

Waverley Care Home Care Home Service

Waverley Residential Home
Elm Row
GALASHIELS
TD1 3JG

Telephone: 01896 752 659

Type of inspection:
Unannounced

Completed on:
7 August 2024

Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Service no:
CS2019378046

About the service

Waverley care home is situated within the Scottish Border's town of Galashiels. The care home provides a care service to a maximum of 25 adults, including older people.

Accommodation is provided on two floors. Entrance to the home is on the upper floor. The upper floor has three units, and the lower floor has two units, with a maximum of five people living in each of the units. Two of the upstairs units are enhanced dementia units. The remaining three units provide accommodation for up to 15 people receiving residential care.

Each bedroom is single occupancy with ensuite facilities.

Additional bathrooms and toilets are available throughout the building. Lounge and dining facilities are also provided in each unit on the upper floor. People living on the lower floor share a dining area and have a choice of two sitting areas.

There are several pleasant, enclosed garden areas where people can enjoy sitting out.

At the time of this inspection there were 24 people living in Waverley care home.

The home is within walking distance of the centre of Galashiels and various leisure facilities, such as shops, library and cinema, are all nearby.

The service provider is Scottish Borders Council.

About the inspection

This inspection took place on-site on 24 July 2024 between 06:30 and 14:00.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

The inspection was carried out by two inspectors from the Care Inspectorate. Our visit was then followed by time examining evidence remotely.

In making our evaluations of the service we:

- Spoke with people using the service and staff at our visit
- Considered feedback from completed and returned MS Forms questionnaires from supported people, relatives, staff and health and social care professionals
- Observed practice and daily life
- Reviewed documents.

Key messages

- People experienced warmth, kindness, consideration and respect in how they were supported and cared for.
- People's health and wellbeing was monitored well. Where concerns were identified referrals were made to appropriate professionals in a timely manner.
- Personal plans were good but needed some improvement.
- Good systems were in place to support people with their medication. Improvements were needed in relation to guidance for supporting with "as needed" medication.
- There were sufficient support workers and ancillary staff on duty to meet people's needs.
- The manager demonstrated a clear understanding of what improvements were needed for the service and was working to achieve these.
- As part of this inspection, we assessed the service's self-evaluation of key areas.
- We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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
How good is our setting?	4 - 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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warmth, kindness, consideration and respect in how they were supported and cared for. Care was given in a supportive manner at people's individual pace. This made people feel comfortable and secure and not rushed with what they were doing. Staff demonstrated fun and humour, enabling people to feel relaxed, included and accepted.

Efforts were made to ensure prospective people would be comfortable living in the home through a smooth and planned transition process. Assessments were made to ensure the placement would be suitable and safe for that person and for people living in the home. One family member told us "Staff go above and beyond on making residents happy and settled".

Trusting relationships had developed between permanent staff and supported people, with people feeling at ease with staff and enjoying their company. There were regular positive and meaningful interactions taking place between supported people and staff throughout the day. People were supported to celebrate notable events and birthdays. Management were seeking ways to increase meaningful activities taking place. There were plans to reduce the amount of time support staff undertook meal preparation tasks. This would allow staff more time to spend with people. A support worker had recently commenced an exercise movement class, when on shift, which people were enjoying.

We have suggested staff complete a Scottish Social Services Council (SSSC) Open Badge on meaningful connections. This should give them more confidence and skills to further ensure people are consistently supported to be active, engaged and stimulated throughout the day.

People's health and wellbeing was monitored well. Familiar staff were able to recognise if there were any changes to the person's health and wellbeing needs. Where concerns were identified, referrals were made to appropriate professionals in a timely manner. There was good involvement from health professionals including district nurses and general practitioners (GPs). Emergency services were contacted swiftly when needed.

Families were also contacted about health and wellbeing concerns and kept up to date. Family concerns about their relatives wellbeing were also acted upon with contact being made with health professionals. This reassured families about the care and support their relative received. One family member told us "My relative is cared for by the staff and they love her like we do which is very reassuring for us"

Various charts were in place to monitor people's wellbeing and support given. These included charts to monitor people's weight and support with personal and oral care. We have advised the personal care charts are included in the service's auditing process.

People were supported well with nutrition and hydration, with fresh fruit regularly being offered and encouraged. People told us they enjoyed the food.

Good systems were in place to support people with their medication. Improvements were needed with guidance and protocols for staff when a person is supported with "as needed" medication.

This was an area for improvement element made at the last inspection which has been repeated.

See area for improvement 1.

Areas for improvement

1. People should be confident their medication regime is being managed safely. Therefore, the provider should ensure:

1. Protocols (support action plan) for "as required" medication to include information as to:
 - a. why "as required" is given
 - b. how staff can identify any changes in a person's behaviour or presentation to indicate the possible need for "as required" medication
 - c. what actions should first be taken to support people before having to offer "as required" medication
 - d. when "as required" medication is given the outcome of this is recorded.
2. Personal plans refer to "as required" protocols for staff to read and follow.

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

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

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Management demonstrated a commitment to provide high quality care and support to people. They were working to further include and involve staff in decision making. Changes were being made to the shift schedules following feedback from support staff. Relatives were also confident about the management team. One told us "Excellent leadership team. Always willing to listen. Proactive when spotting things that might not be right with residents".

Staff appraisals had taken place over the last year. One to one supervision meetings were taking place with staff. Discussions about Scottish Social Services Council (SSSC) codes of practice and health and social care standards provided opportunities for staff to reflect on their practice.

Incidents were managed well and learning was sought to reduce reoccurrence. The quality of the service was being checked through various quality assurance systems and processes. These included supported people reviews with their family and representatives involved and through internal audits. We have advised additional audits undertaken in relation to personal care and activity records. We have advised more personal plans be audited monthly.

Improvements had been made in relation to delivering appropriate training to staff. However, we identified issues relating to managers not having good oversight nor easy access to up-to-date information about training completed by staff. A new training matrix, on which training was recorded, was complicated and had faults. As part of the service's regulatory responsibilities with the Care Inspectorate, up to date training records should be available to inspectors to examine on inspection. Senior management have told us these issues will be addressed.

The manager demonstrated a clear understanding of what improvements were needed for the service and was working to achieve these. An improvement plan was in place. We have made suggestions for additional items to be added to the plan. Also for the plan to be "live" and reviewed on a regular basis.

The manager met their regulatory responsibilities well. We have discussed some incidents which should have been notified to the Care Inspectorate. Going forward we now expect notifiable events to be reported to the Care Inspectorate in a timely manner.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the inspection visit there were sufficient support staff and ancillary staff on duty to meet people's needs. There was good forward planning of rotas with staff's individual skills taken into account. Support staff vacancies were covered by relief and agency staff. New staff were being recruited into vacant posts. This will further ensure people are being cared for by familiar staff who know them well. We were satisfied support staffing arrangements currently met the needs of supported people.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Colourful flowers planted in tubs at the entrance gave a warm and welcoming invite to Waverly. Work had been undertaken to make the enclosed garden areas pleasant for people to sit out and enjoy the weather. Some of the residents had planted colourful flowers in tubs and planters.

We found the atmosphere in the home to be calm and relaxed. Staff were cheerful and friendly. The home was clean, tidy and free from odours.

Staff tried to support people to mingle with each other in the other flats. The lay out of the building, with the flats upstairs being separate from those downstairs, meant people did not have the opportunity to spontaneously walk around the home and meet up with other residents living in other flats.

There had been ongoing refurbishments within the home. These included making the upper floor environment a more positive experience for those living with dementia. People had been involved with choosing new decorations and features within their communal areas.

Checks of appliances, equipment and water temperatures were made to ensure people's safety.

Environmental audits were undertaken. There were some audits and checks which could be improved one. These include food temperature checks and profile bed checks.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans sampled held good information about the person's care and support needs. Plans had person-centred information including people's daily routines and people's preferences were incorporated into the various plans.

Plans listed people's health conditions. We recommend including additional information on the health condition itself in the plan and how the condition impacts on the person's life. This will give staff a clearer understanding about people's health needs.

There were other improvement areas identified in relation to personal planning. These included ensuring personal plans were updated in a timely manner when a person's care and support needs changed and / or following a care review. We have repeated an area for improvement relating to personal planning made at the last inspection.

See area for improvement 1.

Areas for improvement

1. People should have confidence their personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider should ensure:

1. Plans and records are accurate, sufficiently detailed and reflect the care planned or provided
2. Plans are updated in a timely manner when a person's care and support needs change and / or following a care review
3. When updating personal plans with changes the information is updated in each section of the plan where the information is relevant
4. Information in each section of the personal plan marries up with other sections where the information is repeated
5. Plans contain sufficient information about people's health conditions, related medication taken, and the impact of the health condition on the person

6. All staff involved in planning and documenting care and support are provided with appropriate training, time, and support for this

7. Managers are involved in monitoring and regular auditing of personal plans.

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

"My personal 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).

"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).

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

People should be confident their medication regime is being managed safely. Therefore, the provider should ensure:

1. Protocols (support action plan) for "as required" medication are in place. These to include information as to:
 - a. why "as required" is given
 - b. how the specific person presents themselves / possible changes in their behaviour to indicate the possible need for "as required" medication
 - c. what actions should first be taken to support people before having to offer "as required" medication
 - d. when "as required" medication is given the outcome of this is recorded.
2. Each person's medication regime is reviewed to identify where medication is being given "as required".
3. How each person likes to take their medication is recorded and easily accessible to staff administering medication.
4. When applying medication patches the site of the patch on the body is recorded to allow for the patch to be rotated.

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

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

This area for improvement was made on 22 November 2022.

Action taken since then

People's medication support systems had improved. However improvement was still needed in relation to people being supported with prescribed "as required" medication. We have therefore repeated this element of the area for improvement. This has been further detailed under key question 1 "How well do we support people's wellbeing?".

Previous area for improvement 2

The provider should ensure people are supported to get the most out of life to help support their physical and mental wellbeing and improve the quality of their day.

To achieve this the provider should ensure:

1. People have an opportunity to consistently engage in meaningful activities in a group and on an individual basis within the care home.
2. People have opportunities to be supported to be involved and socially active within the community.
3. The provision of activities to be clearly recorded within the personal plan and activity planner which could include how the person enjoyed the activity and what involvement they contributed to the activity.
4. Personal plans include likes and dislikes and reflects what activities people would like to participate in.

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

"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).

"I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 22 November 2022.

Action taken since then

Sufficient improvements have been made for this area for improvement to be considered met. This has been further detailed under key question 1 "How well do we support people's wellbeing?".

Previous area for improvement 3

To ensure people experience high quality care, the provider should ensure staff have their competency assessed through regular competency observations. Competency checks should be recorded and linked into training, one to one supervision and personal development.

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

"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 22 November 2022.

Action taken since then

Competency observations had commenced. Whilst this process needs to be embedded into everyday practice for assistant managers there has been sufficient improvement for this area of improvement to be considered met.

Previous area for improvement 4

To ensure people are confident staff are competent and skilled to undertake their designated roles the provider should ensure:

1. The training spreadsheet matrixes with the dates each current staff member have undertaken training topics are updated and sent electronically to Care Inspectorate representatives already identified.
2. The review of mandatory training to include additional topics is undertaken in a timely manner
3. Client specific training is provided where needed. This to include skin integrity training.
4. All staff complete appropriate dementia training, the level of training based on each staff members roles and responsibilities.

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

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

We shared guidance with the manager to help them achieve this area for improvement:

Promoting Excellence 2021: A framework for all health and social services staff working with people with dementia, their families and carers

<https://hub.careinspectorate.com/media/4510/promoting-excellence-2021.pdf>.

This area for improvement was made on 22 November 2022.

Action taken since then

Sufficient improvements have been made for this area of improvement to be met. We identified issues relating to managers not having good oversight nor easy access to up-to-date information about training completed by staff. This has been further detailed under key question 3 "How good is our staff team?".

Previous area for improvement 5

Staffing arrangements and all job roles within the care home should be re-evaluated to allow support staff to have time to ensure people living in the care home achieve their planned outcomes.

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

"My needs are met by the right number of people" (HSCS 3.15).

"People have time to support and care for me and to speak with me" (HSCS 3.16).

We shared guidance with the manager to help them achieve this area for improvement:

Care Inspectorate Safe staffing programme – guidance for providers on the assessment of staffing levels; premise-based services.

<https://www.careinspectorate.com/index.php/news/6878-guidance-for-providers-on-the-assessment-of-staffing-levels-premise-based-services>

This area for improvement was made on 22 November 2022.

Action taken since then

This area for improvement had been met. Staffing arrangements currently meet the needs of supported people. This has been further detailed under key question 3 "How good is our staff team?".

Previous area for improvement 6

People should have confidence their personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider should ensure:

1. Plans and records are accurate, sufficiently detailed and reflect the care planned or provided
2. Plans are updated in a timely manner when a person's care and support needs change and / or following a care review
3. Plans contain sufficient information about people's health conditions, related medication taken, and the impact of the health condition on the person
4. Plans identify how to support a person should their health deteriorate
5. Anticipatory care plans are developed
6. All staff involved in planning and documenting care and support are provided with appropriate training, time, and support for this
7. Demonstration that managers are involved in monitoring and the audit of personal plans.

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

"My personal 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).

"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 area for improvement was made on 22 November 2022.

Action taken since then

Personal planning had improved since we last inspected. However some of the improvement elements had not yet been met and we identified additional improvement areas. Those outstanding elements and additional improvement areas have been repeated. This has been further detailed under key question 5 "How well is our care and support planned?".

Previous area for improvement 7

This area for improvement was made following complaints activity in August 2023 and finalised in September 2023.

In order to ensure good outcomes for people, a choice of meaningful activities should be available for people to select from.

This should include opportunities to be socially active within the community as well as within the home. People should be supported to consistently engage in these meaningful activities either in a group or on an individual basis.

This is to ensure care and support is consistent with Health and Social Care Standard 2.22: I can maintain and develop my interests, activities and what matters to me in the way that I like.

This area for improvement was made on 8 September 2023.

Action taken since then

Sufficient improvements have been made for this area for improvement to be considered met. This has been further detailed under key question 1 "How well do we support people's wellbeing?".

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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