

Westacres Care Home Service

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Type of inspection:
Unannounced

Completed on:
8 February 2024

Service provided by:
Newark Care

Service provider number:
SP2003002370

Service no:
CS2003010478

About the service

Westacres care home is registered with the Care Inspectorate to provide a care service for 40 older people. The provider is Newark Care.

The home is situated on a private housing estate in Newton Mearns. The purpose-built property is on three floors with the residents' accommodation on the ground and first floors. People have access to well-maintained gardens with seating areas and some off-street parking. The service is close to local amenities and transport links.

About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 February 2024. 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 eight people using the service and four of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from stakeholders.

Key messages

- Staff were good at developing meaningful relationships with people.
- People were happy with the care and support received.
- There was a variety of activities for people to take part in, but some improvement was needed.
- Leadership skills should be promoted throughout the service.
- Personal outcomes could be clearer.

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?	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.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. This created a nurturing environment for people, which was noticed by visitors to the home. We observed good practice in how staff engaged with and supported people. Staff were kind and caring and knew people well. They were familiar with people's past life and important relationships. People told us they were treated with dignity and respect. People experiencing care were well presented and appeared comfortable and content within their home.

We observed staff taking time to talk with people, and staff deployment took account of the need for staff presence in communal areas. This supported people's safety needs, helped to ensure that any needs were anticipated and appropriately responded to and supported conversation and interaction.

Meaningful activity is important for people's physical and mental health. The post of permanent activities coordinator was being recruited for and we were assured that there was a commitment to prioritise this appointment. The staff team understood the value of activities and we observed that some opportunities, including music and games, as well as namaste care were being routinely offered. However, we felt that people who do not always participate in planned group activities would benefit from more one-to-one time. Some of the current approach to activity provision did not support the development of a wider range of activity options. This should take account of individual preferences, interests, one-to-one time opportunities, outings, and entertainments, as well as the needs of people who spend most of their time in their bedroom for stimulation and meaningful activity (see area for improvement 1).

To meet people's medical needs, the service had a safe, well-managed medication system. For example, staff had received training, and had clear guidance, to support this task safely. There was good oversight of medication management, and we were confident that people's medication needs were being regularly reviewed and monitored.

Medication with an as required dose can treat many different conditions. People's plans should contain enough information to support staff to administer as required medication. The plan should include appropriate alternative support and interventions to use before medication. When as required medications are administered, the record should include the date, time and quantity given, the reason for administration and the result of the outcome. Medication records did not always include this detail (see area for improvement 2).

People benefited from regular access to relevant professionals to support their health and wellbeing. Staff had good links with local health professionals and relatives told us that they felt their loved ones' health needs were always met. One relative told us: "My relative is well looked after, I can go home and not worry about them."

People's mealtimes provided a particularly good opportunity to be sociable in a relaxed atmosphere. The dining areas were pleasant and comfortable to add to the quality of people's mealtime experience. We heard and saw that food was of a good quality. It was home cooked, fresh, and hot with a choice available.

Staff took time to support people with eating and drinking, chatting with warmth and sensitivity. Those who required extra support to eat were assisted discretely. A system was in place to ensure that people with specific requirements were able to have time to eat in a relaxed atmosphere free from distractions. Individual dietary requirements were clearly documented and there was careful monitoring of people's nutritional intake. We saw that any concerns were communicated and quickly escalated to dieticians for specialist advice.

Areas for improvement

1. To support people's wellbeing and social inclusion, the provider should review how they plan and enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

- a. develop activity plans with people
- b. consider any staff training needs
- c. ensure activity provision is discussed with the team, and that related outcomes are being met and evaluated.

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) and "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6).

2. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving as required medicines, medication administration records chart should include:

- a. the reasons for giving when required medication
- b. how much has been given including if a variable dose has been prescribed
- c. the time of administration for time sensitive medication
- d. the outcome and whether the medication was effective.

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).

How good is our leadership?

3 - Adequate

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

The provider had a quality audit system in place which was being used to check that expected standards and good practice guidance were being implemented. Some of these audits also included checking the quality of people's experiences. We suggested that data gathered by these audits could be used for reflection and planning for improvement.

We saw that there were systems in place to ensure management and board of management oversight. This helped promote accountability and the monitoring of progress in key areas.

The service would benefit from updating their self-evaluation processes to align it to the quality framework for care homes for adults and older people. Constructing an effective self-evaluation should lead to the development of an ongoing, dynamic and responsive improvement plan that details the future direction of the service. We suggested that a whole-team approach be adopted to ensure full consultation with staff on self-evaluation and the resulting priorities for improvement. Consideration should also be given as to how people experiencing care and other stakeholders could be included in this exercise (see area of improvement 1).

We saw some examples of staff decision-making consistent with their role, but we felt this could be improved upon. We advised the manager to refer to the Scottish Social Services Council's (SSSC) Step into Leadership programme for developing staff skills and promoting and recognising leadership qualities (see area for improvement 2).

Areas for improvement

1. To ensure people receive responsive care and support, the service should undertake self-evaluation aligned to the quality framework for care homes for adults and older people to understand where efforts to support improvement should be targeted.

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)

2. The service should support staff to undertake the Step into Leadership programme relevant to their role to ensure that the service remains well led and managed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I use a service and organisation that are well led and managed" (HSCS 4.23).

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.

People could be assured that staff were recruited safely. Checks were carried out as expected including, references and protection of vulnerable groups scheme.

People should expect to have confidence in the staff who care and support them. A staff induction process had been implemented which included some shadow time for new staff to allow them to work alongside existing staff initially. It also included a range of mandatory training. A training schedule reflected planned training and courses staff had completed. Staff we met felt supported to achieve the training they needed to do their job. Staff were motivated and told us they received training that equipped them for the job they did.

The management team regularly monitored the practice of staff at all levels. This meant that staff had the opportunity to reflect on, or develop, their practice. We suggested that this be continued and asked the management team to evidence the involvement of people in the ongoing development of the staff team.

We suggested that information gleaned from people could be used to inform staff development and the supervision process (see area for improvement 1).

Areas for improvement

1. To ensure people continue to be included the manager should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

How good is our setting?

4 - Good

We evaluated this key question as good. There were several strengths which impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should be able to live in an environment that is safe, secure, well-maintained and suitable to their needs. There had been improvements to the décor within the home and some were ongoing during the inspection. People enjoyed the communal areas and their wellbeing benefited from a homely atmosphere. The garden areas were used in more clement weather. Visitors told us their relatives enjoyed going outside with them to see the flower during visits.

People could independently access the parts of the home they used, and the setting promoted this. We noted that there was good clear directional signage and signs on different doors such as toilets, bathrooms and dining rooms. All this helped to promote people's independence.

The overall environment was clean, tidy and well-presented, with no evidence of intrusive smells. There were cleaning schedules in place and domestic staff had access to appropriate cleaning supplies and materials to ensure they were able to maintain a good standard of cleanliness. This also helped to reduce cross infection and provide a clean and safe environment.

Regular maintenance checks, repairs and servicing of equipment used within the home were in place to keep people safe. This promoted the safety of people experiencing care.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question. This means there were important strengths with some areas for improvement.

A good range of health and wellbeing assessments was used to ensure people's needs were clearly identified. Individual care plan sections had been reviewed regularly. This helped to ensure people's needs were clearly identified and appropriate care and support could be provided.

People's six-monthly reviews had been taking place and involved consultation with relevant professionals and family members. Review documents focused on tasks rather than outcomes and would benefit from evidencing more meaningful contributions from people. Management should use the quality assurance process to ensure reviews are person-centred and evidence people's contributions (see area for improvement 1).

Legal documentation such as Guardianship and Power of Attorney were included with support plans. This was important as they set out who must be involved and consulted when a person is unable to make decisions independently. This meant that the right people participated in planning and reviewing people's care and support. Legal guardians and relatives told us they were confident changes to their loved ones' health were identified and they were updated promptly. This showed effective communication and promotes a culture of trust.

Areas for improvement

1. The service should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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

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 provider should develop and implement a protocol to guide staff on how to respond to extraordinary events or occurrences.

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 area for improvement was made on 13 January 2023.

Action taken since then

The service had implemented a clear protocol for all staff to follow in the event of an extraordinary occurrence.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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
3.2 Staff have the right knowledge, competence and development to care for and support people	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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