

## Westwood House Nursing Home Care Home Service

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Westwood  
East Kilbride  
Glasgow  
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Telephone: 01355 267446

**Type of inspection:**

Unannounced

**Completed on:**

4 July 2019

**Service provided by:**

Gate Healthcare Ltd

**Service provider number:**

SP2003001705

**Service no:**

CS2003010597

## About the service

Westwood House is a purpose-built Care Home situated in the Westwood area of East Kilbride. The building is set over two floors with lift and disabled access. The accommodation consists of 37 single bedrooms and five twin rooms.

Residents have access to well maintained, secure gardens.

The needs of the residents were variable, with the majority very dependant on staff due to levels of frailty and varying mental health difficulties including high levels of dementia.

The home's aim is to 'cater for every requirement to ensure that all residents have a relaxed and comfortable stay'.

## What people told us

We spoke with residents who were all happy with the quality of the service and support they received.

Some residents had difficulty using verbal communication to give their views therefore we spent a considerable time observing how residents and staff interacted with each other.

## 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?	4 - Good
How good is our staffing?	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 observed good interactions by staff who treated residents with respect and dignity and offered choices whenever possible. It was clear staff had built good relationships with residents and knew their support needs. This had resulted in a relaxed atmosphere with residents happy to chat and enjoy staff's company.

We felt staff had time to sit and chat with resident's as they did not appear to be rushed. Staff took time to encourage residents to take part in activities which provided stimulation which would be beneficial to their health and well-being.

Meetings provided opportunities for residents to give their views. A recent meeting had focused on activities, asking residents what activities they would like to do. This would be improved by the addition of an action plan to show how their ideas will be taken forward. The activity co-ordinator intends to review the way activities are chosen to ensure everyone has an input into their choice of things to do. We will monitor this at the next inspection.

Resident and relative meetings were held regularly and kept everyone up to date with what was happening in the home. However, there was no plan developed to deal with any agreed actions. A further improvement would be to discuss actions agreed at the previous meeting to provide feedback and progress.

(Area for improvement)

We found evidence of residents referred to health professionals if any concerns about their health such as weight loss. This helped maintain resident's health and well-being and meant any issues were dealt with quickly.

The service was part of the Care About Physical Activity (CAPA) programme promoted by the Care Inspectorate and delivered by the activity co-ordinator. The CAPA programme benefits health and wellbeing as it helps care providers build physical activity and more movement into the daily lives of those they support. This movement increased mobility which encouraged residents to be more independent. We spoke with residents involved in this programme and the benefits they had gained as a result. One commented "it means I can now go to the toilet independently which is great".

Two requirements made at previous inspections were met.

Although we found significant progress to meet the requirement around the recording of medication we have made an area for improvement to ensure the improvements continue.

(Area for Improvement)

## Areas for improvement

1. Minutes of resident and relatives meetings should be improved.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.8 "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve."

2. Medication recording should continue to improve.

This is to ensure that care and support is consistent with the Health and Social Care Standards 1.24 "Any treatment or intervention that I experience is safe and effective"

## How good is our leadership?

**4 - Good**

People using services should have confidence in the organisation providing their care and support. They should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. We found the service to be good in this area.

We looked at quality assurance and found audits were well completed with action plans for any issues raised. Actions were signed off as completed which meant the service continued to improve the quality of the service provided.

As part of their risk management a good analysis of falls, accidents and incidents, weights and wound care was completed. This gave the management team a good oversight into what was happening in the home and enabled them to monitor any health deterioration or changes. They could then consider what steps to take to try to prevent future falls, accidents or further weight loss.

We were pleased to find a very detailed development plan which linked into the Health and Social Care Standards. This gave a clear understanding of what the service wanted to improve with timescales and actions to be taken.

A survey was currently being carried out to gather views of people using the service therefore results were not yet available. We have suggested the results of questionnaires completed as part of six monthly reviews are collated to provide additional analysis of what people think of the service.

Staff we spoke with were happy working in the home. They told us if they had any issues they felt able to speak with the manager, who was approachable with an open door policy.

## How good is our staff team?

4 - Good

People using services have the right to expect people who support them are appropriately and safely recruited. We found the service used safer recruitment procedures. This meant all relevant checks were completed to ensure appropriate people worked with vulnerable residents.

We have asked the service to improve recordings of new staff inductions. Whilst it was good to see new staff were reflecting on what they had learned, we felt there were too many different topics signed off on the same day. We would question how meaningful this was for new staff. The induction process should evidence new staff shadowed experienced staff to give them an opportunity to learn how residents prefer their care to be carried out and enable them to ask questions and build confidence. However although we were assured staff had shadow shifts there were no recordings to show they had taken place and what they had observed. We would also expect new staff to be observed to ensure they are putting their learning into practice.

(Area for Improvement)

Staff had access to a varied training programme and we found this was up to date. Staff had completed dementia skilled level which gave them a high level of knowledge and skills to support people living with dementia. We were pleased to find staff would be attending training in mental health awareness. This will give staff additional knowledge to help them assist residents with their mental health needs.

Team meetings had not been held recently but the manager assured us these were starting again. The quality of these meetings could be improved by re-visiting previous meeting minutes for updates and progress of any agreed actions. We have asked the management team to consider ways to encourage involvement of night staff in team meetings.

We observed good practice as staff offered support to residents. Staff were patient and assisted residents at their own pace to ensure they were not rushed. There was good team working and support for each other which had led to positive outcomes for people who lived there.

## Areas for improvement

1. New staff induction records should be further developed to clearly show a full induction has taken place.

This is to ensure that care and support is consistent with the 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"

### How good is our setting?

**4 - Good**

People have the right to experience a high quality environment, with an appropriate mix of private and communal areas, including accessible outdoor space. We were pleased to find the door to the garden was open to allow residents free access to a lovely secure outdoor space with sensory plants, raised planters and a nice area to sit. We could see some residents making good use of this as they wandered in and out as they pleased. The activity co-ordinator told us she intends to hold more activities out in the garden. This will encourage more residents to enjoy the benefits of being outside in the fresh air.

The atmosphere was relaxed, welcoming and free from avoidable and intrusive noise and smells. However although the home was very clean parts look tired and we discussed these areas at feedback. The manager talked us through plans already in place to improve the environment and we look forward to seeing progress at the next inspection.

We looked at maintenance records and found everything up to date. This contributed to keeping residents and staff safe.

### How well is our care and support planned?

**4 - Good**

People using services have the right to have a care plan that is right for them as it sets out their support needs, their wishes and choices and how the service will meet these.

When we looked at care plans, although they were much improved, we found an inconsistent level of quality. Some were much more person centred than others and informed staff how to encourage and support resident's independence. This may lead to inconsistent care that could be confusing for residents with dementia.

There needs to be more detail around how staff support residents with stress and distress. For example, there lacked information around the signs to look for when supporting someone who may become distressed and how to intervene and support them. Clear guidance could assist staff to defuse a situation quickly and appropriately to ensure residents remain safe and protected.

Minutes of six monthly reviews could be improved to clearly show the residents life over the past six months including how they had socialised and been part of their local community. Actions should be identified to meet the persons support needs for the next six months. This should lead to the care plan being updated to ensure it remains relevant and meets individual needs.

(Area for Improvement)

### Areas for improvement

1. Care plans should continue to develop to be person centred and give clear guidance to support resident's independence.

This is to ensure that care and support is consistent with the Health and Social Care Standard 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."

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The provider must offer a stimulating environment. In particular you must:

- develop an activity programme based on residents ideas, hobbies and interests
- evaluate activities to ensure they meet residents needs
- provide residents with opportunities to access the community
- provide residents with opportunities to meet their spiritual needs

This is to comply with Health and Social Care Standard 1.25.

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 and

Regulation 4. (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for care services) 2011 (SSI 2011/210)

Timescale: by 18 January 2019

**This requirement was made on 27 August 2018.**

#### Action taken on previous requirement

We found activities had greatly improved. The activity co-ordinator had worked hard to try to provide activities residents wanted to be involved with. We discussed her plans to further develop the activity programme and we were happy with her ideas.

There was evidence of residents accessing the local community with a variety of activities and outings. Residents we spoke with told us about outings they had taken part in.

We were impressed by the effort and improvements to residents mobility as a result of the Care About Activity Programme (CAPA). The activity co-ordinator was driving this programme and residents we spoke with, who were part of this programme, told us of the improvements and difference the programme had made to their everyday life. Some residents were walking better, others could raise their arms higher than before. We look forward to seeing continued improvements and benefits as the programme continues.

**Met - within timescales**

#### Requirement 2

The provider must demonstrate you are meeting health and welfare needs of residents regarding medication.

This is to comply with Health and Social Care Standard 3.21

I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm

Regulation 4. (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for care services) 2011 (SSI 2011/210)

Timescale: to commence on receipt of this report and be on-going.

**This requirement was made on 27 August 2018.**

#### Action taken on previous requirement

We looked at medication recordings and found vast improvements.

We found recording of "as and when required" (PRN) medication had improved with reasons for administering the medication and the outcome for the resident. This gave evidence of whether the medication was appropriate or not.

Covert medication was dealt with well with all appropriate paperwork in place and signed by relevant professionals.

There had been a recent audit by the pharmacist which was mainly positive with very few issues identified.

As a result of the improvements we consider this requirement met.

**Met - within timescales**

## 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 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 benefits from their care and support	4 - Good
How good is our leadership?	4 - Good

2.2 Quality assurance and improvement is led well	4 - Good
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
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good



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