

Westacres Care Home Service

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Type of inspection:
Unannounced

Completed on:
11 July 2024

Service provided by:
Newark Care

Service provider number:
SP2003002370

Service no:
CS2003010478

About the service

Westacres care home is registered with the Care Inspectorate to provide a care service for 40 older people. The provider is Newark Care.

The home is situated on a private housing estate in Newton Mearns. The purpose-built property is on three floors with the residents' accommodation on the ground and first floors. People have access to well-maintained gardens with seating areas. There is some off-street parking available. The service is close to local amenities and transport links.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 July 2024. Two inspectors from the Care Inspectorate carried out the inspection.

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 10 people using the service and four of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from stakeholders.

Key messages

- People's health was benefiting from their care and support.
- The newly-established management team was strong and supportive.
- Staffing levels were good, and staff were visible within the service.
- The environment was clean and well-presented.
- Care plans contained a good level of detail but were not fully outcome-focused.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation. However, further work is required to develop this approach to support 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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff interactions with people were warm, gentle and encouraging. The home had a welcoming and friendly atmosphere. Staff treated people with dignity and respect and were focussed on achieving the best outcomes for the people they were caring for. Care was delivered at a pace suitable for each person. Staff worked hard to create a positive environment which was also noticed by visitors to the home.

Staff understood the importance of involving people in meaningful activity to enhance their wellbeing and support good mental health. There was a wide range of meaningful activities for people to take part in. People told us they enjoyed taking part in the activities available and having the company of other people.

Family members commented that they felt reassured that their relatives were receiving good support with health needs. Families told us that they were kept up-to-date with any changes in their relative's health.

A person-centred approach was in place to manage and prevent falls and fractures and people were encouraged to move regularly and remain as active as they could be, including using outdoor space where possible. People's skin integrity was maintained because the service had a proactive and person-centred approach based on good practice recommendations and the assessment of risk.

People benefited from access to an appetising, varied and well-balanced diet and they could choose from a variety of meals, snacks and drinks including fresh fruit. People enjoyed their meals in an unhurried, relaxed atmosphere with caring interactions between staff and people, and among people sitting together at tables.

Staff shared information appropriately when they observed changes in people's eating and drinking and this was well-documented. There was regular access to drinks, meals and snacks. For people who needed support to eat and drink, there were no delays to them receiving this support when needed.

To meet people's medical needs, the service had a safe and well-managed medication system. For example, staff had received training, and had clear guidance, to support this task safely. There was good oversight of medication management, and we were confident that people's medication needs were being regularly reviewed and monitored.

Appropriate support was sought from allied health professionals, and palliative and end of life care was managed in line with the person and their family's needs and wishes to ensure high quality comfort, care and support at this time. People had details around future planning in place that reflected their wishes and, where appropriate, those of their representatives. Plans were agreed and in place to provide high quality comfort, care and support. Staff were familiar with people's preferences for palliative and end of life care.

Professionals who regularly visited the home told us that staff interacted in respectful and meaningful ways with people who lived there, and that people were well looked after.

How good is our leadership?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The manager had commenced in the post shortly after the previous inspection and had brought experience and stability to the service. They had established updated roles and responsibilities for management oversight. This meant that quality assurance audits and processes were more organised. There were appropriate follow-up actions, and we were able to evidence this in audit action plans.

There were detailed, clear actions with timescales where areas for improvement had been identified. This meant there was a record of all improvements being carried out and a plan to implement improvements to achieve improved outcomes for people.

Management had updated their service improvement plan, which focussed on the strengths and areas for improvement. They were reviewing and considering this regularly to track progress against the action plan. Overall, management had better oversight and the capacity to improve had improved significantly.

The management team had invested time and effort into team building to the extent that staff felt ownership and commitment to the home. All staff were invested in ensuring people were supported to live as meaningful a life as possible, considering their preferences. Staff were involved in decision-making to ensure they felt valued and their ideas and suggestions about improvements to improve outcomes for people were welcomed.

Staff had practice observations carried out by management, to identify strengths and areas for improvement. Managers reviewed incident and accident reports to consider if any follow-up actions were needed and we found these steps were taken.

At the previous inspection, we had advised the manager to refer to the Scottish Social Services Council (SSSC) Step into Leadership programme for developing staff skills and promoting and recognising leadership qualities. This was still a focus for the management team (see 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?**5 - Very Good**

We found significant strengths in relation to the staff team and staffing arrangements and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We reviewed the dependency assessment tool used by the service to inform staffing arrangements. This tool was effective in continually measuring the needs of residents and deploying care staff in response to this. This was used in conjunction with the knowledge of people's needs gleaned from the staff and management teams. This included taking account of the complexity of people's care and support.

Staff we spoke with told us staffing arrangements were good, allowing them to spend quality time with people. Team meetings and daily handovers meant care and nursing staff were well-informed of people's current care requirements. This supported good outcomes for people as care staff were available and observant to their needs.

Staff should work well together as this supports the delivery of good experiences for people. A person living at Westacres told us, "They [staff] are all so lovely." Staff we spoke with told us that morale was high and they worked well as a team. We noted a whole staff team approach to supporting good outcomes for people. Staff were clear about their roles and helped each other by being flexible in response to changing situations. We found examples when staffing levels had been increased to meet the needs of people, for example, a person needing end of life care.

Staff were highly motivated to ensure people received very good levels of support and care. They strived to provide each person with positive daily experiences. Feedback from people who used the service, and their relatives, was very complimentary about the staff.

How good is our setting?

5 - Very Good

We found significant strengths in relation to the environment of the home and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefited from a warm, comfortable and welcoming environment with plenty of fresh air, natural light and sufficient space and comfort to meet their needs and wishes. The environment was relaxed, clean, tidy and well-looked after, with no evidence of intrusive noise or smells.

People could choose to use private and communal areas and their right to privacy when they wished was respected. There were clear signs directing people to areas of the home, including the garden.

People benefited from a range of different large and small seating areas and two dining areas where they could spend their time. Families could use lounge areas of the home to spend time privately with their loved ones, or host family events and celebrations. We saw that a lounge area that hosted a person's birthday was very well-presented.

The setting was kept safe and well-maintained. There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment to ensure people were safe. This included training and assessing staff competency to safely use and maintain any equipment their role required.

The staff team worked together to ensure that any maintenance issues were reported promptly. Both the domestic and care teams contributed to the high environmental standards which we observed. We were overall confident in the environment supporting good outcomes for people.

How well is our care and support planned?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Care plans should be dynamic and reflect people's needs, wishes and outcomes. Plans we reviewed were detailed and regularly reviewed to reflect people's current care and support needs. This included people's end of life wishes and preferences. It was evident that residents, relatives and relevant professionals were involved in reviewing and formulating care plans. This supports care that is directed by people receiving care and those closest to them.

Risk assessments we reviewed were comprehensive and informed health and wellbeing outcomes. For example, plans clearly referenced actions required by staff to reduce risk factors such as falls, choking and distress. Plans referenced recognised assessment tools and guidance. Professional input was evident where there were specific care needs. We suggested the service reviews how it presents essential information within plans, to ensure that this is easily accessible and clear for support staff to reference. This would also help in evaluating agreed outcomes.

At the previous inspection, we suggested that the manager should ensure reviews were person-centred and evidence people's contributions. This was still a focus for the management team (see 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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's wellbeing and social inclusion, the provider should review how they plan and enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

- a. develop activity plans with people
- b. consider any staff training needs
- c. ensure activity provision is discussed with the team, and that related outcomes are being met and evaluated.

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) and "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6).

This area for improvement was made on 27 February 2024.

Action taken since then

An activity coordinator is now in post and improvement was noted in the provision of activities at the service.

This area for improvement has been met.

Previous area for improvement 2

To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving as required medicines, medication administration records chart should include:

- a. the reasons for giving when required medication
- b. how much has been given including if a variable dose has been prescribed
- c. the time of administration for time sensitive medication
- d. the outcome and whether the medication was effective.

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

This area for improvement was made on 27 February 2024.

Action taken since then

A robust medication management process has been underpinned by the new clinical lead.

This area for improvement has been met.

Previous area for improvement 3

To ensure people receive responsive care and support, the service should undertake self-evaluation aligned to the quality framework for care homes for adults and older people, to understand where efforts to support improvement should be targeted.

This is to ensure that care and support is consistent with the 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 27 February 2024.

Action taken since then

The new manager had commenced a process of self-evaluation that is matched to the quality framework.

This area for improvement has been met.

Previous area for improvement 4

The service should support staff to undertake the Step into Leadership programme relevant to their role to ensure that the service remains well led and managed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 27 February 2024.

Action taken since then

This remains a focus for the management team.

This area for improvement has not been met.

Previous area for improvement 5

To ensure people continue to be included, the manager should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 27 February 2024.

Action taken since then

A system of staff practice observation has been introduced to underpin the supervision processes.

This area for improvement has been met.

Previous area for improvement 6

The service should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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) and "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 27 February 2024.

Action taken since then

This remains a focus for the management team.

This area for improvement has not 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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