

Westbank Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
6 June 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 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.

About the inspection

This was a follow-up inspection which took place on 5 June 2024. The inspection was carried out by one inspector from the Care Inspectorate. This follow-up inspection focused on the requirements made during the previous inspection and evaluated how the service had addressed these to improve outcomes for people.

Key messages

- Improvement was evident in the required areas made during the previous inspection. As a result, people's needs were met more effectively.

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

Requirements

Requirement 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)

This requirement was made on 21 March 2024.

Action taken on previous requirement

The provider had effective action plans in place to achieve the required improvements.

Protocols for 'as required' medication were put in place. These protocols included information to direct staff on when the medication should be given and enabled staff to regularly review the effectiveness of the medication.

Additional audits were implemented to monitor medication practice. Medication audits allowed the manager to add specific checks to concentrate on particular issues and to keep the audits dynamic and relevant. This supported consistently safe practice and helped to raise staff awareness of good practice.

Additional training and individual competency assessments supported staff knowledge and confidence in their ability to manage and administer medication safely.

As a result, the standard of medication management in the home had improved. This meant that people's medication was managed and administered in line with guidance, which supported their safety, health and wellbeing.

Met - within timescales

Requirement 2

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).

This requirement was made on 21 March 2024.

Action taken on previous requirement

Not assessed at this inspection.

Not assessed at this inspection

Requirement 3

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).

This requirement was made on 21 March 2024.

Action taken on previous requirement

The provider had effective action plans in place to achieve the required improvements.

We found that several positive changes had been made to the home's recruitment processes.

As a result, recruitment practices were safe and in line with guidance. This meant that people could be confident that the necessary checks and processes for new staff were in place, in order to keep people safe and to ensure that staff had the necessary skills and abilities to carry out their job role.

Met - within timescales

Requirement 4

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).

This requirement was made on 21 March 2024.

Action taken on previous requirement

Not assessed at this inspection.

Not assessed at this inspection

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 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).

This area for improvement was made on 21 March 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 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).

This area for improvement was made on 21 March 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 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).

This area for improvement was made on 21 March 2024.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 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).

This area for improvement was made on 21 March 2024.

Action taken since then

Not assessed at this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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