance person and the service improvement plan provided details of more, long-term, significant refurbishment plans.

This area for improvement has been met.

Previous area for improvement 7

To reduce the risk of cross infection, daily review of staffs' dress code should be carried out to identify non-compliance with current best practice guidance.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 30 March 2022.

Action taken since then

Meetings had been used to remind staff of the current best practice guidance relating to infection prevention and control.

Management also carried out regular observations of the environment including staff practice and dress code compliance. This has had a positive impact on staff practice who were observed wearing uniforms and personal protective equipment appropriately in order to reduce the risk of cross infection.

This area for improvement has been met.

Previous area for improvement 8

To reduce the risk of cross infection, all people should have their own hoist sling for their sole use. Shared hoist slings must be laundered between each person, and a system should be put in place to ensure this is being carried out along with the cleaning of equipment between use.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 30 March 2022.

Action taken since then

A full assessment of all residents who required the use of moving and handling equipment had been completed.

This identified the number of additional slings needed for individual use. These had been purchased which meant each person now had their own sling for their own personal use with additional stock in place to cover laundering.

This area for improvement has been met.

Previous area for improvement 9

To support people's safety, health, and wellbeing the provider should ensure there is an overview of PVG (Protection of Vulnerable Groups) checks as well as ensuring staff induction records have been fully completed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 30 March 2022.

Action taken since then

The management team have plans to incorporate the PVG (Protection of Vulnerable Groups) checks into the management overview of the NMC (Nursing and Midwifery Council) and SSSC (Scottish Social Services Council) checks.

At the time of this inspection staff were still in the process of completing their induction, therefore we were unable to assess if this had been fully completed.

This area for improvement has not been met.

Previous area for improvement 10

To ensure people experience care from a competent and skilled staff group, the provider should ensure effective leadership, accountability, and communication between all grades of staff, with regular assessment of staff performance.

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

This area for improvement was made on 30 March 2022.

Action taken since then

Staff told us regular meetings were taking place and they felt they were listened to and valued by the management team.

Daily handovers and flash meetings ensured staff were kept up to date and aware of their responsibilities.

Leadership and accountability training had taken place, which along with regular auditing of documentation and competency assessments has contributed to a more knowledgeable and settled staff team.

This area for improvement has been met.

Previous area for improvement 11

New staff induction records should be further developed to clearly show a full induction has taken place.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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 4 July 2019.

This area for improvement was made on 30 March 2022.

Action taken since then

At the time of this inspection staff were still in the process of completing their induction, therefore we were unable to assess if this had been fully completed.

This area for improvement has not been met.

Previous area for improvement 12

Minutes of resident and relatives meetings should be improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8)

This area for improvement was made on 4 July 2019.

This area for improvement was made on 30 March 2022.

Action taken since then

Since our previous visit consultation had improved with regular meetings now taking place to inform people of any recent changes and obtain their views and suggestions going forward.

Minutes of the meetings were available and shared with those who were unable to attend. These contained action plans and we could see where requests/suggestions were made that these had been actioned to improve outcomes for people.

This area for improvement has been met.

Previous area for improvement 13

Medication recording should continue to improve.

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

This area for improvement was made on 4 July 2019.

This area for improvement was made on 30 March 2022.

Action taken since then

All trained staff who administer medication have now received training on the use of the electronic medication system. Management reviewed staff practice through regular auditing of these records as well as competency assessments to ensure continued safe practice.

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

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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