

Westbank Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 March 2024

Service provided by:
Westbank Care Home Limited

Service provider number:
SP2013012002

Service no:
CS2013314644

About the service

Westbank Care Home is registered to provide care and support for 20 older people who have physical needs and/or dementia. This includes a maximum of two places which maybe used to provide short term/respite care and three people under the age of 65 as part of Stroke rehabilitation pilot.

The service provider is Westbank Care Home Ltd.

The care home is a two storey detached villa situated close to Troon town centre and views overlooking the seafront.

There are two communal lounges and a dining room downstairs. Bedrooms are all single occupancy with en-suite toilet with some having an en-suite shower. An accessible bath is located on the upper floor and large wet floor shower on ground floor.

During the inspection, there were 19 people living in the care home. The registered manager was supported by a depute manager, four nurses, one senior carer and a team of carers.

About the inspection

This was an unannounced inspection which took place on 15, 18, 19 and 20 March 2024. 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 six people using the service and seven of their relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- made contact with relevant professionals.

Key messages

- Management and staff knew residents well and were good at building positive relationships with people and their families.
- Staff were highly motivated and committed to wanting to provide the best support to people.
- The service had began developing more regular and meaningful activities to improve people's quality of life.
- Service management require to ensure staff training is up to date and relevant learning and development opportunities offered.
- Medication administration and auditing requires improving.
- Recruitment systems and processes require development to ensure recruitment is safe.
- Quality assurance systems should be improved to drive service improvements and developments.

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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed respectful and warm interactions between staff and residents. Generally staff knew residents well and used this knowledge to support people when they were upset or agitated. Residents shared with us that they felt most staff knew them well and were aware of their needs. "Staff are always looking out for me and are kind, I get on really well with most of them, some of them are really lovely."

During the inspection we observed instances where there was a lack of communication between staff and residents. Some relatives told us of instances where interactions between staff and their loved one could have been better. One shared "there has been a few carers where there are communication problems so this has caused some issues". It is important the service are continually looking at ways to address this to ensure residents are treated with respect and dignity at all times.

Staff were attentive in relation to meeting people's basic needs. However generally staff weren't able to spend time with residents when not attending to tasks. It would be beneficial for staff to be more mindful of resources that could be used to meaningfully fill time.

Bedrooms were able to be personalised with residents own items, enabling people to keep attached to their own identity.

In recognition of the need for improvement in relation to the levels of activity an activity co-ordinator, had recently been appointed. The atmosphere around the home was significantly improved when activities were going on. We heard of some residents being supported to engage with their local communities and maintain connections. It is important that people have meaningful activity in their lives, it would be good to explore if there were areas of therapeutic activity that people could get involved in (see area for improvement one).

The service has an awareness of residents spiritual needs and has a monthly visit from a local church, which some residents enjoyed taking part in.

We heard how residents birthdays are celebrated, it would be good to see information in relation to other special occasions for people detailed to ensure these are not missed. Relatives appreciate staff taking time to speak with them whilst they are visiting, giving confidence in the staff team. A relative told us "I have got to know most of the staff well, they are attentive and always ask how I am". We observed loved ones visiting with their dog, which everyone really enjoyed.

Relatives shared most of the staff know their loved ones well and have a good understanding of their healthcare needs, and that they are kept informed of any changes or concerns. This gives confidence in the service and support being provided.

Healthcare needs are met by the nursing and staff team, with referrals to other agencies, when there are concerns regarding people's health. Professionals shared they are confident that the staff have a good understanding of residents health needs and follow through on anything requested. We were told "Staff all have a good handle on people's health and wellbeing needs. Any suggestions we make are always followed through".

People should benefit from support plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and being met. However, this was not always documented in care plans. Whilst all residents had a care plan, the information contained was variable. For some people there was useful, person centred information in relation to their health and support needs but this was not always strengths based and up to date. Regular reviews of support were not being carried out (see area for improvement two).

There was a good range of risk assessments utilised for all residents, which minimised risk. However, in relation to monitoring of healthcare information was not always clearly recorded, therefore it is difficult to consistently track people's intakes and outputs, where this had been assessed as being required (see area for improvement three).

Medication administration systems and audit processes were in place. To support good practice the medication policy requires to be updated. Medication recording was not always clear. From records sampled, it was at times difficult to ascertain what medication was in the service, as the counts documented were not accurate. There was no guidance detailing support to be provided with as required medication. We were not able to see topical medication being recorded. Medication audits were being undertaken, however these were not always identifying areas that required attention. We could not be assured that medication recording was accurate or that quality assurances systems to keep people safe with medication were effective (see requirement one).

People should be able to enjoy their meals in a relaxed and unhurried atmosphere. We observed variable experiences for people during mealtimes. We saw that people were offered the choice of where to sit. There was a good menu choice and although residents made their choices the previous day they were able to change their mind if they didn't wish this. For some people there was quite a wait between being seated for their meal and the first course being served, which caused them to become agitated. Regular mealtime audits should be carried out with improvement actions implemented (see requirement one - How good is our leadership).

The care home environment had a good standard of cleanliness. Housekeeping staff demonstrated that they were knowledgeable about cleaning schedules, procedures and appropriate cleaning products in line with current guidance. As the laundry and sluice areas are very small, with a layout with the potential for cross contamination this requires ongoing exploration regarding other alternatives. Measures in place to minimise risk should be followed at all times (see area for improvement four).

Requirements

1. By 14 May 2024 the provider must ensure systems are in place to ensure people get medication safely and effectively. To do this the provider must, at a minimum, ensure:

- a) Staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication accurately and demonstrate this in their practice.
- b) As required medication should have clear protocols to direct staff on when medication should be given, intended outcome, guidance on assessing and recording the effectiveness of medication and thresholds when further action should be taken.

c) Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

This is to comply with Regulation 4 (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 state that:

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

Areas for improvement

1. To support better outcomes for people, linked to choices and preferences, the service provider should ensure the provision of meaningful and therapeutic activities throughout the home. This should include, but is not limited to:

- a) Opportunities to engage in meaningful individual and/or group activities throughout the day, seven days per week;
- b) People's preferences, and participation should be recorded in their care plans; and
- c) All staff having responsibility for providing meaningful activities for people.

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

"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).

2.
The provider should improve the quality of recording within care plans to ensure that people receive the right support at the right time. To do this, the provider should, at a minimum ensure:

- a) Each person receiving care has a detailed care plan which reflects a person-centred and outcome focused approach.
- b) They contain accurate and up-to-date information which directs staff on how to meet people's care and support needs.
- c) Care plans are regularly reviewed and updated with involvement from relatives and advocates, particularly when there are changes for people.
- d) Detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

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).

3.

To keep people safe and promote their health and wellbeing, the provider should ensure communication and recording in relation to health and wellbeing needs is consistent across the service. This should include but not be restricted to monitoring charts being fully completed, professional visits and communications logged detailing outcomes and ongoing actions taken.

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

"I experience high quality care and support because people have the necessary information and resources" (HSC 4.27).

4.

In order to keep people safe from infection the provider should continue to explore solutions to minimise risk from the laundry and sluice room. Regular checks should be implemented to ensure measures identified are consistently followed.

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

"My environment is secure and safe" (HSCS 5.17).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from a culture of continuous improvement. There was a range of quality assurance tools available, however there was not a clear framework in place detailing what should be done and when. It was difficult to ascertain the improvements and developments that have been implemented as a result of activities, as these were not utilised consistently and no resultant action plans developed. Quality assurance processes should be streamlined, effective and drive forward improvements (see requirement one).

The service has an improvement plan in place, covering a range of areas, taken from the audits. It is not clear from the plan how actions will be met and required timescales. The plan did not include improvements in relation to staff practice or quality development. It would be helpful for a service development plan to identify short, medium and long term outcomes, which would make it more live and meaningful to the service and the staff team

There was a number of audits currently being used by the service. However these were not always picking up the improvement actions required to develop the service. Audit formats should be reviewed to ensure they are fit for purpose and asking the right questions to improve the quality of the experience for the residents, not just functional questions. All audits should have clear action plan, with the intended outcome, whose responsible, required dates and sign offs for when completed.

Cleaning schedules were in place. To ensure nothing is overlooked and there is a consistent approach these should be developed to detail what should be done and when.

There was a system in place to manage repairs and maintenance, we were assured that repairs were carried out quickly if possible. It would be helpful to adapt the overview to capture the dates when servicing has taken place to ensure there are no gaps.

We spoke with a number of staff who informed us that the senior staff team, including the manager were approachable and open to listening to any concerns or worries.

Requirements

1. By 30 September 2024, the provider must ensure that quality assurance and improvement is well led to ensure people experience consistently good outcomes.

This should include at a minimum:-

- a) The registered manager has complete oversight of the service and ongoing key activities.
- b) Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
- c) Registered manager should ensure audits are effective in improving outcomes for residents. Quality audits and action plans including environmental, mealtime experience, care planning and medication must be accurate, up-to-date and ensure they lead to the necessary action to achieve improvements without delay.
- d) Service management have a clear overview of staff training including identified gaps.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

From the sample of recruitment files made available over the course of the inspection, there were a number of inconsistencies in relation to date of application, references, start date and PVG dates. Although most staff who were required to be registered with Scottish Social Services Council were, this was not the case for all staff. We were therefore unable to ascertain that safer recruitment processes were in place for all staff (see requirement one).

People can expect to have confidence in staff because they are trained to carry out their role. The service provided a range of face to face and online training for the staff team. The training information that was available, showed a number of gaps in training undertaken, across a range of mandatory training areas. It is important for the ongoing development of staff and the safety of residents, that the management team are able to access information regarding training completed as well as gaps on an ongoing basis. Staff informed us that they feel the online training can be repetitive and not always relevant to their practice and would benefit from specialist training including dementia and managing stress and distress (see requirement two).

Some observations of staff practice were evidenced in relation to handwashing. This however was not consistent across the service or tracked to ensure all staff have been observed, to give management confidence in staff practice. There was limited formal observations of other practice across the service, including medication. Where there was an observation carried out, a number of key areas detailed as requiring improving but no action plan to detail how this would be achieved, supported or how this would be monitored.

The service references a probationary period for staff, however there are no clear requirements in relation to this or how this will be assessed. To support staff development it is important that staff are aware of the expectations and requirements on them.

We were able to see supervision had been planned out for the year ahead, however it was not clear if these happened. The overview should detail when supervision was carried out. Supervision minutes observed were a good balance of discussion regarding work, reflections and development. It would be helpful to detail specific information in relation to how actions will be met, particularly when they have been ongoing for some time.

Team meetings are an important way to connect with staff and to link with and learn from their colleagues. We heard of upcoming team meeting and some of the challenges with attendance previously. It would be good to develop a plan of nurses and team meetings in advance and ensure people are aware of these.

Requirements

1. By 14 May 2024, the provider should ensure all recruitment practices are safe and in line with organisational policy and safer recruitment guidance. This should include SSSC registration for staff, where this is required. The registered manager should have an overview of all recruitment information.

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 am confident that people who support and care for me have been appropriately and safely recruited" (HSC 4.24).

2. By 30 September 2024, the provider must ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported.

To do this the provider should at a minimum:

- a) Ensure staff receive ongoing training relevant to their role - including stress/ distress, dementia and condition specific training, such as epilepsy.
- b) Monitor staff competence through training, supervision, and direct observations of staff practice.
- c) Ensure the manager has accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This is to comply with Regulation 15 (Staffing) 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 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).

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

Areas for improvement

Previous area for improvement 1

The service provider should improve the dining experience to ensure it is enjoyable, pleasant and people have a clear choice of meals. The option of sitting at a table should be promoted to aid ease of eating and encourage movement. The menu should be reviewed to ensure variety and choices are suitable to meet the needs of the people who live there.

This is to ensure care and support is consistent with Health and Social Care Standards which state that "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33)

This area for improvement was made on 1 June 2021.

Action taken since then

Residents have a choice of where they would like to eat their meal, for some people this is in the dining room, lounge areas or bedroom and is dependant on how they are feeling at mealtimes.

The menu is rotated on a three weekly basis, with themed dining occasionally and is changed seasonally following discussion with residents and their families. Choices are selected the night before although changes can be made on the day if people change their mind. Alongside the two options for starter and main course for lunch and dinner, other options can be accommodated if requested.

The consistency of the dining experience could be improved by ensuring people are not having to wait to long from being seated to their meal being served and also that there is discussion regarding what is being served for eating.

This area for improvement has been met.

Previous area for improvement 2

The service provider should review care plans, anticipatory care plans and DNA CPR documents to ensure these are discussed and agreed with the right people, including legal representatives. This will help ensure people's rights and preferences are respected. These documents should include support for isolating and agreed ways to keep in touch or visit. Six-monthly in-house reviews should take place to ensure these are up to date and agreed.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14)

This area for improvement was made on 1 June 2021.

Action taken since then

Legal documentation was in place for residents and easily accessible within the care plans.

Most care plans had been updated within the past six months, with some containing good person centred information relating to residents care and support needs. However we were not always able to see that plans had been reviewed regularly or when there were changes in circumstances for people.

Most resident have not had a review within the past six months.

This area for improvement has not been fully met and will be be incorporated into area for improvement two - how well do we support people's wellbeing.

Previous area for improvement 3

The service provider should ensure leadership and accountability to support compliance with standard infection control procedures and the Scottish Covid-19 care home addendum.

This should include:

- Clearer roles and responsibility for infection control leads.
- Clear monitoring and sign off to ensure cleaning tasks are completed.
- Training of all staff including laundry and housekeeping staff in IPC is evident.

This is to ensure care and support is consistent with Health and Social Care Standards 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 1 June 2021.

Action taken since then

An infection, prevention and control lead has been identified and has had ongoing responsibility for monitoring and developing staff knowledge on a day to day basis.

Cleaning schedules are in place, detailing what has been carried out each day.

Housekeeping staff were knowledgeable and committed to their role. It would be helpful to clearly define the timescales of what requires to be done, to ensure there is consistency.

E-learning infection prevention and control training is core training with all staff expected to undertake, however there are some gaps in this. Face to face training has been organised for next week, for all staff to attend.

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	4 - Good
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

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
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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