

# West View (Monreith) Ltd Care Home Service

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Monreith  
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Telephone: 01988 700 577

**Type of inspection:**  
Unannounced

**Completed on:**  
21 November 2024

**Service provided by:**  
West View (Monreith) Ltd

**Service provider number:**  
SP2003002547

**Service no:**  
CS2003010849

## About the service

West View (Monreith) Ltd is a care home for older people situated in a quiet rural setting at the edge of Monreith, Dumfries and Galloway. The service provides care for up to 12 people.

The provider is West View (Monreith) Ltd.

The service provides accommodation in a domestic style home over two floors; these are accessed by stairs which also have a stair lift. All bedrooms are single occupancy; six of these rooms have en suite toilet and wash hand basin facilities. There are shared communal bathrooms, offering people bathing facilities on both floors.

There are two sitting rooms on the upper floor which have dining areas. The lower floor has a sitting room and conservatory which leads to a patio area and an accessible and well-maintained garden. The home has extensive countryside views. Car parking is available for people visiting the home.

At the time of inspection, 12 people were living in the care home.

## About the inspection

This was an unannounced inspection which commenced on 18 November and continued on 19 November 2024 between 10:00 and 16:30 hours. We reviewed information remotely on 20 November and made contact with people who visit the service. We provided inspection feedback on 21 November 2024. The inspection was carried out by one inspector from the Care Inspectorate.

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.

To inform our evaluations we:

- spoke with 11 people using the service and two relatives
- spoke with nine staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- People were observed to be looked after well.
- Staff displayed positive interactions with people.
- People benefitted from a consistent staff team.
- The staff team worked well together.
- The provider and manager should familiarise themselves with the Health and Care (Staffing) (Scotland) Act 2019.
- The environment was comfortable and homely.
- People's personal plans should be further developed.
- The service provider must improve the quality assurance within the service. We have made a requirement in this area.

## 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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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?

4 - Good

We evaluated this key question as good; there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

People were assured that support was provided by a regular staff team who were friendly and who we found to be knowledgeable of people's individual's likes, dislikes, and daily needs. This ensured people experienced consistency and continuity.

We observed relaxed and comfortable interaction between people supported and staff members when in each other's company. People we spoke with during the inspection told us they like the staff and found them to be caring.

Staff respectfully and kindly responded to people's needs and requests in a person-centred way.

People had personal plans in place which were to provide details on how to support people in a safe and consistent way. The provider was within a transition period of moving from paper files to an electronic care planning system. This had resulted in incomplete information within some areas. The provider and staff team were addressing this issue.

We found that the support provided to people was good to ensure that their individual healthcare and welfare outcomes were met.

The staff were vigilant in monitoring people's health and general well-being and promptly passed on any concerns to the relevant external healthcare professionals.

People were supported to attend appointments, including dental and optician appointments. This supported people to receive treatment and interventions in a timely manner which followed best practice.

Staff had developed good relationships with community healthcare colleagues. Visiting professionals we spoke with confirmed that appropriate concerns were escalated and advice given was followed. This supported people to keep as physically and mentally well as possible.

The staff recognised the importance of people maintaining meaningful contact with others. Some people were able to stay connected with family and friends using mobile devices.

People were supported to go out into the community. This was either independently or with staff members for walks, to attend day services or to access community cafés and shops. This had a positive impact on people's health and wellbeing.

We have repeated an area for improvement in relation to increasing opportunities for regular meaningful activities within the care home. People would benefit from increased physical movement to support them to stay active and maintain their mobility.

People benefitted from a choice of meals which were freshly made, good quality and well presented. Staff were knowledgeable of people's dietary likes and dislikes. Staff were available to support people with their

meals where required. People benefitted from this support and were able to maintain or reach a healthy body mass index (BMI). Refreshments were available throughout the day. People were offered snacks and choice of drinks between meals; this supported people to stay hydrated.

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The provider, who was also the registered manager, was very visible within the care home and took part in the day-to-day running of the service. This provided good oversight of the service and an understanding of the needs of people living in the home. People knew who the registered manager was and were able to raise any concerns they had.

The registered manager should continue to improve the administration systems within the care home. This would ensure that information was kept up to date and easily accessible. An improved administration system would support the overall quality assurance within the service.

The provider and staff team should refer to 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. This would support the recording and storage of information within the service.

The provider's quality assurance system, which had been developed and implemented previously, had not been maintained. We found examples of where information was not up to date. There were a lack of action plans and no development plan in place. Improving the quality assurance within the service would further support the provider to identify the strengths within the service and where improvements were required (see requirement 1).

The provider should continue to engage with others. This would enable them to demonstrate that they actively involve people who receive care, their relatives and visiting professionals in the evaluation and assessment of the overall quality and standard of the service provided. Feedback received should be acted upon to support ongoing improvement within the service.

## Requirements

1. By 31 March 2025, the provider, must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- (a) assessment of the service's performance through effective audit
- (b) develop action plans which include specific and measurable actions designed to lead to continuous improvements
- (c) detailed timescales for completion/review.

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) Regulation 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 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?

4 - Good

We evaluated this key question as good, there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

All members of the small staff team had worked for the provider for a considerable period of time and were all experienced within their role. There had been no new employees since we last inspected the service. This was positive for people supported as they knew the staff team who were providing their care.

Due to the size of the care home, the staff team were skilled and experienced to carry out different roles on a day-to-day basis. Each shift staff were deployed to also provide housekeeping and meal preparation duties.

Staff informed us they had enough time to provide people's care. We observed staff to take the time to sit with people and engage in meaningful conversation and interactions. Due to the locality of the home, staff and people supported were able to chat and reminisce about the local area and community which people enjoyed.

The provider used professional judgement to assess the staffing levels required within the care home. We signposted the provider to resources on safe staffing which are available to support providers to adhere to The Health and Care (Staffing) (Scotland) Act 2019 which was enacted on 1 April 2024. This legislation places a duty on providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service.

Informal support and sharing of information took place on a daily basis within the care home. During the inspection, we discussed the benefits of also carrying out structured team meetings. Some staff supervision sessions had not been carried out in line with the service policy. Introducing staff meetings and regular supervision would provide staff with the opportunity to discuss work matters, issues and concerns on an individual basis or in a meeting with colleagues.

People benefitted from a competent and trained team of staff; however, the provider should ensure training records are up to date in order to establish that refresher training is completed within the required timescales. Staff were being supported to complete their Scottish Vocational Qualification (SVQ) in order to meet their conditions or registration with the Scottish Social Services Council (SSSC).

The staff team were flexible and amended their working hours to meet the needs of the service. This included a flexible approach to accommodate activities or outings for people supported. People benefitted from the staff team working well together.

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

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

The care home is a domestic style home situated in a quiet rural location. There were three communal areas within the building offering large windows with views across the countryside. During this visit, it was positive to observe people using the different rooms available.

There was a large well-tended garden to the back of the building, seating areas were available within the garden where people could spend time in the fresh air, listening to the stream and watching the birds and wildlife that were attracted to the area.

People could move freely around the home and access the outside space independently, if able. People's bedrooms were clean and tidy. Home furnishings and personal belongings decorated the rooms to make them personalised to people's individual taste.

The home had a friendly and relaxed atmosphere. The environment was comfortable and well maintained. Overall, there was a good standard of cleanliness throughout the home and cleaning schedules were in place to monitor this.

The provider responded promptly to a cushion and mattress cover which required to be replaced. The provider should monitor furnishings and where required, arrange for upholstered items to be cleaned.

All bedrooms did not have en suite facilities; however, due to the size of the building, toilets and bathing facilities were close to people's bedrooms.

The new purpose-built laundry facility had been completed and was now in use. This made a significant positive difference to how laundry was managed within the home.

Records for the ongoing maintenance of the environment and equipment were in place. Servicing of equipment took place and any remedial action required was carried out, which helped to keep the environment and people safe.

**How well is our care and support planned?****3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The registered manager completed preadmission assessments. This enabled the registered manager to ensure that they were confident that they could provide the support required to meet the needs and wishes of people.

We viewed improved paper copies of personal plans for people who had residing in the home for a period of time. Information was being transferred to the electronic care planning system. This has resulted in information being stored in more than one place for some people.

Personal plans for new admissions to the home lacked the same assessment and care planning details as staff were becoming familiar with the electronic system and the inputting of data.

During the transition period, staff should ensure that they maintain an oversight of people's assessed needs and are able to identify any changes to ensure their personal plan sets out how their needs will be met, as well as their wishes and choices. This includes being able to evidence when care plans have been reviewed (see area for improvement 1).

The provider should have in place a policy and procedure for respite admissions to the service. This should guide staff on the details required within people's personal plans and include the management of medication. This will guide the staff team should they be required to provide respite at short notice.

Six-monthly review meetings were not taking place consistently. The registered manager should coordinate review meetings with people and where appropriate, include family members or their representative. Review meetings should give people the opportunity to review if their health and wellbeing is benefitting from the care and support being provided.

People should be involved in directing and leading their care and support. When they are unable to do this, the registered manager should consult with their family member or representative. We have repeated an area for improvement relating to this.

## Areas for improvement

1. The provider should ensure people's needs are assessed and monitored and care plans are in place to support people in all areas where care and support is required.

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 my 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).



## 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 ensure that people are involved in planning, developing and organising the range and scope of activities, of how they spend their time both inside and outside. This will help to ensure people experience a good quality of life.

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 7 November 2022.**

#### Action taken since then

The staff team recognised the importance of providing meaningful activity and three staff members had been identified to take a lead role in this area.

Staff were able to give examples of what activities and outings had taken place and we observed people participating in some indoor activities during our visit.

We did not see evidence of how people were involved in the planning of activities which interested them. Feedback received told us people would benefit from more meaningful activities to support them to keep active and occupy their time.

Planning, recording, and evaluating meaningful activities continued to be an area for improvement.

**This area for improvement had not been met.**

#### Previous area for improvement 2

The service provider should ensure medication management is improved within the home. This includes, but is not limited to:

- (a) Review of the medication policy and procedure to ensure it follows best practice guidance.
- (b) Ensure staff are trained, competent and following guidance in relation to safe medication management.
- (c) Review the storage facilities, including temperature checks for medication within the home.
- (d) Action all areas required to conclusion following completion of medication audit.

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 21 February 2023.**

### Action taken since then

The provider had a medication policy and procedure in place and staff had completed medication training. The provider should review the timescale for completing staff medication competency checks to ensure these are meeting their timescales. Storage of medication had improved, and temperature checks of the storage facility were taking place.

Some areas of medication management continued to require improvement in order to follow best practice. These areas included the documentation of 'as required' medication, ensuring all people have in place a medication administration record (MAR). When medication audits are completed, these should be fully completed and areas identified to improve should be actioned and followed through to completion.

**This area for improvement had not been met.**

### Previous area for improvement 3

The service provider should support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

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 23 May 2023.**

### Action taken since then

The provider had previously implemented a more structured quality assurance process to support continuous improvement within the service. The previous systems which had been implemented were not all up to date. It was therefore difficult to assess the impact of these. We have reported this under Key Question 2.2 of the inspection report.

**This area for improvement had not been met** and we have now made a requirement in relation to quality assurance.

### Previous area for improvement 4

Where an individual lacks capacity, the provider must consult with their representatives to ensure that any planned care, support or intervention reflects the individual's wishes. This should include, but is not limited to, the development and implementation of Anticipatory Care Planning

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

**This area for improvement was made on 21 August 2023.**

#### Action taken since then

Where people lacked capacity, we found that some involvement had taken place with their representatives. However, we did not find evidence of the outcomes of all consultation. This included a lack of documented anticipatory care planning, now known as future care plans, should people's needs change.

**This area for improvement had 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](http://www.careinspectorate.com).

## 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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