

71 Westburn Road Care Home Service

71 Westburn Road
Aberdeen
AB25 2SH

Telephone: 01224 625 595

Type of inspection:
Unannounced

Completed on:
28 March 2025

Service provided by:
Archway (Respite Care & Housing) Ltd

Service provider number:
SP2003000018

Service no:
CS2003000244

About the service

71 Westburn Road provides a care service to a maximum of 12 adults with learning disabilities. It is a large house converted to a care home and is situated within Aberdeen City. It is close to town with good access to public transport and close to parks and shops.

About the inspection

This was an unannounced inspection which took place on 26 and 27 March 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 six people using the service
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- People experienced warm, person led care and support
- People were able to pursue activities they enjoyed
- Staff were knowledgeable and work well together
- Quality Assurance needs to improve
- The environment requires refurbishment.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

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

People told us they liked living at Westburn Road. There were positive relationships and interactions between all people. People received person-led care and support, with people being gently guided at their own pace with planning their day. This meant people were respected and valued as individuals.

Activities were a normal part of life and varied for each person. Some, who were able to, explored and enjoyed their chosen interests. Some who needed support were enabled to participate in activities with an assigned worker. People also enjoyed prearranged group activities such as dancing or cooking classes. When there was nothing planned, the staff supported impromptu activities, such as going for a walk or playing the piano. This meant people had interesting and busy lives, according to their choices.

People were very involved in the communal running of their home. A large whiteboard in the dining area displayed information about staff on duty, the menu, and planned activities. People used this board for their own purposes, and they told us how and why they did this. It was used respectfully and was a good addition to the home.

People were able to prepare or help with their own meals. Staff assisted anyone who required support by following their care plan, such as catering to specific diets or providing specialised cutlery. This enabled people to maintain their independence and abilities.

Medication was managed effectively with minimal errors. When these had occurred, the service had clear documentation on the action taken to mitigate future errors. This meant people could be assured they received the right medication at the right time.

Residents participated in regular meetings, which gave them opportunities to express their opinions, such as preferring free-range eggs over caged ones. The meetings fostered two-way communication; for example, residents reminded staff to tell them when there were fire alarm tests. This meant that people's voices were heard, allowing them to speak openly.

People were supported by staff to manage their money. There were clear, detailed records ensuring protection from financial harm.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where strengths only just outweighed the weaknesses.

Residents, families, and staff found management to be approachable and supportive, telling us management 'do a wonderful job.'

The service had a number of quality assurance systems; however, the systems did not effectively demonstrate what was happening with the service. For instance, the core assurance and health and safety audit had not identified noticeable areas for improvement, for example, dirty furniture and work required to

improve the environment. The service must ensure that audits are completed with a clear record of actions, timescales and actions taken (**see requirement 1**).

The service development plan outlined specific improvements, such as staff training and physical activity for people. It did not, however, link adequately to other quality assurance systems and, therefore, did not reflect all the areas which required improvement. There were numerous methods of gathering information, for example, residents' meetings, individual care plan reviews, checklists, and audits. The service should develop the plan using all the available information, and this would ensure the development of the service included people's views.

Requirements

1. By 30 June 2025, the provider must ensure that people benefit from using a service with robust and transparent quality assurance processes which lead to improvement.

To do this, the provider must, at a minimum:

- a) Develop the service development plan to reflect actions, timescales and outcomes for areas identified by audits and people's views.
- b) Review current audits to ensure they reflect the needs of the service and provide sufficient oversight.
- c) Ensure analysis of the audit information informs service improvement.

This is to comply with Regulation 4(1)(a) and 14(e) 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 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?

5 - Very Good

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

There were sufficient staff to support people with all their needs, personal care, domestic tasks, and busy, active lives. People told us the staff were 'nice' and 'got on with them well.' As a result, people felt at ease and were able to build trusting relationships.

The staff used person-centred practice. They knew people well and took time to foster respectful relationships. The staff worked well as a team, helping each other and creating a supportive environment, telling us 'we try and use each other's skills to make a good staff team.' This meant people experienced a warm service because staff worked well together.

Staff told us that they were trained to undertake their role. There was a good suite of basic courses that everyone attended, for example, food hygiene, moving and handling and behaviour support strategies. The provider kept up to date with other knowledge that staff might need and provided development opportunities, for example, they recently commenced neurodiversity training. As well as formal training, staff ensured they were knowledgeable about each individual person by reading and discussing support plans. We

saw examples of people being successfully supported on an individual basis. This meant people could be assured staff supporting them were knowledgeable and competent.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate where strengths only just outweighed the weakness.

One strength was the large communal dining kitchen, which was a bright and clean area of the house. It was a welcoming space and well used by everyone. The rest of the home had plenty of space for people to move freely around the building. There were several areas both inside and out, where people could choose to spend their time.

The building is an old granite building, not owned by the provider. There were a number of concerns about the environment, which had not been improved since the last inspection, for example, flooring in a shower room and refurbishment of radiator covers. The provider assured us that this work had been discussed with the landlord and was planned for completion in the coming months. One bedroom had water ingress, which significantly damaged the internal walls, and it was no longer a comfortable area for the person. This had occurred some months ago. We were reassured there was a date for work to commence shortly after the inspection. Whilst there was email documentation between the service and the landlord, there was not a detailed maintenance plan with actions and timescales. The service should have a clear maintenance plan showing the actions to be taken by the landlord (**see requirement 1**).

Some areas that needed repair or maintenance were the responsibility of the provider (not the landlord). For example, some chairs in the communal areas were stained, and wallpaper and paintwork needed attention. Bathrooms were clean, but some equipment was damaged, for example, the shower screen seal was broken. A number of pedal bins were not working properly, and some had a mixture of clinical and normal waste. This meant there was a risk of cross-infection. The service should have a clear maintenance plan showing the areas for improvement and timescales for completion (**see requirement 1**).

Requirements

1. By 30 June 2025, the provider must ensure people have a safe and comfortable home guided by a comprehensive maintenance plan.

To do this, the provider must, at a minimum:

- a) Identify with the landlord all areas of maintenance for which they are responsible.
- b) Audit the whole environment regularly to include fixtures, furnishing and décor.
- c) Develop a maintenance plan and improvement plan with actions and timescales.
- d) Review and update both plans following audits and at regular intervals to ensure timely progress is made.
- e) Ensure where there are identified environmental risks there is appropriate risk assessment documentation.

This is to comply with Regulation 4(1)(a) 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 experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment' (HSCS 5.24).

How well is our care and support planned?

5 - Very Good

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

People's care plans were detailed and person-centred. Plans were focused on enabling people to achieve their wishes and pursue their interests. They also contained clear guidelines on how to keep people safe and healthy. The plans were easily accessible to all staff, allowing them to access and use the right information, which ensured people's outcomes were met.

Daily notes along with monthly summaries gave very good information about how individuals were experiencing and coping with their care and support. These regular summaries helped staff to quickly review changes in people and their needs. This meant care plans were being constantly reviewed and updated and people received appropriate support.

Some of the plans were not entirely consistent across all areas, for example the hospital passport did not contain the same information as other parts of the plans which could be confusing and lead to a person not receiving the most appropriate support. We discussed this with the manager who agreed to review the consistency of information throughout the plans.

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 ensure people live in a safe environment that promotes their health and wellbeing, the provider should review its management of laundry in line with the best practice guidance, 'Infection Prevention and Control Manual for Older People and Adult Care Homes'. This should include, but is not limited to, having clearly defined areas for clean and used laundry and decluttering the laundry room so that it can be effectively cleaned.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 5 May 2022.

Action taken since then

The management of laundry had improved, with the area being neat and tidy. People's laundry came through one person at a time, reducing the likelihood of cross infection. This also made it easier for people to help with their own laundry and was more personal.

This area for improvement has been met.

Previous area for improvement 2

To ensure people live in a safe environment that promotes their health and wellbeing, the provider should ensure the radiator covers have a surface that is free from rust, well maintained and able to be fully cleaned, so as to prevent the spread of infection.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 5 May 2022.

Action taken since then

Radiator covers remain rusty. The manager informed us that the landlord would not be replacing the covers, therefore, the provider would repaint them.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 4.

Previous area for improvement 3

To maximise wellbeing and ensure people consistently experience positive outcomes, the provider should further develop their quality assurance systems. This should include, but not be limited to:

- a) Establishing a clear cycle of improvement from audits and feedback from everyone with an interest in the service to include the standard of care, the environment and staff training and knowledge.
- b) Identifying where they are now (a process of self-evaluation).
- c) Producing a new and measurable improvement plan, in line with their aims and objectives.

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 systems' (HSCS 4.19).

This area for improvement was made on 5 May 2022.

Action taken since then

We could not see a clear cycle of improvements from audits. The documents available did not identify many of the issues we observed during the inspection.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 2.

Previous area for improvement 4

To ensure people live in a safe environment that promotes their health and wellbeing, the provider should risk assess the care home for slip, trip and fall hazards and where required, put measures in place to minimise the risk of harm.

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 5.19).

This area for improvement was made on 5 May 2022.

Action taken since then

We saw some risk personal risk assessments, however, we did not see a building risk assessment considering the works needed with the environment.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 4.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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