

# Westerton Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 May 2021

**Service provided by:**  
Westerton Care LLP

**Service provider number:**  
SP2011011715

**Service no:**  
CS2011303316

## About the service

This service registered with the Care Inspectorate on 1 February 2012.

Westerton Care Home is located Bearsden, East Dunbartonshire and is situated near to local amenities and transport. The service is currently registered to provide a care service to 106 residents. There were 82 people living in the home during the inspection.

The care home was purpose-built with five separate units located over three floors. Each unit has a communal lounge, dining areas and shared bathing facilities. All bedrooms within the service are single with en-suite toilet and shower facilities.

There are pleasant, safe, and secure outdoor areas to the rear of the care home and a putting green at the side of the care home.

Located in the basement are additional recreational facilities for people living in the home and their families to use. This includes a café, a cinema, a hairdressing salon and a sensory room. There is secure covered parking area for visitors to the care home located at basement level, to the rear of the building.

The aims of the service, as stated at registration were:

"We aim to provide the highest standard of care for our service users to retain their independence with the objective of improving the quality of life."

## What people told us

We asked people using the service and their relatives to share their experience of Westerton Care Home. We spoke with a range of people face to face during the inspection visit.

People we talked with during the inspection spoke very positively about the staff and the care they gave. They described staff as kind and friendly.

People told us that the menu choices could be improved. People said -

"The food is ok, some days the menu is better than others."

"The food could be better, it's not much different each day."

We were told that there was not enough to keep people occupied. One person said,

"There nothing to do, I end up sleeping a lot"

We were told that response to by staff could be slow at times. We were told,

"It sometimes takes staff a long time to come when you need help - don't think these enough of them."

"Staff are very busy, they don't always come quickly when you ask for help"

Visiting family members commented positively on the care that their relatives were receiving. They told us that visiting was well organised. People said that communication was good, and that staff kept in touch if there are any changes.

Relatives commented,

" The staff are great, very friendly".

"The staff here are second to none".

"I couldn't ask for better care for my relative. I'm very pleased how they look after people in this home".

**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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

**How good is our care and support during the COVID-19 pandemic? 3 - Adequate**

People living in Westerton care home benefited from being supported by care staff who were familiar with their choices and preferences. We saw that staff were patient and kind.

Indoor visiting by family members was well managed in line with the current guidance. People were also being supported by staff to maintain contact with family and friends using technology.

We saw that there was a need to make sure that activities were meaningful for everybody living in the home, particularly people living with dementia and those who spent their day in their bedrooms. This would help people to feel included and not isolated.

**See area for improvement 1.**

To effectively support individual's nutrition and hydration there was a need to improve mealtime management. We saw there was a lack of leadership at mealtimes. This resulted in people not always receiving the support they needed to eat and drink. Access to drinks for people who spent their day in their bedroom needed to be improved.

**See area for improvement 2.**

The health care needs of people were being well supported by a nursing and care team that were familiar with individual's needs. External health care professionals were involved in people's care. The outcomes of visits from healthcare professionals were fully recorded and directions were being followed.

Personal plans should reflect the choices and preferences of the individual. This helps guide staff to support people using a person-centred approach to care provision. Personal plans we sampled reflected little detail about the choices and preferences of the individual. We found the plans and other records to be clinical in tone and not fully reflective of the level of knowledge nursing and care staff demonstrated about individuals. They were up to date and were reflective of individual's assessed care and support needs. However, evaluation of care plans was not meaningful. This meant that we could not determine if care plans were effectively managing individuals care and support needs. This could be detrimental to the outcomes for people using the service.

There was a need to ensure that end of life care plans were more detailed. This would ensure that individuals' decisions about their end-of-life care were being respected.

To safeguard people's decisions and rights the 'Do Not Attempt Cardiopulmonary Resuscitation' forms in place should be reviewed.

### **See area for improvement 3.**

People were safeguarded from infection as the environment of the home was clean to an acceptable standard. To maintain these standards of cleanliness the provider should implement a formal quality assurance audit.

There was a need to implement systems to check that equipment used by people living in the home was kept clean and well maintained. This included, but not restricted to, moving and handling equipment and mattresses. This would protect people from infection and promote their health needs.

### **See area for improvement 4.**

Staff were following current social distancing guidance when possible. We noted that staff meetings and shift handovers were managed following this guidance. Social distancing in sitting and dining rooms used by residents was being supported by the careful placement of chairs and tables.

PPE was being stored safely and there was a sufficient stock within the home. However, there was a need to improve the access staff had to PPE in the home. The provider should review the number of PPE points in each unit. This would ensure that staff had to access PPE at point of use.

There were clinical waste bins available. The number and location of these need to be reviewed to ensure there are sufficient to ensure safe disposal of PPE and prevent cross infection.

Handwashing facilities were accessible and kept stocked with hand soap and paper towels. However, we did not see that people living in the home were regularly supported to wash their hands. This was particularly evident before meal and snack times.

There were wall mounted Alcohol Based Hand Rub dispensers placed in the home. To enhance hand hygiene measures the provider should look at increasing the number of dispensers. Particularly between entering and exiting units and in link corridors.

The home has a lack of storage areas in units for clean linen. The current storage system for clean linen posed a risk of cross contamination. There was a need to review the management of clean linen and develop systems that will safeguard people from infection.

**See area for improvement 5.**

We saw that staff were very busy attending to the needs of people. Staff attention was focused on tasks rather than being person-centred. This directly impacted on the outcomes for people living in the home. We saw that there was a need to improve leadership within staff teams. This included the need for effective deployment and directing of the care staff team. Ensuring that mealtimes were well managed, and engagement was meaningful.

The provider should review the staff numbers and skill mix of care teams within the larger unit to ensure enough staff are on duty to meet the needs of people living in the home.

**See area for improvement 6.**

Staff have had appropriate training regarding the use of PPE and current infection prevention and control guidance. There was a need to implement direct observation of practice. This would ensure that staff used their knowledge to inform their practice and safeguard people from infection.

**See area for improvement 7.****Areas for improvement**

1. The provider should ensure that a range of meaningful activities are available for everyone living in the home. Account should be taken of the abilities and preferences of the individual. This is with particular reference to people living with dementia and people who chose to spend their time in their bedroom.

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.' (HSCS 1.25)

2. The provider should improve the management of mealtimes by ensuring that staff are effectively led and deployed to support service users to eat and drink.

Access to drinks should be improved for all service users, particularly those who spend time in their bedrooms.

This is to ensure care and support is consistent with the Health and Social Care Standards which state - If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected. (HSCS1.34)

I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible. (HSCS 1.35)  
I can drink fresh water at all times. (HSCS 1.39)

3. The provider should improve the content of personal plans by ensuring the following -

-Written in a person-centred manner, taking account of all the needs of residents, not just health concerns.

-That evaluations are outcome focused and reflective of how effective the planned care has been in promoting positive choices.

- Develop end of life care plans to fully reflect the wishes and choices of the individual.
- Review 'Do Not Attempt Cardiopulmonary Resuscitation' forms to safeguard people's decisions.

This is to ensure care and support is consistent with the Health and Social Care Standards 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.' (1.15 HSCS)

4. The provider should implement formal quality assurance systems to monitor the cleanliness of the home environment, equipment used by people living in the home including the cleanliness of mattresses.

The outcome of quality audits should be used to inform action plans to address any issues identified.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

5. To enhance existing Infection Prevention and Control measures the provider should ensure the following,

- People living in the home are regularly supported to maintain a high standard of hand hygiene.
- There are sufficient PPE stations available at point of need.
- There are sufficient clinical waste bins to ensure safe disposal of PPE.
- There are sufficient ABHR dispensers available, particularly at entrances and exits of units and in link corridors.
- Review the management of clean linen and develop systems that will safeguard people from infection.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes. '(5.15 HSCS)

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

6. The provider should review the staffing levels and the skill mix of care teams to ensure that they are responsive to the changing needs of service users. The provider should take account of the following,

- Dependency levels of service users
- The layout of the larger units in the home.

This is to ensure 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)

7. The provider should formally assess the impact Infection Prevention and Control training has on staff practice to determine understanding and compliance with current Health Protection Scotland guidance.

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

“ 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)

## 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 activity programme provided should respond to the preferences and choices of all residents. All staff should see the value in offering meaningful opportunities for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards 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.'

**This area for improvement was made on 27 November 2020.**

#### Action taken since then

There was an activity programme in place. However, there was a need to ensure that everyone living in the home had access to meaningful activities.

This area for improvement will continue. See Key Question 7 for further details.

#### Previous area for improvement 2

The management team should complete the Kings Fund Audit tool and ensure that all appropriate rooms are accessible for residents and are being used for their benefit.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'The home is suitable to promote the care and independence of residents, particularly those living with dementia.'

**This area for improvement was made on 27 November 2020.**

#### Action taken since then

Not assessed at this inspection.

#### Previous area for improvement 3

Medication management and administration should follow good practice. The steps to be taken before medication is considered should also be evident. The protocols for administering an 'as required' medication should be clear. Medication stock within the home should be clear and accountable.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective'.

**This area for improvement was made on 27 November 2020.**



### Action taken since then

We noted that there were protocols in place to guide staff regarding the administration of 'as required' medication.

The service was using the providers audit system to assess and monitor medication management. The outcome of audits was informing action plans to address issues identified.

This area for improvement has been implemented.

### Previous area for improvement 4

Care plans, daily notes and review minutes should be outcome focused and written in a person-centred manner, taking account of all the needs of residents, not just health concerns. Care plans for residents living with dementia or stress and distress should be comprehensive and guide staff on how best to support each resident. Each resident should have anticipatory care plan in place.

This is to ensure care and support is consistent with the Health and Social Care Standards 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'.

**This area for improvement was made on 27 November 2020.**

### Action taken since then

There was a continued need to develop care plans to reflect a person-centred approach.

This area for improvement will continue. See Key Question 7 for further details.

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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