

Wastview (Care Home) Care Home Service

Wastview Care Centre
Walls
Shetland
ZE2 9PF

Telephone: 01595 745 239

Type of inspection:
Unannounced

Completed on:
16 April 2025

Service provided by:
Shetland Islands Council

Service provider number:
SP2003002063

Service no:
CS2005097989

About the service

Wastview is a care home for older people registered to provide a care and respite service to up to 13 people. It is situated in the small village of Walls, on Shetland's West Mainland. The provider is Shetland Islands Council.

The service provides accommodation over one floor, with single bedrooms, each with an en-suite bathroom. There is a communal sitting and dining room overlooking the harbour and people can sit outside in the accessible central courtyard which has been laid out with plants and flowers in pots.

At the time of the inspection there were 12 people using the service. Six people were permanent residents and six people were on a short break.

About the inspection

This was an unannounced inspection which took place on 11 and 12 April 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 five people using the service and one of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- received responses to our survey from three people who use the service, five visiting professionals and 13 staff members.

Key messages

- People's health needs were well looked after by the staff team who had good relationships with visiting health professionals.
- People would benefit from more stimulation and interaction with staff and with others in the home.
- The staff team felt they worked well together and were benefitting from recent changes to the management team that ensured more stability in leadership.
- The management were developing a culture of continuous improvement which would support better outcomes for people.
- The provider should ensure that there is access to mandatory training for staff, in order to ensure that staff's skills are kept up-to-date.
- People's experiences at mealtimes could improve by creating a more pleasant environment for people to enjoy the dining experience.

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 staff team?	3 - Adequate
How good is our setting?	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?

3 - Adequate

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

The service worked well with community based health professionals, such as community nurses, who visited the home regularly. The advice of these visiting health professionals was reflected in personal plans. Medication was managed effectively. This meant that people had care and support was based on their up-to-date health needs.

Personal plans included information about people's health and care needs which ensured that staff had the information they needed to support people with their care. Personal plans did not reflect people's likes, dislikes and life histories. This meant that staff did not have the information needed to ensure that people were receiving care and support that was person centred. Personal plans for people attending the service for short breaks were not of the same quality as those for permanent residents. We have written an area for improvement to reflect this. (See Area for Improvement 1)

People living in the home told us that they liked most of the staff working in the home and felt well supported. Many told us that they felt bored and that they would like to experience more meaningful engagement. We saw that entertainment and activities were organised. However, on a day-to-day basis staff did not seem to spend as much time with residents as they could. This was an area for improvement from a previous inspection that remains in place. (See Actions taken on previous Areas for Improvement)

The management team and administrator had worked together to develop quality assurance systems for use within the home. There was a development plan in place for the service that included feedback from people using the service. The manager had developed paperwork to sign off tasks in order to monitor when these were being completed and by whom. This supported management to monitor completion and to manage staff. We saw that a lot of work had gone into improving the recording of food and fluid intakes. This ensured this information was recorded accurately and consistently.

Most people reported that they enjoyed the meals and it appeared that people's nutritional needs were met on the whole. We observed the mealtime experience and have written an area for improvement to reflect that this needed to be an area of focus for the service. (See Area for Improvement 2).

People should enjoy mealtime experiences that are pleasant and sociable with appropriate support if required. The noise level at mealtimes made conversation between residents difficult, particularly those with hearing impairments. A written menu was available, however, this was a mix of lunch and dinner dishes and could cause confusion. Consideration was not given to ensuring that people who needed prompting, or to observe others eating in order to eat, had been seated next to people who could support this.

Areas for improvement

1. In order to ensure that everyone supported by the service receives the same quality of care based on their needs and wishes, the provider should ensure that everyone supported by the service has a good quality personal plan. This should include information about their routines, likes and dislikes as well as their health needs.

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)

2. In order to ensure that all residents have a pleasant experience at mealtimes the service should review the mealtime experience. Attention should be paid to ensuring people have the support they need to eat in a relaxed and unhurried atmosphere and to ensuring that the environment is sociable and pleasant for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 1.35 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.' (HSCS 1.35)

and

'If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.' (HSCS 1.36)

How good is our staff team?

3 - Adequate

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

Staff told us that they enjoyed working in the home and felt they were a strong and supportive staff team. We heard that there was a lack of continuity within the management team over the past period which staff had found challenging. We were advised that they now felt this had been improving over the past few months. Staff shared they felt well supported and that there was an open door policy where seniors were approachable and helped when they could. Using agency staff to work on fixed term contracts was a Shetland wide solution to recruitment issues. Permanent staff told us that this was an issue when there were more agency staff on duty than there were permanent staff as they did not know the home or residents as well as permanent staff.

As part of staff training, observations of the administration of medication were carried out. Other areas of staff practice would also benefit from this, such as moving and assisting, meaningful engagement and infection prevention and control. These observations can identify training needs, development opportunities and support direct feedback to staff on their practice. The service had developed spreadsheets to monitor training needs for staff, this could be improved by including due dates for mandatory training that has to be completed within a time frame. Some training was out of date, including moving and assisting, though we could see that this had been booked for staff who required it. We were made aware that there was a difficulty with providing moving and assisting training across the whole of Shetland Islands Council. This should be a priority for the provider as staff in all care services require to complete this. We have written an area for improvement to ensure staff training is up-to-date. (See Area for Improvement 1).

We reviewed some samples of staff supervision minutes. There was a lack of consistency in supervision minutes as each senior staff did them in a different format. This meant that staff did not all benefit from supervision in the same way and that agreed actions were not always clearly recorded. This prevented there being any follow up to incomplete actions, such as completing training. There was not much focus on staff wellbeing or supporting reflective practice in the supervision formats used. This was a missed opportunity to ensure the work force was developed. We have written an area for improvement for staff supervision. (See Area for Improvement 2).

There appeared to be sufficient numbers of staff on shift during the inspection. The manager was able to demonstrate a good understanding of people's needs and when the numbers of staff on shift may need to be adjusted to accommodate changes. We have written an area for improvement for the provider to ensure that they have a clear evidence base for the amount of staff on shift. We were not concerned that staffing levels were insufficient, however decision making should be clearly demonstrated. (See Area for Improvement 3).

We observed that shift handover meetings could be better used as an opportunity to delegate roles to staff to focus on during the shift such as meaningful activity, nutrition, or social interaction. This would support the staff team to develop and understand their role better.

Areas for improvement

1. In order to ensure that people are supported by a trained and competent staff team the provider should ensure that staff are trained and assessed on their competencies. This includes ensuring that training is provided, completed and that knowledge and skills are assessed where appropriate.

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

2. The provider should ensure that the format for staff supervision is consistent across all services. This should be an opportunity for staff to discuss their own needs as well as for feedback to be provided to staff following the completion of observations of practice both formal and the manager's own observations, for example when observing meaningful interactions with residents.

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

And

'I am confident that people are encouraged to be innovative in the way they support and care for me.' (HSCS 4.25)

3. The provider should demonstrate that the numbers and skill mix of staff on shift meets the health and wellbeing needs of the people using the service. To do this there should be a clear decision making process that provides evidence of decisions made and the rationale behind them.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

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 had a communal lounge and dining area which was large and spacious. Large windows allowed residents to enjoy the views. The home had a well maintained outdoor space including poly tunnels which could be used for gardening as well as to provide shelter from the elements. The lounge had access to newspapers, TV, some games and a projector for movie nights. This meant that people had access to a variety of different areas to meet their needs. There could be some more attention paid to ensuring there were homely touches in the communal areas. People would benefit from more interaction with staff in the communal areas, even simply reading the newspaper together would provide an opportunity for social interaction.

The home had put up a display of activities happening in the local area including a community café, this encouraged families to attend and support their loved ones to access the community. The home was clean and tidy. Cleaning schedules and maintenance checks were in place and signed by the staff. This ensured that people were kept safe in a clean environment.

We found that the laundry room required to have clear areas that separate clean items from dirty items. This would ensure that infection prevention and control measures with regards to clothing and laundry were maintained. We have written an area for improvement to ensure that the required changes are implemented. (See Area for Improvement 1)

Areas for improvement

1. The provider should ensure that the laundry room is clearly separated into clean and dirty areas. This includes ensuring that drying racks and ironing equipment are kept to the clean area. This would ensure that laundry practices meet standards for infection prevention and control.

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)

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 should continue to consider how they can make the most of all moments when staff are with people, building on their interests and providing short periods of activity throughout the day.

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

'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 5 August 2022.

Action taken since then

Despite high staffing ratio numbers, particularly at staff changeover times when there is a lot of staff on, there was very little interaction observed outwith tasks being completed. These were our observations throughout the inspection as well as comments made by families and residents. We did not observe residents participating in many conversations or activities of everyday living.

This may be a training need around a whole home approach to meaningful interactions which would support the staff team to understand their role in supporting people to have meaningful interactions. Some of this may be down to poor recording practices as we were unable to see that interactions or activities were recorded in people's daily notes.

There was not sufficient evidence to say this has been met and it will remain in place.

Previous area for improvement 2

To improve the provision for the health, welfare and safety of residents, the management team should ensure that effective medication management systems are in place and being adhered to by all staff involved in the administration of medications

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes.' (HSCS 3.14); and

'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 5 August 2022.

Action taken since then

Medication management systems were in place and were effective. Internal auditing processes supported the service to identify any errors and track any patterns in order to rectify these through, for example, additional training for staff. Controlled drugs were well managed with a safe and secure process. We found that one person had a covert medication agreement but the information provided in their personal plan had not been updated or reviewed and did not include information about the agreed method of administration. The service was able to rectify this by the time we completed our inspection and we found this to be satisfactory.

This area for improvement has 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 staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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