

## Westlea Care Home Care Home Service

Donnies Brae  
Barrhead  
Glasgow  
G78 3PT

Telephone: 0141 880 4545

**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

Third Life Care Limited

**Service provider number:**

SP2003000159

**Service no:**

CS2003000820

## About the service

Westlea Care Home has been registered with the Care Inspectorate since 1 April 2011. The purpose built property provides residential and nursing care to 55 older people over three floors.

The home is situated in a quiet, secluded area surrounded by woodland close to Neilston, East Renfrewshire. The parking area leads to a small sensory garden and the main entrance.

The service's philosophy is to provide a safe and welcoming environment for residents.

## What people told us

We spoke with residents as we walked around and they told us:

"happy here, everything is fine"

"we are not asked what we would like to eat each day"

"I like staff, they listen to me"

"they do provide a choice of food"

"not as many activities and very little going on"

"staff are all really lovely"

"very happy with environment"

"I sit in the garden when the weather is nice"

## 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?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staffing?	2 - Weak
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

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

## How well do we support people's wellbeing?

**2 - Weak**

We received mainly positive feedback about the service, staff and manager from people we spoke with including some visiting professionals. Staff were friendly and respectful when offering support and we observed some nice interactions from staff who clearly knew residents well and supported them to make choices whenever possible.

Some activities were taking place, however it was mainly the same residents who took part. We expect to find a personalised activity programme that reflects each resident's personal interests and hobbies. This would encourage residents to take part in activities to maintain their individuality and would provide opportunities to socialise which would benefit their health and wellbeing. However we did not find this.  
(area for improvement)

We were concerned about the number of residents who remained in bed all day without stimulation and little interaction with staff. Whilst we acknowledged some residents were frail there were no clear reasons why they did not get up even for a short time. This would provide pressure relief and help prevent skin breakdown. The lack of interaction has the potential to effect resident's mental health.

We also had concerns that these residents had sufficient fluids and appropriate support to the toilet as, due to their high needs and frailty, many required the support of two staff.

When we asked staff about the time they spent with these residents we were told they only had time to interact when supporting with personal care or meals. There was little time for 1-1 chat as they did not have enough staff to allow them to do this.

(see requirement 1)

People should be confident they receive the medication they need to improve and maintain their health. However recordings of "as and when required" (PRN) medication remained an area that required further improvement. Reasons and outcomes for administering PRNs were not always recorded which meant there was no confirmation the medication was appropriate or not. Whilst medication audits identified this issue there were no clear actions taken to deal with it.

Medication records showed a resident's medication was out of stock for several days. This has the potential to impact on their health and wellbeing therefore systems must be in place to ensure this does not happen.

(see requirement 2)

Poor recordings of daily health checks did not demonstrate resident's health needs were being met. Huge gaps in recordings of oral care meant was unclear if oral care had been carried out or not.

A large number of gaps in recordings of re-positioning residents for pressure relief showed some residents had not been moved for 10 hours. We also observed residents sitting for long periods in lounges without being re-positioned. This has the potential to lead to skin breakdown and a deterioration in resident's health.

(see requirement 3)

## Requirements

1. In order to ensure resident's health and wellbeing needs are met the provider must clearly show why residents are in bed all day and must provide them with meaningful interaction and stimulation. This is to be met by 9 August 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standard 3.16 which states "People have time to support and care for me and to speak with me".

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011

2. In order to ensure resident's health and wellbeing needs are being met the provider must improve recordings of medication. The provider must have a procedure to ensure they do not run out of resident medication by 9 August 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards 1.19 which states "My care and support meets my needs and is right for me."

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011

3. In order to ensure resident's health and wellbeing needs are being met the provider must improve daily health chart recordings by 9 August 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards 1.19 which states "My care and support meets my needs and is right for me."

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011

## Areas for improvement

1. Each resident should have a personalised activity programme that reflects their preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standard 2.22 which states "I can maintain and develop my interests, activities and what matters to me in the way that I like".

## How good is our leadership?

### 3 - Adequate

An effective service development plan will provide focus, aims and objectives and would ensure all stakeholders were aware of where the service wants to improve and within set timescales. However although a plan had been developed it did not identify timescales and clear actions to be taken.

(area for improvement 1)

We expect the service manager to have an overview of the service such as resident's weights, falls and accidents. Although there were various audits carried out the findings were not pulled together to give a clear picture of what was happening in the home. This would give the manager the information to assure the quality of the service and deal with any risks with appropriate actions.

(area for improvement 2)

Accidents and incidents were audited to show location and times. However the analysis could be improved by including what actions were taken to try to reduce further accidents and incidents. This would contribute to keeping residents safe.

There is the need for a strong management team to take forward the issues we have identified in this report to ensure improvements take place.

We consider the service has the capacity to improve with a detailed action plan already developed and submitted to the lead inspector before this report was published.

## Areas for improvement

1. There should be a clear development plan with identified actions and timescales.

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

2. The manager should have an overview of the service.

**How good is our staff team?****2 - Weak**

We looked at four files of recently recruited staff and found unsafe recruitment procedures. The files were of a poor quality and demonstrated current recruitment practice required improvement.

We found:

- one application form without a full employment history
- one with no education history
- limited notes from the interview meeting did not clearly show the persons values and ability to carry out the role they were interviewed for.

Residents should be supported by a staff team who had been well-trained. This helps all stakeholders, including family members of those receiving support, to know that staff are capable, knowledgeable and qualified in their particular role.

However we found little evidence new staff had an appropriate induction. An assessment of new start basic competency should be completed to gauge their skills and ability to carry out the role. However out of four we looked at only one was fully completed with one assessment missing. The other two were only partially completed despite both staff working in the home for a number of months. This lack of competency assessment meant specific development and training needs were not identified to enable new staff to carry out their role safely.

Individual files did not show new staff had opportunities to shadow experienced staff. This would give them a chance to observe practice and ask questions helping them gain confidence and knowledge.

Despite some new staff having no previous care experience there was no evidence they were supported with 1-1 time with their line manager to discuss their progress and any issues they may have.

This poor standard of recruitment and induction practices places vulnerable people at potential risk of harm from staff who have not received mandatory training to ensure they are safe and fit to work in this environment.

The frailty and complex needs of residents places additional demands on staff skills and knowledge therefore, we would expect all staff to be up to date with relevant training. However lots of gaps in recordings of permanent staff training showed some staff had not completed any training since 2017 including food hygiene, hand hygiene and pressure care.

There is an expectation staff registered with a professional body complete training relevant to their role to ensure they maintain their skills and continue to develop.

(see requirement 1)

We observed good teamwork with staff very supportive of each other. Residents and visitors we spoke with thought highly of staff and were happy with the support they provided. Residents seemed comfortable interacting with staff and we observed easy chat between them.

However staff were challenged to deliver care and support as there were not enough staff on duty. Whilst staff were committed to providing good support they told us they were stretched. This had meant there was inadequate supervision of residents as they moved around resulting in some unwitnessed falls.

We were concerned about staffing levels on all shifts. There were times throughout the inspection we did not see any staff available in communal areas. We would expect communal areas to be supervised, however the lack of staff numbers made this very difficult.

We observed some residents did not have breakfast until 11am and as late as 11.30. This lateness of breakfast was due to a large number of residents in bed who required staff assistance to eat.

This could have a knock on effect on breakfast medication but we spoke with nurses who told us they adjusted the times of administration or ensured the resident had something to eat before taking their medication.

There was also a number of agency staff working in the home. This meant there was a lack of consistency with agency staff not always aware of residents' needs.

Staff did not have opportunities to review their practice and discuss their training needs as 1-1 time with their line manager was not taking place. It is important staff have quality time to reflect on their practice and raise issues with their line manager.

Although a monthly dependency tool was used it did not take into account the lay out of the building over three floors. The tool also did not reflect the frailty of residents who, at times, required additional support due to stress and distress.

The Care Inspectorate recently removed staffing schedules from care homes to encourage flexible staffing levels to meet residents changing needs. However we did not see this happening.

For example a resident returning from hospital may need additional support to recover meaning extra staff are needed but when they have recuperated the staffing levels could drop down again.

We therefore would expect to see a clear link from the dependency levels to the number of staff on shift but this was unclear.

(see requirement 2)

## Requirements

1. In order to ensure staff are safely recruited, inducted and provided with further regular training the provider must improve recruitment practices and induction and training programmes by 9 August 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4.24 which states "I am confident that people who support and care for me have been appropriately and safely recruited" and Standard 3.14 "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practices and follow their professional and organisational codes".

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Regulations 2011

2. In order to ensure the health, wellbeing and safety of all residents the provider must ensure there are adequate levels of staff on all shifts by 9 August 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards 3.15 which states "My needs are met by the right number of people".

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland Regulations 2011

## How good is our setting?

### 4 - Good

The home was very clean and fresh, lovely and bright with lots of natural light. There were lots of small areas for residents to sit which can be beneficial if they find the larger lounge too noisy.

At feedback we discussed areas of the atrium that could be improved to provide a more homely area where residents may enjoy sitting. The management have told us they will look at this.

There was a lovely garden area with seating for residents to enjoy the outdoor space. This was well tended and residents told us they enjoyed sitting there in nice weather.

We discussed plans to turn some of the small rooms on each floor into dining rooms rather than everyone having to go to the ground floor for meals. This may encourage residents to eat there rather than their bedroom and some residents may be able to independently mobilise there. We look forward to seeing this progress at future inspection.

Maintenance checks were all up to date. This ensured the environment was safe for residents and staff. However regular checks of bedrails should be clearly documented. Although these checks were carried out they were part of a general bedroom check.  
(area for improvement)

## Areas for improvement

1. There should be clear records of bedrail checks.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 5.17 which states "My environment is secure and safe"

## How well is our care and support planned?

**2 - Weak**

Care plans should provide a clear picture of how to support residents and meet their individual health and wellbeing needs. These documents promote a person centred approach to care. However when we looked at care plans they failed to provide the necessary information to allow staff to personalise residents support to meet their exact needs.

We found care plans were not personalised nor outcome focused. Care plans did not provide enough guidance for staff to support independence as they were brief. This meant plans did not give the necessary information for staff to offer consistent support. Consistent support is important and especially beneficial for residents living with dementia.

A care plan we looked at noted the resident loved to socialise and chat. However we observed this resident in bed for the whole inspection with little interaction. We would expect someone's plan to be followed as its content should have been discussed and agreed as the best way to offer support and provide positive outcomes. If this resident's needs had changed and they no longer enjoyed these activities then the plan should be updated to reflect that.

Stress and distress plans remain an area that requires improvement as they did not provide a clear picture of what this meant for each person. Each resident's stress and distress is different therefore a detailed plan should be in place to guide staff how best to offer support to try to defuse the situation.

Six monthly reviews were out of date, some by at least seven months. Each resident should expect to have a review of their support at least every six months. This would give everyone involved in their care an opportunity to come together to discuss the plan and if it continues to meet the person's needs. The plan would then be updated to take account of any changes which would ensure it continued to be appropriate and relevant.

The provider told us they are about to move to electronic care plans. These will be easier to keep up to date and will indicate when a review is due to be held. We will monitor progress at the next inspection.  
(see requirement 1)

## Requirements

1. In order to ensure peoples health, welfare and safety needs are being met and reviewed regularly the provider must develop personalised, outcome focused care plans with a plan in place to ensure six monthly reviews are held by 9 August 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards 1.15 which states "My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices".

It is also necessary to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland Regulations 2011

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak



How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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