

Williamwood Care Home Service

Strathay Avenue
Netherlee
Glasgow
G44 3YA

Telephone: 0141 637 1168

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Church of Scotland Trading as
Crossreach

Service provider number:

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Service no:

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About the service

Williamwood House provides residential care and support for up to 34 older people, who are living with dementia. This includes one place for respite care.

The property is a large detached villa, in private grounds. It is located in a residential area in Netherlee, Glasgow.

The home provides single en suite accommodation over three floors, which are accessible by lift and stairs.

Residents have access to a private garden, at the rear of the home.

The provider's stated philosophy is "In Christ's name, we seek to retain and regain the fullest quality of life, each individual is capable of achieving at any given time".

What people told us

We spoke with residents who told us they felt well looked after. Some of their comments:

"I like it here, it's fine".

"I get up and go to bed when I like".

"There are things to do, I go to the art class and I have been to Prestwick"

We also spoke with visitors and some of their comments were:

"I'm really happy mum is here, we took her to another home before here but did not like it".

"As soon as I came in here I knew this was the place, staff are just so friendly".

"Health needs are being met, if anything happens they will let me know"

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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 observed staff practice and found warm, friendly and positive relationships between staff and residents. We found residents treated with respect, offered privacy and choices.

Residents were involved in decisions about the home through resident meetings and surveys. These provided opportunities to comment on the food, activities and the quality of staff.

People have the right to 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 is important as a stimulating environment promotes positive health and wellbeing. We observed activities taking place such as a resident serving in the "sweet shop". However some residents were asleep in chairs for long periods.

(Area for improvement)

People should be confident they receive the medication they need to improve and maintain their health. We found occasions when residents had not been given the correct number of doses of their medication throughout the day. This has the potential for poor outcomes for people not getting their medication due to lateness or omissions.

We also found "as and when required" medication poorly recorded. Records lacked reasons for administration or the outcome. This meant it was unclear if the medication was effective or not. We found covert medication was not reviewed regularly to ensure it remained appropriate. We have asked the service to have these reviewed by the GP.

Monthly medication audits identified there were missing signatures each month but there was no evidence this was dealt with.

Observation of staff practice records identified staff may need training in stock rotation. However this was repeated over several months with no training provided.

(Requirement 1)

We observed an incident involving a resident displaying agitation. This was not dealt with well and resulted in a poor outcome for another resident. Residents should feel safe and staff should demonstrate they have a clear understanding of how to support people with agitation.

(Requirement 2)

Requirements

1. The provider must demonstrate they are meeting health and welfare needs of residents regarding medication. In particular:

- all "as and when required" (PRN) must have the reasons for the administration and the outcome recorded
- hand written medication records must be signed by two staff and include who authorised
- residents must receive the agreed doses of their medication each day
- covert medication must be reviewed regularly
- issues identified in audits must be dealt with
- when it is identified staff need training this should be provided

This is to comply with Health and Social Care Standards 3.19

My care and support is consistent and stable because people work well together and also

SSI 2011/210 4 Welfare of users

4.(1) A provider must

(a) make proper provision for the health, welfare and safety of users

Timescales: to be fully implemented by 31 January 2019

2. The provider must ensure staff have the skills and knowledge to support residents with distressed behaviour.

This is to comply with Health and Social Care Standards 3.14

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.

and also

SSI 2011/210 4 Welfare of users

4.(1) A provider must

(a) make proper provision for the health, welfare and safety of users

Timescales: to be fully implemented by 31 January 2019

Areas for improvement

1. The service should provide a stimulating environment for all residents.

This is to comply with National Care Standards 2.22

I can maintain and develop my interests, activities and what matters to me in the way that I like.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

People have the right to have a care plan that is right for them because it sets out how their needs will be met, as well as their wishes and choices. Care plans had some good person centred information to guide staff to offer support in a consistent way. Consistency can be important especially for people with dementia. However not all care plans had the same level of person centred information.

There were areas that required improvement such as care plans not always being updated to show any changes in support needs. An example was a resident whose monthly care plan evaluations said "no changes" yet this person's communication skills had deteriorated and they were no longer able to communicate through speech, only the odd word.

In some care plans resident's dependency levels had risen without any clear reasons for this. For example a resident's dependency level had dramatically risen due to an increase in stress and distress behaviour.

However there was no review of the risk assessment and no clear picture of why the level had risen. The link between dependency needs and the support delivered was missing.

We found some very good life histories written by family members. This helped staff see residents as individuals and gave topics to reminisce and chat.

We expect services to have an outcomes-focused approach to assessment, care planning and review. Outcomes refer to the impacts or end results of services on a person's life such as improved quality of life, exercising choice and control or improved health. Outcome focused services aim to achieve the aspirations, goals and priorities identified by the people who use them. However although some plans had outcomes identified they were not always written as outcomes but rather actions staff had to take.

The care plans aims and objectives were not in keeping with the new Health and Social Care Standards and it was difficult to see how the service were meeting these standards.
(Requirement 1)

Requirements

1. The provider must demonstrate that care plans set out how the person's health, welfare and support needs are to be met. In particular you must have plans that:
 - reflect all current support needs
 - are outcome focused with clear information about how outcomes will be achieved
 - reflect the Health and Social Care Standards
 - provide clear guidance to support residents with stress/distress

This is to comply with Health and Social Care Standards 1.15

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.

and also

SSI 2011/210) 5 Personal plans

Timescale: to be fully completed by 28 February 2019

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
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1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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