

## Care service inspection report

### Westfield

### Care Home Service Adults

Dumfries Road

Lockerbie

DG11 2EF

Telephone: 01576 202128

Inspected by: Jane Brown

Type of inspection: Unannounced

Inspection completed on: 9 August 2013



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## Service provided by:

Mead Medical Services Limited

## Service provider number:

SP2003002327

## Care service number:

CS2004066879

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

It was evident during our inspection that the staff in Westfield interacted well with the residents in a respectful, patient and caring manner. The discussions between staff and residents we observed were calm and appeared to be based on an equal relationship where there was trust and good humour.

We noted that the service meets regularly with residents and relatives and takes forward actions required from these discussions.

The service has a high number of staff who have a Scottish Vocational Qualification (SVQ).

The home benefits from a variety of seating areas for residents to choose from. There is also a safe and secure courtyard sensory garden area with raised flower beds.

The staff told us that there is good team working with support from the senior carers and manager as needed.

We received 16 Care Standards Questionnaires from staff working in the service, which included comments such as:

"The residents are always placed first and are our main priority."

"The care team I work with give very good support to each other in all aspects."

### **What the service could do better**

The provider needs to revisit staffing levels and ensure that there are adequate staffing numbers with the appropriate skill mix to meet the needs of the residents at all times. This must include ensuring that there is adequate time for activities when the activities co-ordinator is on leave.

Whilst we saw that the service had worked hard to improve the quality of recording in care plans, these would benefit from review as there is some unnecessary repetition and duplication. There is also the need to improve the content of some of the recordings, such as turning charts and fluid intake charts.

Given the number of residents living in Westfield who have dementia, the environment would benefit from a greater use of dementia friendly signage.

Staff supervision needs to be time tabled in line with the service's supervision policy and appraisal records could benefit from being more detailed.

The service needs to up-date its participation strategy to reflect its current approach to resident, relative and staff consultation.

### **What the service has done since the last inspection**

It was clear that good progress had been made on the requirements and recommendations from the previous inspection. This was particularly noticeable in the improved documentation in resident care plans and the work that had taken place on staff personal development plans.

### **Conclusion**

Westfield is a purpose built care home situated within a residential area in Lockerbie. It was evident that there is a strong staff team committed to delivering a high standard of care to the residents. Interactions between residents and staff were observed to be respectful and person centred.

Following the last inspection, the service had worked hard to meet some of the required improvements. It was evident that good progress had been made in the areas identified.

This most recent inspection has recognised the progress made and set some goals for further improvements.

### **Who did this inspection**

Jane Brown

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Westfield care home in Lockerbie has been registered with the Care Inspectorate since 1 April 2011 to provide care to 40 older people, of which two places may be used for respite. There were 39 residents living in the home at the time of this inspection. There were no respite clients living in the home at this time.

The service is provided from three interlinking units (Rowan, Ashtree and Hawthorn). Rowan can accommodate 16 residents and both Ashtree and Hawthorn have a maximum occupancy of 12 in each. All three units have lounge, dining and kitchen areas. Each unit has single bedrooms with en-suite facilities. Nursing input is provided by the NHS as required.

Westfield's aim is to ensure the highest standard of individual care is provided for each client, that service users are helped to retain personal independence and dignity, whilst at the same time providing assistance as required.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### **What we did during the inspection**

An unannounced inspection was carried out by Jane Brown (Inspector, Care Inspectorate) on 8 and 9 August 2013 between the hours of 9:00 and 18:00 and 9:00 and 17:00 respectively. Feedback was provided to the home manager on 9 August 2013.

We gathered evidence from a range of sources, including:

- resident care plans
- staff training records
- recruitment and induction records
- staff supervision, appraisal and personal development plan records
- staff rotas
- resident dependency assessments
- quality assurance information, including surveys and questionnaires
- accident and incident records
- complaints records
- menus
- Care Standards Questionnaires
- proof of staff registration with the Scottish Social Services Council (SSSC)
- proof of staff qualifications
- relative information booklet
- minutes of meetings - staff/residents and relatives
- policies - complaints/recruitment/supervision and appraisal/adult support and protection/whistle blowing/participation
- medication records.

We also spoke with residents, relatives, staff and a visiting GP and observed staff interacting with residents.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



### **What the service has done to meet any requirements we made at our last inspection**

#### **The requirement**

Requirement 1.

An accurate record must be maintained of service users' nutritional needs and requirements, to help maintain their health and well being needs. The foods must reflect any special dietary needs and or preferences. The care service must appropriately assess and record service users' specific health care and support needs and make proper provisions to support these, including the need for any specialised equipment and or medication. These must be agreed, reviewed and updated with the service users and or their representatives.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 4(1)(a) - Welfare of users.

Timescale: Work to commence on receipt of the final report.

#### **What the service did to meet the requirement**

We saw that good progress had been made on improving the recordings within resident care plans. This was particularly evident with respect to nutritional needs. This is detailed in Quality Statement 1.3 within this report.

**The requirement is:** Met - Within Timescales

#### **The requirement**

### Requirement 2.

The provider must ensure that where residents require their hydration to be monitored, then the service must ensure accurate recording is in place at all times. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of users.

Timescale: Work to commence on receipt of the final report.

### **What the service did to meet the requirement**

We looked at fluid intake recording charts for one resident who was being cared for in their room. We saw that there were some lengthy gaps between recordings. This requirement had not been met and has been included in requirement 2, Quality Statement 1.3.

**The requirement is:** Not Met

### **The requirement**

#### Requirement 3.

The provider must ensure that where residents are being provided with wound care, then an appropriate detailed wound management plan is in place, in order to inform of what support and care is being provided. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 4(1) (a) - Welfare of users.

Timescale: Work to commence on receipt of the final report.

### **What the service did to meet the requirement**

We sampled a care plan for one resident who had a wound on their lower back. This was being attended to on a regular basis by the district nurse. We noted that the care plan contained a good level of detail with respect to the management of the wound. This is discussed in greater detail in Quality Statement 1.3 in this report.

**The requirement is:** Met - Within Timescales

### **The requirement**

### Requirement 4.

The provider must ensure that all service users with continence management problems have an individual continence management plan that takes account of - staff understanding of residents' continence care needs and possible solutions - accurate fluid intake - analysis of episodes of incontinence - links to nutrition, skin integrity and medicines - normal bowel habits and medication for constipation - environmental factors that could affect continence promotion - how continence is promoted - any other risk factors specific to individual residents such as dementia, diabetes and acute illness.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of users This should also take account of: NHS Health Improvement Scotland formerly QIS(2009) Best Practice Statements and Scottish Intercollegiate Guidelines Network (SIGN) 2005/2006 Nursing and Midwifery Council (NMC) guidelines for record keeping.

Timescale for implementation: Work to commence on receipt of the final report.

### **What the service did to meet the requirement**

We saw that care plans had been reviewed and up-dated since the last inspection. We looked at continence care plans and noted that these contained a good level of detail.

**The requirement is:** Met - Within Timescales

### **The requirement**

#### Requirement 5.

The provider must make significant improvements to quality assurance processes to ensure systems are robust and responsive to improving the home's performance.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: Regulation 4 (1) (a) and (b) - Welfare of users and Regulation 3 - Principles.

Timescale: Work to commence on receipt of report and fully complete within three months.

### **What the service did to meet the requirement**

We saw some progress had been made in this area, with some work still remaining. We have detailed this in the body of the report.

**The requirement is:** Met - Within Timescales

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## **What the service has done to meet any recommendations we made at our last inspection**

### Recommendation 1.

The provider must make sure that residents and their relatives are involved in setting up their care plan following an assessment being undertaken. The provider can do this by ensuring that there is written information stating that residents and relatives are happy with the care and support agreed.

National Care Standards. Care Homes for Older People. Standard 6 - Support arrangements.

#### Progress:

We saw that good progress had been made in this area.

This recommendation had been met.

### Recommendation 2.

The service should devise a system that includes the views of residents and relatives about how well the care plan is meeting individual needs within the monthly evaluation process.

National Care Standards. Care Homes for Older People. Standard 6 - Support arrangements.

#### Progress:

We could see from resident care plans and from our observations of communication between staff and residents that there was a continuous flow of information taking place about care needs. Relatives also told us that staff communicate changes on a regular basis. It was evident that there was a good level of communication between all parties about the changing needs of residents which was feeding into the care plan documentation.

This recommendation had been met.

### Recommendation 3.

The service should ensure that there is a good level of detail recorded within the formal review process, that explains residents' and relatives' views about their care.

National Care Standards. Care Homes for Older People. Standard 6 - Support arrangements.

#### Progress:

It was evident that six monthly reviews were taking place. However, the records of these could still benefit from being more detailed as there were a number of sections which had been left blank.

This recommendation had not been met and has been carried forward.

### Recommendation 4.

The service should ensure they devise an action plan from meetings involving residents and relatives.

National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing.

#### Progress:

We looked at minutes of resident and relative meetings and noted that these also contained action plans which were being taken forward by the care home manager.

This recommendation had been met.

### Recommendation 5.

The provider should ensure that supervision is fully driving staff performance and setting clear goals, objectives and evaluation.

National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing.

#### Progress:

It was evident that staff supervision was taking place, being recorded and actions being taken forward. We did note in some instances, however, that staff were not receiving supervision as regularly as per the service's own supervision policy. We have made a new recommendation about this.

This recommendation had been met.

### Recommendation 6.

The provider must ensure that there is a system in place that ensures the on-going development of staff at all grades within the home. In order to achieve this the provider must do the following:

- ensure that staff at all grades have an individual development plan which identifies training requirements, performance and areas where the individual needs to develop further
- ensure that an effective training needs analysis is developed that will identify training undertaken throughout the workforce, what is required, impact of training in improving practice, self learning arrangements and how this has benefited practice in the care home.

National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing.

#### Progress:

We saw evidence that staff personal development plans had been put in place, recording training needs. We also saw a record of training completed by staff within the service. From those supervision records we sampled we could see that performance issues were being addressed with individual staff members where required. However, there was not a training needs analysis in place nor an action plan as to how this was going to be taken forward.

This recommendation had been partially met. Part of the recommendation will be repeated which refers to the development of a training needs analysis.

### Recommendation 7.

The provider should ensure that the home devises a service development plan for continuous improvement which focuses on all aspects of performance. Involvement of all relevant people also requires to be implemented with the planning and evaluation process.

National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing.

#### Progress:

Whilst we noted that the provider had a business review document in place, this did not include a service development plan focusing on all aspects of performance.

This recommendation had not been met and has been repeated.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service gave us a comprehensive self assessment which to some extent reflected what we found during the inspection.

### **Taking the views of people using the care service into account**

The residents we spoke with told us they very much enjoyed the food being provided. They told us that the staff always knock before they enter their bedrooms and speak to them in a respectful and warm manner.

Some residents felt there was not enough to do and some of the activities on offer did not meet with their choices.

We were told by residents that staff come quickly when they are called.

Residents told us they did not think there were enough staff, and that this was especially noticeable in the afternoons.

One resident told us they felt that staff were very patient with residents who may be experiencing additional challenges as a result of their dementia.

Another resident had the responsibility of looking after the home's new kitten. The resident told us that they were a member of the Cat Protection League and that they were very pleased to be given this task.

We received one completed Care Standards Questionnaire from a resident who told us they would appreciate more time to be made available on a 1:1 basis with their key worker, this currently being limited by other responsibilities.

### **Taking carers' views into account**

We interviewed several relatives during our inspection visit.

One relative we spoke with told us they felt that staff understood their relative's needs. They also felt that staff were proactive in communicating any changes in their relative's well being to them.

Some relatives we spoke with told us they felt the care home manager was approachable and they would not hesitate in speaking to them if they had any concerns.

Relatives told us that they attend resident/relatives meetings and that these took place on a regular basis.

On asking what difference the service had made to them, one relative told us "Westfield has brought peace of mind to us as a family."

Some relatives did indicate to us they felt there were insufficient numbers of staff on duty and that there were occasions when residents were left unsupervised because staff were assisting another resident who needed the support of two staff. It was felt that this may be having a detrimental impact on some residents who may experience a delay in having their personal care needs met because of other demands on staff time. They also felt that care staff were spending a lot of time completing paper work and this was taking away time they could be interacting on a 1:1 with residents.

There were mixed views about key workers, with one relative telling us they knew who the key worker was and they got on well. One told us they did not know who the allocated key worker was and another told us they did not feel they were any different to any other member of staff.

It was evident when speaking to relatives and looking at care plan documentation that they were actively involved in the review of their relative's care plan.

One relative said about Westfield: "It is the one home I would recommend."

Relatives commented positively about the laundry service and the quality of the food. Relatives did question if there were sufficient numbers of staff on duty at night.

We received eight completed Care Standards Questionnaires from relatives of residents. Overall, they stated they were happy with the care and support provided. However, there were concerns raised about staffing levels.

Direct comments included

"Westfield is a wonderful place...the staff are always courteous, empathetic, helpful and above all possess a sense of humour!...The management is second to none."

Relatives also told us they felt that the access to specialist services such as health care was "particularly excellent".



One respondent did tell us they felt that those residents living with dementia could benefit from more stimulation.

Another respondent told us they had "every confidence in the running of Westfield in terms of overall care, involvement with the community, the standard of hygiene and personal care, monitoring of medication and fluid intake". They also commented on the "caring and kind interactions between staff and residents."

Other feedback included:

"We have the highest respect for all the staff ... and the care manager...we cannot praise them enough."

"On our visits we are always given a warm welcome from the staff who are helpful at all times."

"The home is very much a home from home. Carers are excellent. Maybe sometimes could do with more on duty at any one time."

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

We saw that the service was good at ensuring the involvement and participation of residents and relatives. We measured this by looking at a number of areas of evidence, including methods used by the service to access views of others and the action plans arising from these. We also looked at resident care plans, minutes of meetings and the service's participation strategy. Other evidence was gained by talking to residents, relatives and staff and from feedback contained within Care Standards Questionnaires.

In the front entrance of the building there was a comments and suggestions box as well as a "you said/we did board." In response to a request from relatives, we noted that the service had produced a small leaflet for relatives which described the service on offer at Westfield, including contact details for the manager.

We looked at minutes of resident and relative meetings that had taken place in May and June of this year. We saw that these meetings were being chaired by a relative and were well attended by relatives. A variety of issues were discussed, including a participation questionnaire which had been issued previously about which the manager shared the results and actions to be taken.

Another issue discussed was the staffing levels within the home, with relatives questioning if there were sufficient staff on duty. It was evident that these were proactive discussions, with relatives getting involved in operational issues as well as other matters such as fundraising and landscaping the garden.

We saw that resident/relative meetings were being recorded with action plans arising from these. We saw that there was a good level of attendance from relatives at these meetings.

We saw that the service produced a regular newsletter. The content included items on staff training, audits, outings and activities. There was an invitation for relatives to attend staff training.

We saw that the service had a participation strategy which had been reviewed In October 2011.

The service had carried out a relatives' participation survey earlier this year. We noted that there was a record of the summary of the results along with an action plan which had been discussed at the resident/relatives meeting in June. Similarly, the service had issued separate questionnaires to both visitors and staff and had compiled a record of the responses and action plans arising from these exercises.

We have suggested to the care home manager that these action plans would benefit from being recorded differently, placing a greater focus on identifying who is responsible for taking the actions forward and within what time scale. We will monitor this at future inspections.

We noted that bedrooms were personalised, indicating that the resident had chosen to have particular items around them.

We made a number of recommendations following the previous inspection. There was evidence to suggest that progress had been made in the areas identified for improvement. A recommendation had been made that the provider should make sure residents and their relatives are involved in the setting up of their care plan following an assessment being undertaken. We saw that there was a good level of involvement in this process.

It was evident that where a third party was identified as representing the resident or having legal responsibilities, for example Power of Attorney, they were being included in changes made to care plans and in review meetings, which were taking place on a regular basis. Copies of legal documentation were contained in care plans, so that the service was able to identify who should be involved in decision making. Care plans contained good detail about resident likes and dislikes, including "people who mean a lot to me", circumstances in which relatives wished to be contacted and life histories.

We had also recommended that the service should devise a system that includes the views of residents and relatives about how well the care plan is meeting individual needs within the monthly evaluation process. We saw that there was a section in care plans stating "who I would like to be involved in my care". We could see that other agencies such as NHS staff were involved as needed and that their input was being recorded appropriately. There was also good evidence that there was regular communication flowing between residents, relatives and staff about changes to care and support needs, though this could still improve.

### **Areas for improvement**

We noted that the attendance of residents at resident/relative meetings was low. Given the number of residents in the care home living with dementia, we would encourage the service to look at ways of seeking the views of those residents who may not wish or feel able to attend a resident/relative meeting.  
See recommendation 1.

We would recommend that the service up-dates its participation strategy to reflect its current approach to participation and consultation.  
See recommendation 2.

Whilst we saw that reviews of resident care plans were taking place on a regular basis, the 6 monthly review reports completed by care staff lacked sufficient detail, with some parts of the form left blank. A recommendation had been made following the previous inspection on this issue and this has been repeated within this report.  
See recommendation 3.

We noted that the service had a complaints policy and there was a good level of information in the front entrance of the care home to advise relatives how they might make a complaint. We would suggest, however, that the service up-dates its complaints policy and that this should reflect the ability of the complainant to make their concerns known to the regulator in the first instance if they so wish.  
See recommendation 4.

We suggested to the cook and care home manager that they should consider involving the residents to a greater extent in the planning of menus as this is currently done by them and then shared with the residents. At the moment, the cook is not invited to attend resident/relative meetings. We will monitor how this has been progressed at the next inspection.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 4

### Recommendations

1. The provider should consider ways of involving residents in decision making who may not be able or wish to attend resident/relative meetings. Particular attention should be paid to those residents who are living with dementia and who may require more support to make their views and choices known.  
National Care Standards. Care Homes for Older People. Standard 11 - Expressing your views
2. The provider should review and up-date its participation strategy to reflect current practice. This review should include but not be limited to making reference to the newsletter, staff supervision and appraisal, care plan reviews and the visitors' questionnaire.  
National Care Standards. Care Homes for Older People. Standard 11 - Expressing your views.
3. The provider should ensure that there is a good level of detail recorded within the formal review process that explains resident's and relative's views about their care.  
National Care Standards. Care Homes for Older People. Standard 6 - Support arrangements.
4. The provider should review and up-date its complaints policy.  
National Care Standards. Care Homes for Older People. Standard 11 - Expressing your views.

## Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### Service strengths

There was very good evidence that one of the strengths of this service is the staff team and how they interact with the residents. For example, residents were asked by staff to choose their meal for the following day. The staff offered the meal choices available and there were picture cards to use as communication tools should a resident not be able to make a verbal decision. We noted that staff were patient in their interactions with residents and did not rush them. They repeated information as often as needed so that the resident had heard and understood what was being said and was then able to make an informed choice. Although staff were busy, there was a calm atmosphere and time was taken with residents.

Staff were clear that care should be delivered according to resident choice as "it is their home."

We noted that staff communication with residents was person centred and not limited to care and support. This created an atmosphere of equality between staff and residents.

We noted that there was comprehensive information in care plans about the individual resident's personal history, their likes and dislikes. This included information such as the type of pillow a resident preferred to use.

We saw that a memory book had been produced for a resident which staff used as a tool to talk with them about their life history. The service planned to have these produced for other residents as it had been positively received and assisted communication and reminiscence. We will monitor how this has been progressed at future inspections.

### Areas for improvement

The provider should maintain this positive approach, with further consideration being given to the most effective methods for accessing the views and choices of those residents living with dementia.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We ensure that service users' health and wellbeing needs are met.

#### Service strengths

Acknowledging there had been progress made on the issues raised at the last inspection in this Quality Statement, we found that the service was performing at an adequate level. We found this from sampling resident care plans, looking at medication records, staff rotas, resident dependency assessments and observing staff practice.

We observed care staff using a stand aid with a resident. They used this in line with good moving & handling practices and took time to reassure the resident whilst this manoeuvre was taking place.

We sat with the residents in Hawthorn to have lunch. This was served by care staff from heated trolleys which they collect from the main kitchen before each meal. It was evident that the residents were enjoying the meal, which was as per the menu boards displayed in the sitting rooms. We noted that the pie and pudding were home made and there was a choice of two vegetables. The meal was served in a relaxed manner and the residents were not rushed. We spoke to the cook who advised us that they use as much fresh produce as possible. There is also home baking and fruit available. It was evident that meal times were an enjoyable experience for the residents.

Towards the end of the meal, we were impressed by the way in which a senior carer was carrying out the task of administering medication. We saw them carrying out this task in a quiet and sensitive manner as well as sharing humour with the residents. This suggested a relationship of respect and dignity.

We also observed breakfast in Rowan. Staff appeared to be quite organised, though busy. They were calm and respectful when communicating with residents.

We looked at a number of care plans during this inspection. We found that there was a good level of detail contained within these about the care and support needs of the residents and that they had been up-dated monthly and six monthly.

From the care plans we sampled, we saw that nutritional care plans held detailed information about residents' nutritional needs. We saw that residents' weights were being recorded monthly. Assessments were also in place using the Malnutrition Universal Screening Tool (MUST). We noted that resident weights were stable. Pressure Ulcer Risk Assessments were completed monthly using the Waterlow tool. This helps staff to identify residents who are at risk of developing skin damage resulting from pressure. This detailed recording indicated that staff were aware of the importance of this information to maintain the health of the residents.

We also saw a good level of detailed recording in continence care plans.

We saw that regular reviews of care plans were taking place involving residents and their families/representatives. It was clear that where a third party represented a resident, such as Power of Attorney, they were being involved appropriately in decision making and agreeing and signing care plan documentation. Visits by other professionals were being recorded and also what had changed following their visit.

We looked at the recording of medication. We saw that Medication Administration Recording Sheets (MARS) were being completed accurately. We also noted that recordings in the controlled drugs book were accurate and up-to-date.

### **Areas for improvement**

We noted that taking the temperature of hot food should be carried out by kitchen staff but that this was not always being done as there were gaps in recordings. See requirement 1.

During our inspection it was evident that significant progress had been made on improving the quality of the information being recorded in care plans.

When looking at a sample of care plans, however, it was evident that there was a high volume of paperwork and relatives we spoke to were concerned that there was a lot of care staff time used keeping up-to-date with recordings. We noted that there were a number of different areas for recording care interventions and it was evident that some information was being repeated. We also saw that some personal data was being kept in a separate folder outside residents' bedrooms. This included information about toileting, bathing, dressing and interventions throughout the day such as assistance to the toilet, drinks and night time checks. We saw that there were gaps in these recordings in some cases. We were unsure of the value of collating and recording this information for all residents at all times and why this was being recorded separately from the care plan.

We noted that some care plans did not contain Do Not Attempt cardiopulmonary Resuscitation (DNACPR) forms though the care plan had stated that there had been agreement reached with the resident and/or their family about end of life care, including that they did not wish to be resuscitated.

Following on from the previous inspection, we looked at fluid intake and turning charts to check the accuracy and regularity of recordings by staff. We noted that there were instances of long gaps in recordings of fluid intake for one resident. For example, on one date there was no record of fluid intake over a period of 8 hours. No reason was given for this gap.



Turning charts did not always state the position the resident had been moved from and to, with staff recording "repositioned" and at times there was only one staff signature beside this activity when there should have been two, in line with safe moving and handling practices. We also noted that according to this resident's care plan, the time gap between repositionings should be 2-3 hourly during the day and 3-4 hourly at night. Records showed that the time gaps could be longer on occasion but no reason was given for this. For example, on one occasion the time lapse exceeded 5 hours.

On checking medications records, we noted that the temperatures of fridges used for storing some medication were not being recorded daily as required, with evidence of gaps in recording in June and July. We also noted that for those residents in receipt of "as required" (PRN) medication, there was no protocol for the administration of these in their care plan. Medication being received into the home was being signed off by one person only, and in most cases this was the home manager.  
See recommendation 1.

We noted that the service was using communication books for sharing information between shifts. These were being stored in kitchen areas.  
See requirement 2.

We became aware that the service had changed its staffing provision during the day, starting a carer at 6pm instead of 8pm and finishing another carer at 10pm instead of 8pm, thus increasing the number of care hours available. We were also told that senior management had agreed an additional 5 hours of care from 8 August 2013 with immediate effect. This increase had been approved in response to the fact that the monthly dependency assessments were routinely showing that the number of care hours required were in excess of those being provided. However, we became aware that the total hours allocated to the activities assistant had been included in the care staff hours. Whilst we acknowledged that they were at times assisting care staff, we advised the care home manager that the inclusion of all of their hours needed to be reviewed. Relatives also told us that they felt there were at times insufficient staff numbers in both Hawthorn and Ashtree, with some residents being left unsupervised when two carers had to assist a resident. This was of concern as not all residents would be able to summon assistance independently.

During our inspection the activities co-ordinator was on annual leave. We were advised that it is the responsibility of care staff to provide activities in their absence. Whilst we saw that some activities were taking place, we were aware that additional staff were available at that time.  
See requirement 3.

When we looked at duty rotas we saw that they did not identify the practitioner on duty on each shift nor was the full name of each staff member recorded.  
See recommendation 2.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 3

**Number of recommendations:** 2

### Requirements

1. The provider must ensure that all cooked food is checked and recorded at all times as being at a suitable temperature for consumption.  
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.

2. The provider must review care plan documentation to take account of but not be excluded to:
  - ensuring there is no unnecessary duplication of information collated about staff interventions with residents, the information being recorded is appropriate for that resident and is located in the care plan
  - ensuring that, where appropriate, fluid charts and turning charts are completed as per the care plan
  - in discussion with GP's and resident representatives, DNACPR documentation is put in place where agreed
  - protocols are in place for those residents who may need PRN medication to be administered
  - all resident information is stored securely so that it remains confidential.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4(1) (a) which is a requirement about welfare of service users.

Timescale: within 8 weeks of the receipt of this report.

3. The provider must ensure that there are adequate staff available at all times to meet the care and social needs and choices of the residents.  
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SS1 210. Regulation 15 (a) which is a requirement about Staffing.

Timescale: within 24 hours of the receipt of this report

### **Recommendations**

1. The provider should change the way in which it records the receipt of resident medication to include the signatures of 2 senior staff.  
National Care Standards. Care Homes for Older People. Standard 15 - Keeping well - medication.
2. The provider should review how it compiles staff duty rotas to ensure that staff and their level of responsibility are clearly identified.  
National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing arrangements.

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

### Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

### Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

The environment allows service users to have as positive a quality of life as possible.

### **Service strengths**

We graded the environment as good. The majority of our evidence for this was obtained via observation, checking the internal and external environment and looking at servicing of moving & handling equipment.

Westfield offers a number of different areas for residents to sit, including a well kept and safe garden area.

All bedrooms are single with en-suite shower, toilet and wash hand basin.

The front entrance to the home is welcoming with a variety of useful information on display for visitors.

Throughout our inspection we noted that the environment was clean and free from malodours.

We noted that all moving & handling equipment servicing was up-to-date.

We observed staff wearing protective clothing as appropriate.

It was evident that residents were able to personalise their bedrooms with items that were important to them.

### **Areas for improvement**

We noted a bathing sponge in one toilet. We also saw that flip lid bins were being used instead of pedal bins, which are better for promoting infection control. We saw that towels were being used in some toilets when paper towels would be recommended.

We saw that some electrical items had not been PAT tested and some electrical testing dated back to 2011.

We noted that some doors were being wedged open, such as the laundry door. There was not always a member of staff around at the time so this was a health and safety risk.

We checked bathrooms and noted that there were significant time gaps in water temperatures being recorded. For example, in the bathroom in Rowan, there were no temperatures recorded during March, April and June.

We saw some food in a fridge in one unit which had been decanted into another container but which was undated. We also saw that dried foods were being decanted into containers but these did not have use by dates.

See requirement 1.

One of the communal toilets in Rowan would benefit from redecoration as the wallpaper was torn in parts.

We noted that whilst most of the furnishings were in good order, some arm chairs would benefit from being replaced.

There were some names on bedrooms doors to assist residents identify their bedroom, but this seemed to be ad hoc. Given the number of residents in the home living with dementia, the environment would benefit from a greater use of dementia friendly signage. We would also suggest a review of lighting, especially in some bathroom areas which were noted to be quite dim.

See recommendation 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The provider must take appropriate action to ensure that the environment is safe and maximises infection control as follows:
  - all electrical testing must be up-to-date and carried out at regular intervals thereafter
  - flip top bins should be removed and replaced with pedal bins
  - hand towels should be removed from communal toilets and replaced with paper towels
  - wedges should be removed from fire doors
  - water temperatures should be recorded on each occasion the bath is being used
  - all decanted foods should be labelled with a use by date.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 10 (1) which is a requirement about Fitness of premises.

Timescale: within 2 weeks of the receipt of this report

### **Recommendations**

1. The provider should carry out an audit of the environment with a view to assessing the fitness of furnishings and the benefits which may be gained by a greater use of dementia friendly signage and improved lighting in some areas.  
National Care Standards. Care Homes for Older People. Standard 4 - Your environment.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

### Service Strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

### Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0



## Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### Service strengths

We saw that the service performed to a good level in this area.

We looked at the files of three new staff. It was evident that recruitment had been carried out in line with best practice, with appropriate checks having been completed prior to starting employment.

We noted that the service had an induction programme for new staff. We saw within the staff files that there was evidence of induction training having taken place. We saw that the new employee's supervisor was involved in supporting them through the induction process and this had been recorded and signed off by the new employee and their supervisor. Examples of training included fire safety, child abuse, moving & handling theory and practice, familiarisation with the building and the Scottish Social Services Council (SSSC) Code of Practice as well as the National Care Standards.

We saw that the service was working to ensure that all appropriate staff were able to undertake an SVQ and register with the SSSC as required.

We noted that the service was offering the opportunity to both residents and relatives to be involved in staff recruitment and training but this had not yet taken place. It was unclear what support may be available to those who may choose to participate. We will monitor how this has progressed in future inspections.

### Areas for improvement

We noted that the service tended to access one of two employment references by telephone. We suggested that it would be better practice to have two written references.

See recommendation 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. It is recommended that two written references are received for new staff as opposed to one being contacted by telephone.  
National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing arrangements.  
Please also refer to: Scottish Executive guidance - 2007 - "Safer Recruitment Through Better Recruitment."

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

We saw that there were good systems in place to train and motivate staff. We looked at staff supervision records, personal development plans and records of appraisals and staff meetings. We also spoke with staff about the training they had received and what training they may benefit from as the service develops.

From our observations of interactions between staff and residents, the commitment of the staff to the care and support of the residents was without question. Interactions between staff and residents were undertaken with respect, patience and kindness. Staff were observed offering choices to residents and giving them time and support to make a decision. Staff told us that they felt there was good team working. Overall, there appeared to be a good value base held by the staff team.

Supervision was taking place and this was being recorded with a date and time for the next meeting and an action plan to be carried forward. We noted that whilst there was a heavy focus on training, supervision was also being used as a forum to discuss performance issues with individuals as needed.

We saw that the service had developed personal development plans for each staff member and staff could tell us about these.

Team meetings for day and night staff were taking place monthly and these were being recorded with action plans. These meetings included discussions about residents as well as familiarisation with the service's policies.

We noted that senior staff meetings were taking place on a regular basis. We saw that resident needs were being discussed and actions required recorded. We also saw that these meetings were looking at other issues such as care plans and audits. At each meeting, information was being disseminated about different types of medication, what they are used for, etc. This suggested that staff meetings were not only a forum for information sharing but also for group learning.

We noted that staff appraisals were taking place.

We spoke with staff who told us that they had been given opportunities for training in a variety of areas - for example - adult support & protection, up-dates in moving & handling, fire safety. We also saw from the service's records that there had been training this year on stress and distress, awareness of dementia and dementia care, dealing with behaviour that challenges, infection control, tissue viability and pressure care, diabetes and slips, trips and fractured hips. There was also evidence to demonstrate that some senior staff had just completed train the trainer moving & handling training.

### **Areas for improvement**

Whilst it was evident that staff supervision was being carried out, this seemed erratic at times. For example, some supervision was recorded as taking place every 2 months and some with a gap of 4 months. The service's supervision policy states that supervision should take place every 2 months and for one hour.

In addition, records of appraisals would benefit from being more detailed in their content.

See recommendation 1.

Whilst it was evident that the service was providing training to staff, we did note that some staff had not had an up-date in moving & handling for some time. Staff also told us they would like to have more in-depth training on dementia and more access to courses which may help them to develop their individual skills and expertise.

Part of recommendation 2 following the last inspection recommended that the provider ensured an effective training needs analysis was developed. Whilst we could see that some training was taking place and that a significant number of staff had gained an SVQ, the service had not developed a training needs analysis, linking in to individual staff developmental needs, how the service was developing and the changing needs of residents. This part of the recommendation has therefore been repeated.

See recommendation 2.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### **Recommendations**

1. The provider should ensure that staff supervision is carried out on a regular basis and in line with the service's supervision policy and that recordings of appraisals are more detailed going forward.

National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing arrangements.

2. The provider should ensure there is a system in place for the on-going development of staff at all grades within the home. In order to achieve this, the provider must ensure that an effective training needs analysis is developed that will identify training undertaken throughout the workforce, what is required, the impact of training on improving practice, self learning arrangements and how this has benefited practice in the care home.

National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing arrangements.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

### Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

### Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

### **Service strengths**

A requirement had been made following the last inspection that the provider must make significant improvements to quality assurance processes to ensure systems are robust and responsive to improving the home's performance. We looked at an audit report and findings from questionnaires as well as minutes of relative/resident meetings and saw that progress had been made in this area, with the service performing to a good standard. We will monitor this further at future inspections.

It was evident that some of the discussions in resident/relative meetings included issues about the on-going development of the service, with relatives taking a lead role in chairing these forums.

We noted that an audit of the service had been carried out by the Head of Care in June 2013.

There was evidence of a relatives' participation survey having taken place earlier in the year, with a summary of the results and an action plan having been produced.

We also saw that both visitors and staff had been surveyed during the year and that there were action plans flowing from these.

### **Areas for improvement**

Whilst a recent audit had been carried out by the Head of Care in June, it was unclear if there had been any involvement in this process by residents, relatives or staff. Overall, the results of this for the service were good with some areas for action and improvement highlighted. We saw that there is yet to be an action plan pulled together to take this forward.

See recommendation 1.

A recommendation had been made following the last inspection that the provider should ensure the home devises a service development plan for continuous improvement which focuses on all aspects of performance. We saw during this inspection that this recommendation had not been progressed. We have therefore repeated this recommendation.

See recommendation 2.

We would suggest that the surveys carried out with staff, visitors and relatives which included a summary of results and action plan would benefit from being more prescriptive about who is responsible for taking what actions forward and within what timescales. We will monitor how this is being progressed at future inspections.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The provider should consider how to involve residents, relatives and staff in future audits and ensure actions identified are taken forward.  
National Care Standards. Care Homes for Older People. Standard 11 - Expressing your views.
2. The provider should ensure that the home devises a service development plan for continuous improvement which focuses on all aspects of performance. Involvement of all relevant people also requires to be implemented within the planning and evaluation process.  
National Care Standards. Care Homes for Older People. Standard 5 - Management and staffing arrangements.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

We spoke with a visiting GP who told us they "had a lot of faith in the home." They felt it was extremely well run with compassion being shown to the residents. They also felt that the staff were very good at looking after people who are living with dementia.

We noted that there was a certificate of registration for a separate service owned by the same provider at the front entrance of the home. The manager agreed that this would be removed.

The service gave us an appropriate action plan on 15 April 2013.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).



## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	5 - Very Good
Statement 3	3 - Adequate
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
25 Feb 2013	Unannounced	Care and support 2 - Weak Environment 4 - Good Staffing 3 - Adequate Management and Leadership 2 - Weak
27 Jul 2010	Announced	Care and support 5 - Very Good Environment 6 - Excellent Staffing Not Assessed Management and Leadership Not Assessed
30 Jun 2010	Unannounced	Care and support 5 - Very Good

## Inspection report continued

		Environment Staffing Management and Leadership	Not Assessed 4 - Good Not Assessed
8 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good
30 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good
11 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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