

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:
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Service provided by:
Gate Healthcare Limited

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 care home provides accommodation for up to 42 residents.

Residents have access to well maintained, secure gardens.

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

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and Healthcare Improvement Scotland.

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.

Feedback from relatives we spoke with was varied about the engagement and communication from the service over the period of the lock down.

Comments we received included:

"Concern that my (relative) isn't getting enough fluids."

"Well run home", "good relationship with them (staff) and able to discuss any issues."

"Communication is poor...do not know what is happening in the home."

"No concerns around communication."

"Has trust in the home to care for (my relative) effectively."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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

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

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection area was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We also wanted to ensure that people experienced high quality care and support that was right for them.

Residents could decide where they wanted to spend their time and we saw residents moving freely around the care home, spending time in their rooms and communal areas. Lounges, dining areas and rooms were comfortable, clean and homely and residents appeared comfortable in their surroundings. Staff were supporting people to socially distance, when possible.

We saw that people who needed to self-isolate were being supported to do so safely and in line with guidance.

Garden and window visits had been scheduled regularly. Families advised that staff had discussed visiting guidance with them. Various forms of technology had been used to help people stay in touch with family and friends.

Relatives told us that the care home had kept them informed and updated about any changes in people's health and care needs.

Staff interactions were kind, respectful and caring. However, these were generally short and limited to periods when staff were providing support.

There was limited opportunity for people to remain active or engaged within the home. We saw little meaningful activity or interactions during the inspection. Many people remained in their rooms for long periods of time. Minimal activity and interaction in lounges meant people spent much of the day asleep in chairs.

(See area for improvement 1)

We sampled support plans and found that these were up to date and regularly reviewed; this meant that they continued to reflect how best to provide care and support. From these records, we could be confident that staff had responded to changes in the health and wellbeing of people in their care and contacted community professionals as needed. The previous area for improvement has been met.

Anticipatory care plans and all legal documentation were in place with input from the resident, where possible, and from the next of kin.

People's support needs during the COVID-19 pandemic were recorded in a COVID-19 summary plan. These documents were person centred and described people's preferences for the support required. For example, how to maintain contact with those important to them or how to manage anxieties that may present.

We checked medication records and found that these were generally well completed. However, the recording of the reason when giving "as required" medication should be improved. The previous area for improvement

has been repeated.
(See area for improvement 2)

The systems to analyse, evaluate and overview healthcare needs of residents should be further improved. Inconsistencies, for example, in the recording of residents' weights was not giving a clear overview of how weight gain and loss is being managed; fluid charts had no daily target. It is important that older people have enough to drink as dehydration can have a negative effect on health and wellbeing.

We observed people sitting in chairs for long periods of time with poor pressure relief recording. A lack of information or inconsistencies in information could lead to poor outcomes for residents.
(See requirement 1)

Staffing levels had recently been assessed. However, there was little evidence that this reflected the increased needs of people who use the service where support was being provided within rooms. This was evident as staff did not have time to provide additional activities and social stimulation for residents.

Mealtimes should be a pleasant experience for residents. Mealtimes were organised with meals served in the dining areas or in residents' bedrooms according to people's preferences. The dining experience was not always positive for people. We found that support was not consistent, with staff members moving between different individuals to ensure that care needs could be met. This meant that some residents who needed assistance were not given it quickly.

The manager should ensure that assessment of residents' needs are taken into consideration when deploying staff at key times.
(See requirement 2)

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff.

We found the service to be performing at a good level in relation to infection prevention and control. This evaluation reflects a performance where there are a number of important strengths which clearly outweigh any areas for improvement.

We noted that most areas were free from clutter. Residents' rooms were well presented and furnished with some personal belongings, with storage for clothing. Corridors were clear and free from equipment. No equipment was observed to be stored in shared bath and shower rooms.

We understand that a refurbishment plan is in place and we saw that bathrooms had been upgraded to a good standard. We would encourage the service to ensure adequate storage facilities are considered for shared equipment such as hoists, weighing chairs etc., and residents' personal equipment, for example, wheelchairs, as part of their refurbishment plan to maintain a clutter free environment.

The laundry area contained both clean and dirty linen. This risks cross contamination. The service managed this but the room was small and consideration should be given to separating laundry and ironing rooms to provide storage for clean linen/clothes. All equipment used by housekeeping staff was in working order.

Although larger repairs were carried out in a timely manner, we saw that there were many patches of wear and tear to the door frames, walls, doors, skirting boards and corridor rails. Décor needs to be in a good

state of repair to allow for easy and effective cleaning.
(See area for improvement 3)

We found the service had adequate supplies of personal, protective equipment (PPE) and staff knew how to access it. There were several PPE stations, which were stocked with alcohol based hand rub, aprons, gloves and disposable bags. Staff wore appropriate PPE and confirmed their understanding of how to put this on and take off. Posters around the service reminded staff of how to wear PPE; this was a positive way to reinforce staff practice and keep people safe.

To protect people from the spread of infection, it is vital to continuously promote and communicate the importance of the hand hygiene best practice technique and the key moments for hand hygiene. During observations, we found missed opportunities by staff to perform hand hygiene pre and post donning and doffing of PPE. Hand hygiene should be carried out when entering the different areas of the home, when providing care for people, before serving meals and after social touch such as helping someone to sit down. This helps to stop infection being transmitted between people.

We did not see residents being encouraged and supported to wash their hands prior to dining to limit the spread of infection.
(See area for improvement 4.)

Although frequently touched areas were being cleaned three times daily, this was not being recorded and the service was not using the recommended cleaning products in line with Health Protection Scotland guidance.
(See area for improvement 5)

We saw that the home had implemented weekly staff testing for COVID-19 in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We found several important strengths which, taken together, clearly outweighed areas for improvement. These strengths had a positive impact on people's experiences and outcomes.

The staff have faced challenges due to the COVID-19 outbreak and have been doing their best to keep people safe and well.

Staff were generally knowledgeable and skilled about caring and supporting people during the pandemic which meant that people resident and relatives had confidence in the staff team.

To meet the current needs of people, staff had received additional training, guidance and instruction on infection prevention and control, proper use of personal protective equipment (PPE) and how to help people minimise any risk of infection to themselves.

A COVID-19 quiz was carried out daily as a refresher to ensure staff remained knowledgeable in relation to signs and symptoms. Staff were generally knowledgeable about COVID-19 symptoms.

People could be confident that they were cared for by a staff team who felt well supported. There had been some recent changes in the leadership of the care home. Staff generally told us that the current management team were approachable and they felt able to raise any issues or concerns.

Due to issues raised in other sections of the report, we discussed with the manager that observations of practice were recommended. We encouraged the service to implement this to ensure infection control training and knowledge was consolidated and embedded into practice.

We had concerns in relation to how staff had been deployed within the service and this is discussed further in 7.1.

The service has an outstanding area for improvement around staff induction records, which should be further developed to clearly show a full induction has taken place. We found that these documents still required improvement and have repeated the previous area for improvement.
(See area for improvement 6)

Requirements

1. By 26 October 2020, the provider must ensure all relevant monitoring and recording tools in the service users' care files are fully completed. Where issues and/or concerns are identified, an action/treatment plan should be put in place with appropriate timescales for review.

This is to ensure that support is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of service users.

2. By 26 October 2020, the provider must ensure that residents' needs are met by the right number of people. In particular, they should ensure that a validated up-to-date tool is used to determine the needs and changing needs of residents, and that the information gained determines the number, skill mix and deployment of staff. Dependency assessments should include the level of support required during mealtimes and should take into account staff breaks.

This is to ensure that support is consistent with the Health and Social Care Standards which state: "I can enjoy unhurried snacks and meal times in as relaxed atmosphere as possible." (HSCS 1.35)

This is in order to comply with Regulation 4(1)(a) - A provider must make proper provision for the health, welfare, and safety of service users.

Areas for improvement

1. The manager should ensure that all people have access to meaningful activities in all areas of the home, taking individual preferences and abilities into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day." (HSCS 1.25)

2. Medication recording should continue to improve.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

3. The service should ensure that their current refurbishment plan includes:

- (a) any areas of minor wear are repaired in a timely manner to allow for more effective cleaning; and
- (b) the space available to carry out laundry should be assessed to improve infection control in this area.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

4. The service should have a system to monitor standards in hand hygiene technique practice by staff and should ensure residents are encouraged and supported to wash their hands prior to dining.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14); and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

5. The service should ensure there are sufficient supplies of appropriate materials and cleaning solutions readily available and their use and dilution is clearly understood. Regular management audits of practice and environmental cleanliness should be completed with action plans followed through to completion.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance, and best practice" (HSCS 4.11); and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

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

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

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 Standards which state: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8)

This area for improvement was made on 4 July 2019.

Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 2

Medication recording should continue to improve.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This area for improvement was made on 4 July 2019.

Action taken since then

The service should continue to improve the recording of "as required" medications, particularly the reasons why they have been given.

Not Met.

Previous area for improvement 3

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 which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This area for improvement was made on 4 July 2019.

Action taken since then

We found gaps in induction records. The service should keep working to improve these.

Not Met.

Previous area for improvement 4

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 Standards which state: "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." (HSCS 1.15)

This area for improvement was made on 4 July 2019.

Action taken since then

We found care planning to contain good person centred content.

Met.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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