

## Weston View Care Home Care Home Service

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Keith  
AB55 5JS

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 November 2020

**Service provided by:**  
Craigard Care Ltd

**Service provider number:**  
SP2004006030

**Service no:**  
CS2004061813

## About the service

This service has been registered since 2004.

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 from the Care Inspectorate.

Weston View is a care home for older people situated in the town of Keith. The home is purpose built with two storeys in 2016. Each storey has two wings. The service can accommodate up to 40 people.

There were 38 people living in Weston View, one of whom was using respite care. All bedrooms have en-suite shower and toilet facilities. There are shared lounges and dining areas in each wing.

Some people living on the ground floor had direct access to small patio areas and the gardens or parking areas from their bedrooms. There are exit doors on the ground floor that could enable some people to have access to the garden area.

There are on site laundry and kitchen facilities. On each floor there is a small kitchen which visitors can use.

## What people told us

We spoke with people living in the home and with eight relatives over the telephone or by email.

We found their feedback was mixed. For example, some relatives spoke highly of the responsive care and support that staff provided;

- "I think all staff and management have done exceptionally well under Covid-19 and cannot thank them enough."
- "Communication with the care home is good."
- "They are always willing to take the time and trouble to talk and reassure us of his health and wellbeing whenever we ring to ask about his health."
- "They have been good in keeping in touch with any changes to visiting arrangements and routines in the home."

However, others said communication was limited, that they did not always feel that they were kept informed about any changes in their relative's care and support needs;

- "I think that the communication is poor. I get phone calls from the home if my relative is not feeling well, but they are not very informative."

## 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.

People's health and wellbeing needs had been met to an adequate standard which demonstrated some strengths that just outweigh weaknesses.

Throughout our inspection, we saw positive interactions between people and staff. People were treated with compassion, dignity and respect. One relative described the staff as 'stars.'

People were helped to eat and drink. People could choose well-presented, healthy meals, snacks and drinks. They appeared to enjoy their mealtime. Attention was given to people's likes and dislikes. Where people required assistance to eat and drink, they were supported in an unhurried way.

Many people were distancing in their rooms. Staff understood that keeping people safe during COVID-19 meant a reduction in social contact with friends and family. Relatives knew about visiting arrangements. Most of the relatives we spoke with, said the service had supported them to keep in touch. However there was limited Wi-Fi access within the building. This meant it was difficult for people who were isolating in their rooms to use alternative technology to keep in touch with people that mattered to them. (see area for improvement 1).

People need to feel safe. We were told by a relative that visits were handled 'in the utmost hygienic way possible for all parties'. However, a few told us that there was a lack of privacy during indoor visiting. This was because the visits were supervised by staff and when people were using technology, they were supported to do so by staff, in the area by the lift. This reduced the enjoyment of the experience for people and their families. However, the service is currently reviewing their arrangements for visiting. For people approaching end-of-life, the service had a procedure for essential visiting that was risk-based and person-centred.

Families did not always feel informed about their relative's care, although some families told us that staff were well informed about changes in people's health and care needs. One relative said: "there is not a lot of communication with the home." Communication between the service and families about up-to-date information on health and wellbeing and the impact of COVID-19 on their relatives should be improved. (see area for improvement 2).

For walks and fresh air, it is important that the outdoor environment meets the needs of the people living there. At the last inspection we identified that people did not have safe access to the garden areas to the front and rear of the home. This area for improvement had not been met. This meant that people did not have independent access to outside. (see area for improvement 3).

To enable people to develop their interests and activities, people need regular engagement from staff. We were told that the activities co-ordinator provided daily support to people who were in their rooms. However, we saw that the activities co-ordinator had less opportunity for activities due to the time spent organising, supporting visiting and contacts using technology. (see section 7.3 below and area for improvement 6).

Several relatives we spoke with expressed concern that their loved ones hearing aids were not being

cleaned, batteries were not being replaced and sometimes appeared to be faulty. This meant that communication was limited and difficult for residents with hearing impairments and was likely to impact negatively on people's wellbeing. (see area for improvement 4).

Some parts of people's care plans were not person-centred because they did not describe their individual support needs. For example, how to maintain contact with those important to them or remain active and engaged. (see area for improvement 5).

Each person had an initial assessment carried out when they moved into the home. Information from these assessments was used to plan people's care. Some care plans lacked enough up to date detail to direct staff and enable them to meet people's health and care needs. For example, the regular assessment, evaluation and recording of the management of skin damage, pressure ulcers and wounds. This was identified as a priority to be addressed. (See requirement 1).

Anticipatory care plans provided limited information and there was no evidence that they had been discussed with people. The service will address this so that people's individual needs, wishes and choices for end-of-life care have been agreed with them.

Monthly health and risk assessments helped monitor people's weight, skin and their safety and wellbeing, however the findings did not always translate to changes in the care plans. The acute care plan was a separate document. It was not clear when this was in use and how people's health had benefited from it. The service should streamline and improve the care planning system to ensure that it clearly sets out how to provide safe good care that meets people's needs (see area for improvement 5).

People need sensitive support and care which is provided in a way which anticipates issues. Although we observed staff positively supporting individuals, individual stress and distress plans should be in place for those who require them. This way of working will direct staff on the best way to alleviate stress and distress and help people feel safe and secure. The effectiveness of these plans should be reviewed and updated as required. (see area for improvement 5).

It is important to ensure that people's medical needs are considered and that they have the correct medication at the right time to support them with any healthcare needs. We found that the storage and use of medication was well managed. Staff were aware of recent guidance on supporting people with end-of-life medication, including the possibility of repurposing medication.

The service had links with other professionals for example dietician, podiatrist and district nursing service. There were good links with GP practices to ensure people had timely access to palliative and anticipatory medications to help alleviate symptoms and reduce suffering.

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

The home's management of infection prevention and control was of a good standard. People were living in a safe, well maintained, and clean environment.

The home was clean and fresh. Staff worked hard to keep it that way. The care home had spacious corridor areas. This made it easier for people to be physically distanced. Seating had been reconfigured to support physical spacing. For people living with dementia, there was clear signage. For example, bathrooms and toilets were signposted. People's rooms were individually identified where this was their choice. Where people were isolating in their rooms there was appropriate signage on the door, although more discrete signage could be used.

The general environment was clear from non-essential items and clutter to allow for effective cleaning. Staff carrying out housekeeping and cleaning were familiar with required COVID-19 pandemic environmental and equipment decontamination processes. These are all essential precautions because they minimise cross infection between different areas of the environment.

People could feel reassured that staff worked in a safe way to protect them. We confirmed that staff were aware of the symptoms of COVID-19. This meant that they were responsive to changes in people's health. Any concerns were reported to the nurse on duty and their daily Covid staff 'flash' meeting. This was led by the manager and appropriate action was taken.

People need to feel safe. We saw staff practice which protected people the risk of infection. PPE stocks were in good supply and stored safely. However, a system is needed to ensure the PPE stations are kept clean, tidy and well managed. Staff wore appropriate PPE and disposed of it correctly when entering, leaving, or moving between rooms.

It is vital to continuously promote to everyone the importance of hand washing and the key moments for this. We saw these important prompts throughout the home. However, there were too many memos throughout the home. We discussed the need to review and reduce this signage to ensure important information is not missed or is out of date.

People using the service could be confident that they were cared for by trained, competent staff. Staff we spoke with, were aware of the importance of hand washing and were seen regularly washing their hands. To limit the spread of infection, staff told us that people were encouraged and supported to wash their hands in their rooms before dining. We discussed the need to ensure that when people did not have the opportunity to wash their hands beforehand, they should be encouraged to use hand sanitiser before and after their meal.

Communal care equipment was clean, with two exceptions. The service said they would include these items within their cleaning schedules. There was a sufficient supply of the correct cleaning equipment and appropriate cleaning products. Domestic staff told us that they had completed training on cleaning products.

Some de-cluttering of the sluice, storage areas and staff changing room upstairs was required, to include removal of items on the floor for effective cleaning. This was addressed during the inspection.

The laundry was being handled in line with guidance. Where people were isolating in their rooms, we discussed the need for their rooms to be cleaned last and by the domestic staff, rather than the care staff. This will ensure effective cleaning of these rooms.

To minimise cross infection between people and different areas of the environment we saw that enhanced cleaning schedules were in place. This included three times daily cleaning of touch points throughout the home and monthly deep cleaning of residents' rooms. All communal bathrooms and toilets/hand wash sinks were clean.

Senior staff monitored infection prevention and control staff practice such as hand washing and use of PPE.

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.

Staffing arrangements to respond to the changing needs of people experiencing care were found to be of adequate standard which demonstrates some strengths that just outweigh weaknesses.

Staffing was responsive to people's physical needs; however, we expect people to have the opportunity to lead active lives, as this will promote and enhance their overall wellbeing. We did not see much activity or support for people who were in the communal areas, because staff were providing care and support to other people and the activities co-ordinator had less opportunity for activities. (see key question 7.1 above). A relative told us that her relative does complain of being bored as there is no-one to converse with on her wing other than the staff. (see area for improvement 6).

A dependency tool was used to determine staffing arrangements for each person every month considering the environment, capacity of people, care needs, nutrition, people's moving and handling needs and staff vacancies. However, the tool did not consider the extra duties staff were undertaking in relation to Covid-19. For example, supporting a higher number of people in their rooms, supporting visiting arrangements and additional cleaning responsibilities. Dependency levels should consider the extra duties staff are undertaking in relation to Covid-19. (see area for improvement 6).

We made a requirement in relation to staff receiving effective, regular, and reflective supervision at the last inspection. This was linked to staff being kind, respectful and considerate to the people they supported (see key question 7.1 above and outstanding requirement 1 at the end of this report).

There had been some progress in relation to a more effective supervision process, however this needed a bit more work. The manager recognised this and was going to focus on supervision being more reflective, as this will promote good quality care and the rights and interests of people.

People should feel confident that staff have the necessary skills and competence to support them during the pandemic. The service adhered to current COVID-19 information and guidance. We observed staff using personal protective equipment (PPE) appropriately and practicing good infection prevention and control.

Staff had been trained and were knowledgeable about COVID-19 and infection prevention and control. Senior staff undertook observation of staff practice and supported staff to ensure they were following guidance. All the above promoted a safer environment for everyone.

To reduce the risk of Covid-19 being taken into the home there was minimal use of agency staff. Guidance was followed such as the same staff were used, they were not working between homes and they engaged in weekly staff testing.

The service had a contingency plan as part of their business continuity plan in place if staff are absent due to Covid-19 or on leave.

### Requirements

1. By 17th December 2020, the provider must ensure that service users' health, safety and well-being needs are met by implementing effective arrangements for the management of skin damage (including excoriation), pressure ulcers and the management of wounds. To achieve this, the provider must:

a) ensure that all service users have a skin assessment undertaken by a trained and competent professional;

b) ensure that where a service user has been assessed as at risk of a pressure ulcer or has skin damage, a wound or pressure ulcer, their care plan includes:

- a wound assessment/treatment chart;
- record of prescribed wound care products and evidence of ongoing evaluation of the status of the skin damage, pressure ulcer or wound;
- the treatment, review and a record of progress of any skin damage, pressure ulcer or wound;
- level of risk and skin status using a body chart and dated photographs to document location of skin damage, pressure ulcer or wound;
- use of an appropriate type of pressure-relieving equipment for their level of risk and its settings if using dynamic equipment;
- frequency of skin or wound checks;
- levels of pain experienced using an appropriate pain chart;
- frequency of positional changes using a repositioning chart;
- any other relevant individual care interventions;
- the frequency of the care plan review; and
- ensure service users consistently receive care and support to prevent skin damage and to minimise the risk of development of pressure ulcers including their nutritional status;

c) Ensure staff receive training on skin care integrity and have suitable arrangements in place to monitor practice.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

**'My care and support meets my needs and is right for me' (HSCS 1.19);**

**'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11);**

**'My care and support is provided and planned in a safe way, including if there is an emergency or unexpected event' (HSCS 4.14); and**

**In order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.**

## Areas for improvement

1.

The service should ensure that all people have access to alternative technology throughout the building to keep in touch with people who are important to them. A plan for this should include clear priorities and timescales.

**This is to ensure that the setting is consistent with the Health and Social Care Standards which state that:**

**'If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet' (HSCS 5.10); and**

**'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18).**

2. The service should review how they can improve and ensure regular communication between the service and families about up-to-date information on the health and wellbeing and the impact of COVID-19 on their relatives.



This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

**'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.'** (HSCS 2.12).

3. It is important that the physical environment meets the needs of the people living there. People should be able to independently access a safe outside space for walks and fresh air. The manager should develop and implement a written plan to further develop a safe outside space and to improve such access, particularly for those living on the first floor. The plan should include clear priorities and timescales.

This is to ensure the setting is consistent with the Health and Social Care Standards which state that:

**'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'** (HSCS 1.25); and

**'The premises have been adapted, equipped and furnished to meet my needs and wishes.'** (HSCS 5.16).

4. To ensure people can communicate easily and comfortably, residents hearing aids should be checked regularly and timeously to ensure they are fit for purpose and where necessary repairs undertaken promptly.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

**'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.'** (HSCS 2.8).

5. The service should review and streamline the current care planning system to ensure that it clearly sets out how people's current needs are to be met to include:

- a) A review of the Covid-19 and acute care plans to ensure they are person-centred, up to date and they link to people's main care plans;
- b) Individual stress and distress plans for those who require them.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

**'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); and

**'Any treatment or intervention that I experience is safe and effective.'** (HSCS 1.24).

6. Dependency levels should take into account the extra duties staff are undertaking for each resident in light of the COVID-19 pandemic and impact of social isolation, to assess if there is enough staff.

This is to ensure care and support and staffing are consistent with Health and Social Care Standards which state that:

**'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'** (HSCS 1.25); and

'People have time to support and care for me and speak with me.' (HSCS 3.16).

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

### Requirements

#### Requirement 1

The provider must ensure that all staff protect and promote the rights and interests of people using the service.

In order to do this the provider must:

- a) review the recruitment process to ensure that staff are recruited with appropriate attitudes and values
- b) ensure that all staff review and understand the SSSC Code of Practice for Social Service Workers with particular reference to Codes of Practice 1.1-1.5
- c) provide effective, regular supervision to support staff to develop values-based working practices through reflective practice
- d) have policies and procedures in place for reducing the risk of challenging incidents and providing guidance for staff on how to manage such incidents.

**This is to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1) and 'I experience care and support where all people are respected and valued' (HSCS 4.3).**

**This is also in order to comply with The Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of Service users.**

Timescale - By 31 October 2019.

**This requirement was made on 4 September 2019.**

#### Action taken on previous requirement

Sufficient progress has been made although there are some areas which require further development which are discussed in 7.1 and 7.3;

The service had introduced the SSSC Codes of Practice, Health and Social Care Standards and scenarios at interviews in order to recruit staff with appropriate attitudes and values. During the inspection we saw positive interactions between people and staff. People were treated with compassion, dignity and respect.

The service has introduced a discussion about the SSSC Codes of Practice and Health and Social Care Standards are discussed during supervisions. There had been some progress in relation to a more effective supervision process, however this needed a more work. The manager recognised this and was going to focus on supervision being more reflective, as this will promote good quality care and the rights and interests of people.

The service has put a supervision schedule in place which are carried out by management, nurse on duty, senior carers, head cook/housekeeper. There had been some progress in relation to a more effective supervision process, however this needed a bit more work as outlined above.

The service has undertaken training on stress and distress which 65% of staff have completed, however there needs to be individual stress and distress plans in place for those who require them. This way of working will direct staff on the best way to alleviate stress and distress and help people feel safe and secure. The effectiveness of these plan should be reviewed and updated as required. (see area for improvement 5).

The manager should maintain their written improvement plan which should include clear priorities and timescales and should be reviewed to assess improvements and developments.

**Not met**

## 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

In order to ensure that, as far as possible, people receive the care and support that is right for them to meet their needs, the service should continually evaluate residents' experiences. Residents' views should then lead to the development of an ongoing improvement plan that details the future direction of the care home.

The service should consider ways to capture residents needs wishes and choices and evaluate these to ensure they are getting the most out of life.

This is to ensure the leadership is consistent with the Health and Social Care Standards which state that: '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) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 16 July 2019.

#### Action taken since then

The service told us that residents are encouraged to take part and have input in their own care plans to enable them to express their wishes, and encouraged to be involved with the monthly update of the 'resident of the day', if they are able to.

The care plans we viewed showed that people and carers were involved in reviewing their health care needs. Care plans are person-centred, information included in them reflect the individual resident's choices and wishes, using 'My life story' forms which have been completed for all residents with input from residents and relatives.

This area for improvement has been met.

### Previous area for improvement 2

It is important that the physical environment meets the needs of the people living there. People should be able to independently access the parts of the premises they use, including a safe outside space. so that they can choose to enjoy their recreational time both inside and out of doors.

The manager should develop and implement a written plan to further develop a safe outside space and to improve such access, particularly for those living on the first floor. The plan should include clear priorities and timescales and should be reviewed to assess improvements and developments.

**This is to ensure the setting is consistent with the Health and Social Care Standards which state that: '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' (HSCS 1.25) and 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).**

This area for improvement was made on 16 July 2019.

### Action taken since then

This Area for Improvement has not been met

### Previous area for improvement 3

It is important that people should experience care in a planned and agreed way that meets their needs, wishes and preferences. The manager should ensure that the information in personal care plans contains the wishes and choices of each individual together with outcomes that are clear to the person and to the staff.

**This is to ensure the care and support planning is consistent with the Health and Social Care Standards which state that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).**

This area for improvement was made on 16 July 2019.

### Action taken since then

The care plans we viewed showed they were now more outcome focused and there was information in people's files which stated people's individual needs and preferences. They also included information about what time an individual prefers to get up and go to bed and people's background. Important people in their lives, what they liked to do for themselves, their likes and dislikes were also recorded. This will ensure people are getting the right service for them.

This area for improvement has been 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	3 - Adequate

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