Westerfields Care Home
Care Home Service

30 High Calside
Paisley
PA2 6BE

Telephone: 0141 840 1110

Type of inspection:
Unannounced

Completed on:
9 February 2021

Service provided by:
H & H Care Homes Limited

Service provider number:
SP2010010960

Service no:
CS2011303060

About the service

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 vital to the support and wellbeing of people experiencing care during the pandemic.

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

We carried out an unannounced inspection of the service on 2 February where we identified serious concerns in relation to the safe management of waste, linen and environmental cleaning. We issued a letter of serious concern to the provider on 3 February which detailed immediate actions the home must take.

We undertook a further visit on 5 February where we found some improvements and extended the timescales for the letter of serious concern to 9 February. During our visit 9 February we were satisfied that progress had been made on areas contained in the letter of serious concern. We completed our inspection on 9 February.

Westerfields care home is registered to provide 24-hour nursing care to a maximum of 64 older adults aged 50 years and above with conditions aligned with old age and older people including those with dementia. The provider is H&H Care Homes Limited and the home is situated in the Calside area of Paisley.

The care home is a three-storey purpose-built facility with single room accommodation. Each floor is arranged as distinct units with well-appointed bedrooms and private ensuite wet rooms. Every unit has its own large lounge with a spacious dining room, quiet room, and a satellite kitchen. The laundry, kitchen and other staff facilities are in an additional basement area.

A lift allows access to the upper floors. Communal areas on the ground floor had patio doors leading out to the small secure garden area. An external visiting garden room has been created in this space to support garden visits when these are reintroduced.

There were 57 people using the service at the start of our inspection.

What people told us

At the time of our visits, the service had an active COVID-19 outbreak which limited our ability to speak to residents. People appeared content and generally well cared for.

We were able to speak to the relatives of some residents. They were satisfied with the level of care and support their loved ones received at Westerfields Care Home. They told us the service had maintained regular contact and keep them up to date with changes or concerns about their relative. Overall, they felt staff and management provided helpful support that made a difference to people's lives. One family told us, 'it's been fine we can phone as often as we like, and we don't feel we are being a nuisance'.

Other comments from relatives included:

'Staff now know her better than me and know how best to care for her.'

'I can share any concerns without difficulty.'

'The staff are angels.'

'We have never regretted the placement at Westerfields.'

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?	2 - Weak

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? 2 - Weak

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

The COVID-19 outbreak at the service affected residents and staff. Regular testing of residents and staff appeared to have limited impact on the rate of contact transmission.

A comprehensive, digital care planning system included information about people's changing needs due to COVID-19. The clinical health and care needs of people appeared generally well managed with access to a range of health professionals. End of life care was included when this was appropriate, and families were involved in regular telephone reviews. This meant staff took account of people's needs and preferences which helped people feel safe.

Weight loss can be a serious issue for people during the pandemic. We saw residents were encouraged to have additional snacks and drinks between meals. While most people remained in their room, we saw a small number of people were helped to dine with others at a safe distance. This provided human contact and important social ques to improve nutritional outcomes for people at risk.

Regular planned activities had been paused due to the current outbreak. Interactions with residents were on an individual basis rather than in groups. The electronic care system captured care contacts and included an alert to support staff with regular wellbeing checks. The service should ensure people have more opportunities to feel included as many residents are experiencing high levels of isolation.

We saw people were supported to maintain contact with family and friends through technology and telephone calls. Families told us they appreciated the efforts the service made to help them be in regular contact.

The service had stopped their regular management and clinical oversight meetings. Staff maintained accurate information on areas like wound care and infection at an individual and unit level. However,

information, management and staff practice during the active outbreak was inconsistent. We felt leaders in the service had not demonstrated or communicated or coordinated a clear plan to manage their response to COVID-19.

We asked management to address these areas and reintroduce oversight meetings seven days a week. This will help ensure clear lines of communication, accountability and improve practice to help safeguard people's health and well-being. We will monitor the implementation and impact of this at future inspections. This is to ensure staff demonstrate a clear understanding of their individual and joint responsibilities. See area for improvement 1.

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

Staff were able to recognise suspected or confirmed cases of COVID-19 including reporting and maintaining contact with local health protection teams. They were proactive in responding to challenges people may have around social distancing, including those with reduced capacity.

At the start of the inspection staff were not always clear about following infection prevention and control guidance. We observed staff failing to wear appropriate Personal Protective Equipment (PPE). This meant there were missed opportunities to embed measures to reduce the risks of cross infection between different areas of the home. Following guidance and the reintroduction of training we observed staff were more confident to adjust practice and reduce the level of PPE breaches.

The service had sufficient supplies of PPE including gloves, masks, visors, and aprons. We found staff did not always have easy access to PPE. This was in part due to expressed concerns by management around speculative risks and cross contamination. This meant PPE supply stations
were not always adequately stocked or located to support access.

Management and staff had not carried out regular observations or audits of staff practice. This meant support to maintain good practice and consistency in relation to PPE and infection prevention and control was not evidenced. This was also the case with the safe management of linen, staff adherence to the uniform policy, and waste management.

We found staff carrying out housekeeping and cleaning were not familiar with required environmental and equipment decontamination processes specific to COVID-19. We saw cleaning schedules and procedures were not based on good practice guidance or carried out when needed. This meant people were not always protected from the spread of infection. We asked the service to ensure enough domestic staff were available with the necessary resources to devise and implement effective cleaning schedules and audits.

There were a range of signs available for respiratory hygiene and handwashing these included accessible pictorial and written cues. We asked the service to supplement this with signs directing people to handwashing facilities. Additional signage was required for the 5 moments of hand hygiene.

Staff did not always follow current guidance handling and transferring laundry. During the inspection, an improved layout helped to ensure contaminated laundry was separated from clean laundry. This was to reduce the risk of cross contamination. There was confusion amongst staff about the correct temperature to use when dealing with contaminated laundry items. The service took immediate action to remedy this. The service should also ensure staff have access to laundry trolleys to transfer laundry safely.

Disposal of clinical waste, like used gloves, masks, and aprons safely is essential to reduce infection and keep people safe. Staff did not have quick access to clinical waste bins when supporting people who were

COVID-19 positive and COVID -19 negative. Clinical waste and domestic waste containers outside were not locked and were overflowing with used PPE. The service had begun to resolve these issues at the end of our inspection.

We found some important equipment including mattresses, raised toilet seats and shower seats with stains and contamination on them. Shared equipment was always not properly cleaned and stored after use. The service did not have systems in place to confirm care equipment was properly cleaned and disinfected between each use. We have made a requirement in relation to infection prevention and control. See requirement 1.

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

Staffing arrangements are responsive to the changing needs of people experiencing care.
We spoke to staff who were aware of infection prevention and control. Training records we reviewed showed staff had online access on to infection control training. It was not possible to assess the content of training during the visit.

Competency assessments for the use of PPE and hand hygiene had not been routinely undertaken with staff. This meant there was no formal evaluation of learning into day-to-day practice. The service must capture and evidence important changes to practice to confirm learning around infection prevention and control is consistently implemented.

Staff appeared uncertain about the sessional and single use of PPE, what to use and when to change or discard it. We had concerns about staff's use of PPE, the potential for recurring breaches and contact transmission. We discussed the importance of refresher training with management to support the safe and correct use of PPE.

We suggested the service develop the one-to-one supervision to include more reflective practice notes to validate training and inform practice. The service should also continue to review compliance levels in other key areas of mandatory training including, for example, dementia and anticipatory care training.

Staff uniforms were not washed at the service. Most staff were able to describe the correct procedure for washing at home. We were not confident that all staff were adhering to current guidance on not wearing some, or all their uniform while traveling to and from the service. To support improved practice, audits and peer support will be introduced. Changing rooms were available on all floors with signage to limit access.

There was a commitment to roster adequate staffing. The service used an in-house staffing dependency tool to inform staffing decisions. We saw an approach of 'core staffing' within each unit. This appeared to have little impact in the reduction of contact transmission during the COVID-19 outbreak. We felt consideration to increased levels of staffing and staff cohorting may have helped to reduce contact transmission.

The service was encouraged to develop a robust staffing contingency plan to include, for example, the safe use of agency staff, increased staffing, redeployment, and overtime. This was important to reassure people and families that enough staff were available for the wellbeing and safety of residents. Relatives we spoke to told us how a stable staff group supported thoughtful and relationship-based care.

Overall, staff told us they felt supported by management. Information and up to date guidance was readily available in units. Communication was normally managed through daily flash meetings, handovers, and communication diaries. These processes had been paused during the outbreak. We concluded the day-to-

day leadership needed increased clarity. The rationale for practice was not always clear or in line with guidance. Communication is key to ensure consistency and to reduce any anxiety. See area for improvement 1.

Staff demonstrated variable practice in relation to infection control procedures and the safe use of PPE and hand hygiene. Infection control training was not always relevant to roles. There was no evidence of continued observed practice and peer support. See requirement 1.

Requirements

1. Infection prevention and control procedures must be improved and maintained to comply with current guidance to protect the health and welfare of people experiencing care. To do this the provider must, by the 10 March 2021:

- ensure the correct use of cleaning products and equipment, including implementation of cleaning schedules to fully comply with current guidance,
- ensure all staff comply with wearing and washing of uniform guidance,
- ensure all staff receive refresher training on infection prevention and control appropriate to their role,
- implement a system of direct observation of staff practicing infection prevention and control including using and disposing of PPE,
- implement a system to ensure all reusable equipment used in supporting and caring for residents is properly cleaned and sanitised after each use. The system is to include clear records of cleaning,
- ensure the management of clinical waste inside and outside the home fully complies with current, guidance,
- improve the management of clinical and domestic waste, linen and laundry,
- establish detailed infection control competency audits to inform good practice. Such audits should clearly record findings, any actions required and progress on implementing actions.

This is to ensure care and support is consistent with Health and Social Care Standards which states, 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22) and '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). Regulation 3 -Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) - Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services.

Areas for improvement

1. Leadership and management audit processes for care delivery must support clearer communication and accountability. Leaders should understand the key roles and their responsibilities and at all levels empower staff to support people. Clinical overview should ensure residents benefit from effective treatment and intervention and get the right healthcare from the right person at the right time.

This ensures care and support is consistent with the Health and Social Care Standards which states, 'I experience high quality care and support because people have the necessary information and resources (HSCS 4.27) and 'Any treatment or intervention I experience is safe and effective'. (HSCS 1.24) and 'I

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

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
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	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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