

West Park Care Home Care Home Service

Walkerton Drive
Leslie
Glenrothes
KY6 3BT

Telephone: 01592 741849

Type of inspection:
Unannounced

Completed on:
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Service provided by:
West Park House Ltd

Service provider number:
SP2004006583

Service no:
CS2004071160

About the service

West Park Care Home is a traditionally built mansion-house situated on the outskirts of the village of Leslie in Fife. It provides 24 hour nursing care and support in a pleasant, homely environment to 38 older people with physical and/or mental frailty. West Park Care Home also has facilities to offer shared accommodation to couples or people with a previously established relationship who choose to share. This service has been registered since September 2004.

The aims of West Park Care Home are: "We aim to provide a caring service competently and tactfully. While being responsible for the people in our care, we will respect their individuality and strive to help them to retain their dignity and self-determination and continue to enjoy their accustomed way of life. This takes place within an ongoing refresher training environment, to ensure that current practices and treatment are available to all residents".

The manager was responsible for the day-to-day running of the home with the assistance of the deputy manager. The provider is very involved in the running of the home and was present during the visit. During the inspection 26 people were residing in the home.

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

What people told us

We spoke informally with a number of people during our inspection. They told us they were very happy living at West Park and felt like they were one big family.

Some were unable to tell us verbally about their experience of living at West Park. To help us understand their experiences, we spent some time observing how they interacted with each other and staff. We saw lots of positive, friendly, and respectful interactions, and people appeared to be happy and comfortable in their environment.

We spoke with four relatives as part of the inspection; relatives were extremely happy with the care and support provided to their loved ones during the pandemic. This is what they told us:

"I'm very happy. The staff are absolutely wonderful and become more like friends. They are all local too. I really can't sing their praises highly enough. "

"The residents are treated as individuals as the staff cater for each person's needs. It's reassuring to know how well she's being looked after. It helps alleviate the guilt of having to put mum in a home. I have no complaints, none at all."

"It's been exceptional, the staff have gone beyond what they needed to do under the circumstances. The carers make you feel like family. Nothing ever seems too much trouble. I wouldn't hesitate to recommend them. I like that it's a very personal and friendly service. They consider the well-being of the family as well as the residents."

"Communication from the home has been absolutely excellent throughout the pandemic."

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
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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? 2 - Weak

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

Our focus in this inspection was to establish if people's health and wellbeing benefited from their care and support in relation to the COVID-19 pandemic. We found the performance of the service in relation to this was good. An evaluation of 'good' applies where there are more strengths than weaknesses in critical aspects of performance, but further action will improve experiences and outcomes for people. These strengths had a positive impact on people's experience and outcomes.

People were being supported to stay both physically and mentally well during the current pandemic. People were supported to have regular contact with family and friends through telephone calls and virtual technology. Relatives told us communication was excellent. Supporting visits and using technology helped people to be connected and contributed to people's feeling of wellbeing.

People were supported, where appropriate, to move freely throughout the open spaces within the home to help reduce any stress or distress. People were supported to have access to food and drink while in their own rooms and, if they needed help, this was carried out in a dignified way with their personal preferences respected. People who required support received this and this was clearly documented. We saw many sensitive and warm interactions from all staff.

The way people spend their day should promote feelings of purposefulness and wellbeing. Staff were supporting people to take part in one-to-one activities as well as small group activities. We saw people interacting well during a group activity with the activities coordinator whom they told us they loved. We saw that people were comfortable with staff and enjoyed their company. This enhanced people's feelings of wellbeing.

Although the service had anticipatory care plans in place, these could have been improved by adding further details of people's personal preferences. These care plans provide an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell. The manager told us she would seek further information from people living in the home and their relatives. (See Area for Improvement 1).

Examination of medication administration records (MARs) identified medications were always available and people were supported to receive their prescribed medications. Some people were prescribed 'as required' medication for stress/distress and very clear care plans were in place to inform staff of how to best manage their needs. We discussed the benefit of having instructions on the MAR to direct staff to the care plan before giving medication. The manager agreed and said this will be put in place. We found that management had an overview of key areas including weights, falls and skin integrity which alerted staff to significant change in people's health and wellbeing. This provided assurance that people received the treatment they needed.

We could see that the service continued to be responsive to people's healthcare needs during the pandemic. There was very good evidence of input from external professionals to support people with non-COVID-19 related issues. It was also clear that staff were considering possible COVID-19 related symptoms that people presented with and were discussing these with the relevant people. We were able to confirm that testing was considered as part of this approach. This helped people to get the treatment and support they required.

We were confident that people's needs were being attended to. People we spoke with told us they got plenty to eat and drink and were well cared for by the staff. Residents told us they were "one big family". We found areas of concerns in relation to IPC (Infection, Control and Prevention) which we have taken into account whilst awarding the grade for this quality indicator - please see quality indicator 7.2.

We found that the service had been responsive to both local and national guidelines for restricting non-essential visitors to the home during the pandemic. In response to this, the provider had developed a recording/monitoring tool around supporting people during end-of-life care. We heard how family members were supported to be with their relative during this period and the service understood the importance of this compassionate approach. The service has recently had an outbreak of COVID-19 which sadly resulted in the loss of lives. Relatives we spoke with told us that the care of residents and communication and aftercare of relatives has "meant a lot to them".

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

During an outbreak of COVID-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is a large, old building with many rooms and communal areas. In the main communal areas, corridors and lounges were clean and free from clutter. However, we found the service to be performing at a weak level, with significant concerns about bed mattresses which required to be addressed as a matter of priority. The provider told us there were new mattresses on site which would replace the five identified contaminated mattresses. Other areas of concern included contaminated toilet frames and raiser seats and encrusted foodstuffs on a small number of dining tables. People's welfare and safety were compromised as all of these issues increased the risk of transmission of infection to everyone in the home.

We returned to the service within 48 hours to check what progress had been made. The service had replaced the contaminated mattresses with the new ones. They had re-checked every mattress and replaced all those that were contaminated. Every mattress cover had been put through an ozone wash cycle to disinfect.

All bedframes and affiliated equipment had been cleaned with chlorine-based solution as per national guidance. The NHS mattress audit tool for care homes had been put in place. Contaminated equipment and furniture had either been cleaned and sanitised or discarded. The systems and processes in place to deliver and provide assurance that the home was cleaned to an acceptable standard to minimise the risk of transmission of COVID-19 from exposure to the environment were not good enough. (See Requirement 1). The provider and management had carried out an analysis of the number of domestic staff hours needed to ensure standards of cleanliness were maintained and extra domestic hours had been allocated. We will look at how well standards are being maintained at the next inspection.

We found the service had good supplies of personal protective equipment (PPE) and staff knew how to access it. The PPE was situated at the entrance of the home and at many PPE stations. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors wearing masks appropriately to reduce the risk of transmission of airborne infections.

We saw staff performing hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to people, before tasks such as serving meals and after touching frequently touched surfaces. This is required to break the transmission path between people.

There was a good supply of cleaning equipment, products, and solutions (including chlorine releasing agents) which were suitable for a range of cleaning purposes and used according to guidelines.

We saw that laundry and waste, including clinical waste, were managed appropriately.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were two opportunities each week for staff to be tested. Staff were able to be tested during their days at work, resulting in a high rate of compliance.

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

We found the performance of the service in relation to staffing arrangements to be good. An evaluation of 'good' applies where there are more strengths than weaknesses in critical aspects of performance, but further action will improve experiences and outcomes for people.

Staff we spoke with felt very supported and valued in their role. There was a clear culture of supportive leadership, teamwork and sharing of ideas. This way of working supported a motivated and resilient team who shared common values and goals. As a result, people living in the care home received warm and compassionate care.

Staffing levels within the care home were good. The potential impact of COVID-19 on people such as loneliness and boredom had been sensitively considered by the staff team. They worked responsively and creatively to make sure people continued to experience positive health and wellbeing outcomes.

Staff training had been delivered in key areas of infection prevention and control. Whilst we saw good practice in relation to the use of PPE, there was a lack of formal evaluation of learning. Having clear systems for evaluating learning opportunities supports safer ways of working. We thought nursing staff would benefit from a more in-depth knowledge of infection prevention and control precautions. The use of reflective accounts and peer discussions would support this further learning. (See Area for Improvement 2). We found areas of concerns in relation to IPC (Infection, Control and Prevention) which we have taken into account whilst awarding the grade for this quality indicator - please see quality indicator 7.2.

The management team had agreed contingency arrangements in the event of staff shortage. We have asked that this be formally recorded and accessible to staff. This would make sure that all staff were clear about the safeguards to reduce any potential impact on people living in the care home.

Requirements

1. By 20 April 2021, the provider must provide assurance that all resident care equipment and environment are clean and intact; this may be in the form of cleaning schedules, audits, or assurance checklist. This continuous quality improvement and assurance should ensure the equipment is clean and safe.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The service should improve end-of-life care plans for people in the service to ensure their needs and wishes are respected should they become unwell.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17).

2. The provider should ensure that staff receive training relevant to their role. Any training should be formally evaluated to ensure it is effective in delivering the desired outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "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

The manager should ensure staff receive guidance and are competent in completing and evaluating residents' health monitoring charts.

This area for improvement was made on 13 March 2020.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because there was no consistency in the fluid monitoring charts being used and one type did not contain a section for recording the daily total intake.

During this inspection we saw the fluid balance charts being used were consistent, completed appropriately and evaluated. There was evidence that action was being taken to meet/improve people's nutritional needs.

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	4 - Good
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	4 - Good

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