

Westbank Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 October 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 an unannounced inspection which took place from 22 to 25 October 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 five people using the service and five of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff were very good at developing positive relationships with people, which helped to make people feel content and at home.
- Leaders were very effective, organised, and highly motivated to drive continuous improvement
- Staffing was organised well and focussed on people's needs and outcomes.
- People enjoyed a clean and well-maintained environment that was respectful and kept them safe.
- People's care plans were person-centred and up to date, which helped to support good outcomes.

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's wellbeing was supported by warm, kind, and supportive interactions with staff. Throughout this inspection we experienced a homely, calm, and compassionate atmosphere. People we spoke to were content and liked living in the home. A resident told us "It's pleasant and homely and staff are friendly and respectful."

It was particularly positive to see that people were encouraged and enabled to make choices and to enjoy what was important to them. A resident said, "The activities are very well managed, and any ideas are listened to." Another resident told us "You can do what you like, most of the time." Staff knew each resident well and were therefore able to support their interests and positive choices for them. This meant that people felt valued and listened to, which gave them a sense of involvement and belonging.

Supporting people to take part in meaningful activities was a particular strength of the service. Feedback from residents and relatives included a lot of praise for the quality and variety of available activities. The home's pro-active approach was supported by very good and regularly evaluated individual care plans for activities. This ensured that people were supported to do things that were interesting and meaningful inside the home and in the community. A resident told us "There is always plenty of games and things going on in here, but we also go out regularly and there are more things planned. Recently we have been to the garden centre." Activities were planned and organised with equality and diversity in mind. This meant that people with less abilities or people who preferred one to one activities were kept included.

The management of people's medication was robust and safe. Documentation, ordering and storage of medication were well organised. However, we found that the temperature in the room where medication was stored was just within safe levels. There was also no robust evidence for regular monitoring of the temperature in the medication room. We therefore made an area for improvement (**see area for improvement 1**).

There was good evidence that staff managed people's healthcare needs well. This included some very good feedback from external professionals, who found that staff were pro-active and dependable. Feedback received from residents and families was also very positive. A resident told us "Due to my health I have a lot of medication, and they manage it very well. Last month I had problems with terrible pain, but they dealt with it very thoroughly in cooperation with the GP." However, we found that the use of certain health assessments and the quality of care plans for nursing interventions could be improved (**see section 'How well is our care and support planned?'**).

People were happy with the food on offer. They particularly emphasised that they appreciated the option to order alternative meals if they did not want the options on the daily menu. A resident said "I am happy with the food. If you want something special, you get it." This flexible and supportive approach helped people to enjoy their food and to maintain a healthy weight. We saw that mealtimes were well organised, and that staff assisted people well. Staff were working on plans to further improve the mealtimes to reduce waiting times and to further improve how people can make choices during mealtimes.

Areas for improvement

1. To support the safety of people's medication, the provider should ensure that the temperature in the room used for the storage of medication is consistently within safe levels.

This should include, but is not limited to, daily recorded temperature checks, including documenting of any actions taken.

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

'My environment is secure and safe' (HSCS 5.16)

and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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.

Staff, residents, and families commented positively on how the home was managed. Staff found the manager visible, approachable, and supportive. This showed that the manager was responsive to feedback and willing to learn from people's experiences to ongoingly improve the service. Examples of this included new plans to improve the quality of mealtimes and recent improvements to activities in the home. These improvement projects also showed that involving people and enabling people to make informed choices mattered to the service.

The service had well organised and generally effective quality assurance processes. This enabled the manager to monitor performance across all key areas of practice and to take improvement action where necessary. As a result, we saw that the service made consistent and robust improvements since our last inspection.

We discussed with the manager that it was important to regularly review the content and effectiveness of audit tools and checklists, to avoid 'blind spots' and to keep up with changing standards and the service's own development. To support this, we made an area for improvement (**see area for improvement 1**).

A particular strength was the manager's approach to maintaining continuously updated and frequently reviewed action plans. This meant that any issues raised through audits, incidents or feedback were included in an action plan and resolved in a timely manner.

It was positive to see that the manager and the nursing team monitored key clinical data over time and used this to help evaluate the quality of care and people's outcomes. This included the regular analysis of people's weight, falls and other incidents.

Areas for improvement

1. To support the quality of people's outcomes, the provider should ensure that quality assurance processes and systems are regularly reviewed and evaluated.

This should include, but is not limited to, using benchmarking and regular monitoring of external guidance to adjust and improve quality assurance processes.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice ' (HSCS 4.11).

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.

It was positive to see that residents, families and staff found that the management of staffing was good and that it was focussed on people's needs and outcomes. Staff members we spoke to felt that staff numbers and skills mix helped them to support people well. Our findings and observations supported this.

Staff appreciated the provider's support to ensure that there were always sufficient staff on duty. On occasion this meant that the manager could bring in agency staff to ensure that planned staffing numbers and skills mix were in place. Staff also praised the manager's flexibility and responsiveness to their needs. This meant that staff felt supported and confident. It also supported staff wellbeing and therefore reduced absence times and staff turnover. As a result, people experienced good relationships with a consistent staff group. This helped people to feel valued as individuals and to feel content with living at Westbank Care Home.

We discussed with the manager how the assessment, planning and regular evaluation of staffing could be brought further in line with recently published national guidance. This would ensure that the evidence base for staffing decisions and professional judgement decisions to amend staffing plans, would be better captured (**see area for improvement 1**).

Staff training was managed robustly. The manager had an overview of all completed and planned training. Staff had opportunities to talk about their training needs in regular supervisions and staff meetings. Staff we spoke to were satisfied with the range and quality of training on offer and felt that it supported them to carry out their roles effectively. Staff also praised the availability of non-mandatory training subjects that helped them to increase or deepen their professional skills. This meant that staff training was managed well and that it supported good outcomes for people.

We checked the provider's processes for recruiting new staff and found that recruitment was managed robustly. This ensured people's safety.

Areas for improvement

1. To support that the assessment, planning and regular evaluation of staffing is evidence-based, transparent and focussed on people's outcomes, the provider should improve how the decision making process is documented.

This should include, but is not limited to, capturing what measurements and information contributed to the evaluation of staffing and the rationale for professional judgement decisions.

This is to ensure the assessment, planning and evaluation of staffing is consistent with the Care Inspectorate guidance document 'Staffing Method Framework' for adult care homes (2024) and the Scottish Government document 'Health and Care (Staffing) (Scotland) Act 2019: Statutory Guidance' (2024).

This is to ensure that 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' (HSCS 4.27).

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.

The home was very clean and very well maintained, whilst providing a homely and welcoming atmosphere. This provided people with a safe, respectful, and enjoyable environment. People were supported to personalise their own rooms well, which enhanced their sense of home and belonging.

The provider had ongoing refurbishment and environmental improvement plans in place. Completed improvements were of good quality and effectively supported good outcomes for people. It was positive to see a planned and ongoing approach to maintaining an enjoyable and safe environment for people. There was evidence that people were meaningfully involved in decisions about the environment and how it should be used.

People praised the attractive location of the home and the beautiful views across the bay. This included a well-situated terrace at the front of the home, overlooking the near waterfront and the sea beyond. However, the home had no secure garden area. This meant that many residents would require a degree of supervision when spending time outside. We discussed this with the manager and emphasised the importance of ensuring that the planning of staffing resources includes the need for sufficient staff to enable equitable access for people to the outside space.

It was positive to see that the home maintained good standards of infection prevention and control practice. This was supported by robust quality assurance. It meant that staff had easy access to sufficient personal protective equipment (PPE), alcohol based handrub and waste bins. This helped to keep everyone in the home safe from infection.

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.

We found that people's care and support plans were up-to-date and person-centred. The care and support plans included good detail that helped to inform staff about how to support people to experience good outcomes. However, we found that more work was required to improve the identification and formulation of people's personal outcomes. This was important to ensure that care plans are centred on what is most important to people, based on their individual wishes, aspirations, and abilities.

We found some good examples of how this can be done in the documentation completed by the home's activity coordinator. We discussed with the manager how this could be consistently implemented across all care plans.

People confirmed to us that they had opportunities to review care and support plans with senior staff. This helped to ensure that people's care and support plans were dynamic and centred on people's wishes and choices. However, we found that the format of the care reviews could be improved, because it was not sufficiently focussed on evaluating and identifying personal outcomes. We discussed this with the manager who immediately started work on improving the format for the regular care reviews.

Risk assessments and plans to promote people's safety were not overly restrictive. People's personal risk assessments were complete and up-to date. This included the completion of regular assessments to support people's health and wellbeing, such as weight monitoring and risk assessments for maintaining a healthy skin. However, we found that the care plans and documentation used for nursing care should be improved. Although the processes for documenting communication with external health professionals were robust, the care plans for the resulting nursing interventions lacked detail and regular evaluation. In addition to that there was insufficient evidence of regularly using pain assessments to support the effective use of pain management (**see area for improvement 1**).

People felt that their rights were respected, and legal documentation was in place to ensure that staff were aware of who held legal rights for the people they supported. This helped to keep people safe and ensured that decision-making was inclusive and transparent.

Areas for improvement

1. To support the robust and effective management of people's health conditions, the provider should improve the quality of care plans and the use of pain assessment tools.

This should include, but is not limited to, ensuring that detailed care plans for health conditions and associated nursing interventions are in place, with evidence of regular evaluations.

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 1.23).

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

Requirements

Requirement 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).

This requirement was made on 21 March 2024.

Action taken on previous requirement

We found that the service made significant improvements. The manager had created a robust system of audits, checks and observations. This gave the manager a good overview of the service's strengths and weaknesses. There was good evidence that any actions resulting from quality assurance processes were transferred into well managed action plans, which ensured that actions were completed.

The manager had an up-to-date and complete overview of completed and planned training. This enabled the manager to manage training effectively, to ensure that staff have the right knowledge and skills for their job roles.

Met - within timescales

Requirement 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).

This requirement was made on 21 March 2024.

Action taken on previous requirement

The manager had an up-to-date and complete overview of completed and planned training. This enabled the manager to manage training effectively, to ensure that staff have the right knowledge and skills for their job roles.

Staff confirmed to us that they were happy with their access to training and found that the quality and content of training helped them to build or maintain their professional knowledge and skills.

Staff had opportunities to discuss their training needs or wishes during regular supervision sessions or team meetings.

Residents and families had no concerns about staff skills.

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 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

The service made significant improvements to supporting people with activities since the previous inspection.

People confirmed to us that they had good and varied opportunities of group and individual activities.

The activity coordinator created a very good system of individual assessments and activity plans. This captured people's abilities, wishes and preferences and enabled staff to regularly evaluate if people's outcomes were met.

New resources were set up to help staff from all staff groups to support people with activities.

This area for improvement was met.

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

Care plans were complete, up to date and person-centred.

The manager had an overview of completed and scheduled care plan reviews with residents and families.

Further work was needed on ensuring that all care plans were equally outcome focussed. We discussed this with the manager who added this to the service's improvement plan.

This area for improvement was met.

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

Communication logs and monitoring charts were completed.

We made a new area for improvement under section 'How well is our care and support planned' to support the improvement of the use of pain assessment charts.

This area for improvement was met.

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

We found that robust processes were in place to ensure that the size and layout related limitations to infection prevention and control measures in the laundry room caused no risk to people.

This area for improvement was 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? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 5 - Very 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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