

Westfield Care Home Service

Dumfries Road
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Type of inspection:
Unannounced

Completed on:
20 February 2025

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2004066879

About the service

Westfield is registered to provide a care home service to 40 older people of which two may be respite places. The service provider is Mead Medical Services Limited.

Westfield is situated in a residential area of Lockerbie, Dumfries and Galloway. The service is close to the town centre and local amenities. The service comprises of a single-storey purpose-built care home, with accommodation being provided within three separate units.

All bedrooms are for single occupancy, each including private en suite toilet and bathing/shower facilities. Many of the bedrooms have patio doors which provide access to the outside, although some of the garden areas are not secure. Within each unit there are communal sitting and dining areas. Each unit also has sun lounges that provide quiet areas for people to sit and relatives to visit.

The home is surrounded by extensive unsecured garden areas. There is a small secure garden area adjacent to one of the units in the home. The garden areas were slabbed and suitable for wheelchair access.

There were 39 people using the service at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 17 and 18 February 2025. The inspection was carried out by two inspectors 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 15 people using the service and seven of their relatives
- Spoke with 21 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with one visiting professional.

Key messages

- We saw some kind and caring interactions from staff which people responded positively to.
- The provider must increase opportunities for people to engage in meaningful connections.
- The provider should improve the quality assurance system in order to evaluate people's experiences and outcomes.
- Monitoring records and care plans relating to people's health and care needs must be improved.
- The new management team were motivated and keen to make the necessary service improvements to address these issues.
- The service had met one out of four areas for improvement since the last inspection.
- In addition to the outstanding three areas for improvement, we have made a further two requirements and five areas for 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

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

We observed some kind and friendly interactions between staff and the people they supported. Staff knew people well and we heard positive feedback on staff support. One person told us, "Staff are kind and helpful, they all work very hard".

People should be able to have an active life and participate in a range of meaningful activities. There was some visiting entertainers and people told us they enjoyed these types of events. There continued to be a vacancy for an activities co-ordinator and the provider had identified activity provision as an area for development. We observed periods of time where people were unstimulated and feedback was that people wanted more opportunity for meaningful engagement. Due to staff pressures there was little opportunity to engage in social interaction and we saw missed opportunities for meaningful conversations. Many people chose to spend time in their rooms and staff told us there was not time to engage in 1:1 interactions. This places people at risk of loneliness and boredom leading to poor outcomes for people (see requirement 1).

Due to staffing pressures, care and support was delivered around routines and tasks. Some people told us it took a long time for staff to respond to buzzers and on occasion this led to issues with people accessing the toilet on time. This meant people's dignity was not always promoted and people could be at risk if a support need was not provided on time (see Key Question 3 - how good is our staff team?).

Health assessments and risk assessments took place on a regular basis to monitor changes in people's health and care needs. The home had good links with multidisciplinary professionals such as ANP, district nurses and mental health team. This ensures people's health benefits from their care and support.

We identified a need for clear and robust protocols to guide staff when people's needs change. Where people were at risk of weight loss we could not always see effective monitoring and action taken to reduce risks. This places people at risk of continued weight loss. While we saw some strengths in relation to people's health needs, monitoring, recording and clinical oversight must improve. This is to ensure people are kept safe from harm (See requirement 2).

People told us they enjoyed the food, there was a choice of different menu options and special diets were catered for. A number of people chose to eat their meals in their rooms, and staffing pressures meant staff were not always available to support and monitor people's nutritional intake (see key question 3 - how good is our staff team?). Where people were losing weight, it was not clear how food was fortified to support a higher calorie intake. We highlighted this to the management who will review this process as part of the overall weight monitoring protocols.

We received mixed feedback from families in relation to communication in the home. Some relatives spoke positively of being kept up to date, while others raised concerns information was not always effectively shared. There was a key worker system in place which prompted regular communication with families however this was not being adhered to consistently. The management team agreed to review staff roles and responsibilities to promote effective communication. This will ensure families can be confident information is shared and they are kept up to date.

Medication systems were in the process of being revised and improved with support from the Care Home Tactical Team. There had been a number of recent medication errors in the home, and we saw examples where people had not received their medication as a result of stock issues. It was positive to see the management team were already making efforts to improve processes to ensure that people receive the right medication at the right time. Ongoing improvements should be made to medication management to ensure medication is managed safely and effectively (see area for improvement 1).

Requirements

1. By 9 June 2025, the provider must ensure meaningful connection and person-centred support is provided in order to meet the social, physical and psychological needs of the people living in the service. To do this, the provider must, at a minimum:

- a) develop existing care plans to demonstrate a personalised approach to capture what meaningful connection, including individual and/or group activities means for each person.
- b) care plans for meaningful connection must demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, and communication abilities;
- c) provide regular and equitable opportunities for people to engage in meaningful activity including 1:1, group activities and community outings; and
- d) offer training and positive role modelling for staff through consideration of staff champion roles.

This is to comply with Regulation 4(1)a (Welfare of users) and Regulation 5(1) (requirement for personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

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

2. By 9 June 2025, the provider must ensure that there are effective clinical governance systems in place to support the monitoring of people's health and wellbeing. To do this, the provider should, at a minimum:

- a) Ensure there is accurate recording and monitoring of people's identified health care needs e.g. food, fluid, weight, skin integrity.
- b) There are relevant protocols in place giving clear instruction on when monitoring is required and what action staff should take when there is an identified change in need or risk.
- c) Records evidence what action staff have taken including attempts made to ensure people reach their identified targets.
- d) Care notes accurately document any involvement from external health professionals.

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

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.14); and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm." (HSCS 3.21)

Areas for improvement

1. To ensure people's medication needs are met safely, the provider should make improvements to medication processes including stock ordering, auditing and oversight.

This is to ensure that care and support is consistent with Health and Social Care Standard 1.24 "Any treatment or intervention that I experience is safe and effective" and 1.19 "My care and support meets my needs and is right for me."

How good is our leadership?

3 - Adequate

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

There was a newly appointed manager and senior team within the care home. The management team were motivated and driven to make the necessary improvements in the home and had begun to develop plans to promote change. Further time will allow the opportunity to foster a culture of continuous improvement within the service and address the identified areas of need seen during the inspection.

People spoke positively about the leadership team and told us the registered manager was approachable and responsive. The management team shared plans to make improvements to opportunities for engagement and involvement from residents, relatives and staff. This will support relationship building and ensure people feel listened to and valued.

There were systems and processes in place to monitor quality within Westfield. This included a range of audits carried out by the management team and team leaders including wounds, falls, medication, dining experience and IPC. The audits we reviewed were of varying quality and did not always reflect the areas of need identified during the inspection. Where a need for improvement had been identified we could not see clear records of what actions were taken to address this. Further staff development should focus on ensuring staff have the relevant skills to complete audits effectively. (See area for improvement 1).

There was a service improvement plan in place which was being updated as actions were progressing. The service could further improve their governance and service development processes by including the use of self-evaluation and developing an outcome-based improvement plan. This will support measuring and evaluating the effectiveness of the actions taken to ensure that people's outcomes are met. (See area for improvement 2).

Staff supervisions and team meetings had been taking place. Some observations of staff practice were taking place as a measure of competency such as medication and hand hygiene. Observations of the lived experience of people will further enhance the home's quality assurance processes and ensure staff are supporting good outcomes for people. (See area for improvement 3).

Areas for improvement

1. The provider and care home management should ensure that the quality assurance processes in place review and audit all aspects of service delivery. Improvement plans and actions should be carried out until these have been concluded and improvements made and embedded within the care home.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

2. So people can be sure quality assurance drives change and improvement where necessary the service provider should consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

3. To support continuous improvement of existing approaches to quality assurance, the provider should increase observations that focus on the lived experiences of people.

This is to ensure care and support is consistent with 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?

3 - Adequate

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

Families and residents praised the staff as being caring, kind and supportive. Staff told us they worked well as a team and we saw positive attitudes and morale during our inspection. This supports people to benefit from a warm atmosphere because there are good working relationships.

Staff were knowledgeable about people experiencing care. The staff team were well established and demonstrated some good aspects of teamwork. However, due to staff pressures to meet people's needs this at times meant staff stuck to roles and care was delivered around tasks and routines rather than preferences and needs. This meant there was little capacity to respond to other demands and people experienced care at a basic level. For example, they may have to wait for longer than was comfortable for staff to attend to support to the toilet or be supported at meal times.

Dependency assessments were carried out to calculate the staffing arrangements required to keep people safe and well. This would suggest there was adequate staff numbers to meet people's needs. However, in practice we observed interactions that were task focused and saw missed opportunities to engage people in meaningful interactions and stimulation. This could make people feel isolated or ignored, and some people perceived staff were "rushed". This meant people were not confident staff would respond to them promptly when they requested help. We have identified an area for improvement earlier in the report about quality checks on observations from the perspective of resident's experiences. Combining this, with positive role modelling would help staff develop the skills and knowledge to deliver responsive person-centered care. This will lead to better outcomes for people.

How good is our setting?

3 - Adequate

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

The home was clean, comfortable and fresh throughout. The environment was furnished to a good standard and people were able to personalise their bedrooms to their liking. This ensures people experience a homely and welcoming environment.

Domestic and housekeeping staff had received training and were following good practice which helped keep people safe and well. The home were continuing to recruit to vacant posts within the domestic team however there were appropriate contingencies in place to keep the home clean and fresh.

People were able to benefit from small group living as a result of the environmental layout. We highlighted some areas where the home could be improved for people living with dementia such as through the use of colour and contrast, improved signage and the personalisation of bedroom doors to support way finding. The home had completed the Kings Fund Tool to evaluate how the environment supports people living with dementia however we could not see evidence of any planned actions or environmental improvements yet. (See area for improvement 1).

There was a variety of communal spaces in the home which supported socialisation as well as conservatory spaces should people wish a quieter space. However, during the inspection we did not see evidence of spaces being used to their full potential. The home had access to enclosed garden space however some people told us they had not accessed the garden for a considerable time. The management team should review the current use of the environment to support optimisation of the use of space and support improved outcomes for people. (See area for improvement 1).

During the inspection we regularly found hoists stored in walkways. We discussed with the manager better use of storage and ensuring aids are not on display within people's pathways. This will ensure risk to people stays minimal and respects people's dignity within the home. The management team shared plans to implement a daily walk around of the environment imminently. This will support improved oversight and ensure people experience high quality facilities.

We saw evidence of regular maintenance work to keep the decor and furnishings to an acceptable standard and mitigate any potential risks. There were maintenance processes and safety checks in place to ensure any issues were identified and addressed. Maintenance records did not always show timescales for repairs being completed. We also highlighted some gaps in recordings for environmental safety checks over the weekend which the management team assured us they would address.

Areas for improvement

1. So that people experience a setting that is best suited for their needs and promotes choice and independence, the provider should demonstrate how information from environmental quality assurance processes such as audits, the Kings Fund Tool and people's feedback inputs into a robust environmental improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

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

Electronic personal plans were in place for all people in the home, and provided details which guided staff in how to support people with their care. Plans we reviewed provided clear detail on people's health care and medical needs and we saw evidence of monthly reviews by staff. This supports the delivery of person centered care.

Some of the personal plans we reviewed lacked details on people's life history, values and preferences. Where some sections had begun to explore what was important to people, we identified a need to improve person centered detail to give a sense of who a person was and what mattered to them. This will support good conversations and meaningful interactions with staff (see requirement 1 under Key Question 1 "How well do we support people's health and wellbeing?").

Although personal plans indicated that they were being regularly reviewed, these processes were not always effective in ensuring information remained accurate and up to date. Effective evaluations of plans will ensure information is correct and supports consistently positive outcomes for people (see area for improvement 1).

People living in the home were listened to and involved in decisions about their future care. Future Care Planning was in place for people who wanted them with detail on people's wishes.

Areas for improvement

1. To ensure people experience care and support that is right for them, personal plans should remain accurate and up to date. Reviews should be undertaken as and when there is a change in people's circumstances and within six months.

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

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

In order to support good outcomes for people the service provider should ensure the ongoing provision of activities, events, outings and entertainment is made available to people throughout the home. This should include, but is not limited to:

- equitable access for all those who live in the service;
- all staff having responsibility for activity provision;
- activities linked to individuals' preferences;
- measurement of the efficacy of activities offered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 take part in daily routines, such as setting up activities and mealtimes, if this is what I want.' (HSCS 2.21); and '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 4 June 2021.

Action taken since then

During the inspection there was no dedicated activity staff employed to support with co-ordination in the home. The home had been experiencing challenges with recruiting to this post and were considering creative ways to address this. Due to observed pressures on care staff to meet people's health care needs, we observed times where people were unstimulated and at risk of isolation and boredom. We did not see evidence of regular opportunities for meaningful engagement and people told us they would like more to do. Given the ongoing impact and risk of poor outcomes for people we have made a requirement relating to this area. See Key Question 1 - How well do we support people's health and wellbeing?

This area for improvement has not been met and is now subject to a requirement. See Key Question 1.

Previous area for improvement 2

The service provider needs to ensure that there is a consistent management structure in place that provides some stability and consistency within this service.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: '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 31 January 2024.

Action taken since then

There had been a number of changes within the management and senior team however a new registered manager had recently been appointed and was within post at the time of inspection. Further changes had been made to the senior team and there was now a full compliment of staff in place. This will support with promoting stability and consistency in the service whilst driving forward the necessary improvements.

This area for improvement has been met.

Previous area for improvement 3

The provider and care home management should ensure that the quality assurance processes in place review and audit all aspects of service delivery. Improvement plans and actions should be carried out until these have been concluded and improvements made and embedded within the care home.

'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 4 June 2021.

Action taken since then

There was a range of audits in place to provide oversight within the home. We saw evidence of these completed to variable standards and did not always identify areas for improvement seen during the inspection. Where actions had been identified recordings did not always clearly capture what action had been taken to address these. We have reported on this further under Key Question 2 - how good is our leadership?

This area for improvement has not been met.

Previous area for improvement 4

All staff should ensure that they act upon the advice and guidance given by an external health professional for the benefit of people experiencing care. All action taken should be recorded on the PCS system.

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 are to be met, as well as my wishes and choices.' (HSCS 1.15).

This area for improvement was made on 20 September 2023.

Action taken since then

The home had good links with local health professionals including the ANP who attended the home weekly to review people's health. We received positive feedback from visiting professionals and spoke to motivated staff who were knowledgeable about resident's needs. We identified some gaps in daily recordings and could not always see evidence of what action had been taken by staff in response to advice from external professionals.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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