

Westlea Care Home Care Home Service

Donnies Brae
Barrhead
Glasgow
G78 3PT

Telephone: 0141 880 4545

Type of inspection:
Unannounced

Completed on:
2 March 2021

Service provided by:
Third Life Care Limited

Service provider number:
SP2003000159

Service no:
CS2003000820

About the service

Westlea Care Home has been registered with the Care Inspectorate since 1 April 2011. The purpose built property provides residential and nursing care to 55 older people over three floors. At the time of inspection there were 31 residents living within the care service.

The home is situated in a quiet, secluded area surrounded by woodland close to Neilston, East Renfrewshire. The parking area leads to a small sensory garden and the main entrance.

The service's philosophy is to provide a safe and welcoming environment for residents.

What people told us

We spoke to three residents who were all positive in their comments about the service. One person told us that they wanted to have more fruit and green vegetables available on the menu. We followed this up to find that comments had been shared with the chef and changes had been made to accommodate the person's wishes. This resulted in an increase in the availability of fruit and vegetables for everyone.

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 well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We carried out a COVID-19 inspection of this service on 14 July 2020, the findings were outlined in the report laid before the Scottish Parliament on 22 July 2020. We completed a further inspection on 2, 3 and 9 November 2020 to follow up on improvements. This was a non-COVID-19 inspection of the service. The findings were outlined in the report laid before the Scottish Parliament on 25 November 2020.

We visited the home again on 2 March 2021 to follow up on the improvements that were required.

We found that there had been significant improvement across this quality theme. Action had been taken to improve the detail in personal plans. These reflected the needs of individuals and were highly person centred.

We have reported on our findings in more detail under the section, 'What the service has done to meet any requirements made at or since the last inspection'.

The service had met all requirements and the area for improvement.

How good is our leadership?

4 - Good

We found that there had been significant improvement in the leadership of the care service.

This was evident in the recently implemented quality assurance systems and subsequent action plans.

We have reported on our findings in more detail under the section the following section, 'What the service has done to meet any requirements made at or since the last inspection'.

The service had met all requirements and the area for improvement.

How good is our staff team?

4 - Good

We found that there had been significant improvement in staffing within this care service.

Recruitment was ongoing and staffing levels had improved. Staff learning development and supervision had improved.

We have reported on our findings in more detail under the section the following section, 'What the service has done to meet any requirements made at or since the last inspection'.

The service had met all requirements and the area for improvement.

How good is our setting?

5 - Very Good

Action had been taken to improve the cleanliness of the environment in relation to frequently touched surfaces and COVID -19.

We have reported on our findings in more detail under the section, 'What the service has done to meet any requirements made at or since the last inspection'.

The service had met all requirements and the area for improvement.

How well is our care and support planned?

4 - Good

We found that there had been an improvement in the way in which care and support was planned.

We saw improvement in the detail shared with staff about the way in which needs should be met and we saw outcomes reflective of person-centred care and support outcomes.

We have reported on our findings in more detail under the section, 'What the service has done to meet any requirements made at or since the last inspection'.

The service had met all requirements and the area for improvement.

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

Requirements

Requirement 1

In order to ensure there is a clear overview of what is happening in the home the provider must develop a robust quality assurance system by 6 December 2019.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

It is also necessary to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 20 August 2019.

Action taken on previous requirement

The new manager had implemented a good quality assurance system and was using this to monitor and improve all aspects of care and support to people. We saw evidence of areas for improvement being identified, for example in weight management we could see a clear link between issues of concern and actions taken toward improvement.

We could also see that action had been taken to make improvements relating to risks identified at the last inspection of the service and so there was a reduced risk for people associated with COVID-19 infection.

It is important for care services to have systems in place which enable them to quickly identify issues of concern and to ensure appropriate action is taken to enable people to experience good safe care and support.

Met - outwith timescales

Requirement 2

In order to ensure vulnerable people are supported by staff with the relevant skills and knowledge the provider must:

- follow safer recruitment processes and procedures;
- evidence a full, comprehensive induction programme is completed by all new staff; and
- ensure all staff have regular training opportunities by 6 December 2019.

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

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 22 May 2019.

Action taken on previous requirement

We found that there had been significant improvement in relation to the standard of safer recruitment. Records included, for example, completed application forms, evidence of professional registration as appropriate, evidence of PVG membership, employment history and references. The interview format had been changed to include values based statements. This meant that people could be confident that staff supporting them had been safely recruited.

There was evidence of regular supervision taking place and being signed off by the registered manager. There was evidence that action had been taken to ensure induction had been completed and competency assessments signed. It was good to see that this process was reflective and included input and views of those who lived in the care service.

A training matrix was in place and this identified appropriate mandatory training. All mandatory training had reached or exceeded 90% compliance. There was evidence of action to continually improve this. It was good to see that the manager had identified individual barriers to learning among staff, for example, limited IT skills. It was also good to see that the manager was taking action to address these on an individual basis to promote learning. People could be confident therefore that they were involved and that staff supporting them demonstrate appropriate skills.

The manager had planned for staff to attend the 'Stepping into Leadership' programme in the week after the inspection. Champions had been identified in infection prevention and control and promoting continence.

Met - outwith timescales

Requirement 3

In order to ensure residents have their support and care needs fully met the provider must ensure there are adequate numbers of staff on all shifts by 28 February 2021.

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

'My needs are met by the right number of people' (HSCS 3.15); and

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 4 December 2020.

Action taken on previous requirement

On the day of the inspection, we found that staff were sufficient in number to meet the needs of people living in this care service. Since the last inspection of the service the minimum staffing levels had increased on both day and night shifts.

The Indicator of Relative Need (ioRN) dependency tool was being used weekly to identify individual needs against staffing levels. In addition, the duty rota and our observations led us to be confident that the needs of people experiencing care were being met by the right number of people.

In order for people to enjoy time with those who are important to them as we continue to live with the COVID-19 pandemic, the service had identified the role of a 'Welcoming Person'. This acknowledged the need to offer support to ensure that people who experience care, and their friends and relatives, can safely enjoy meeting within the care home again. The role of this person is to ensure that care home visits are planned in a way that reflects the guidance and optimises the quality and safety of the visit.

Met - outwith timescales

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

Residents should have opportunities to give their views on their experience of living there.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11)

This area for improvement was made on 2 November 2020.

Action taken since then

We spoke to residents who told us that their views had been sought. We followed this through to find that action had been taken and issues addressed.

We also found that the service was engaging with relatives using social media. There was evidence that the manager had sought the views of relatives through an online meeting on the evening before this unannounced inspection.

Therefore this area for improvement has been met.

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 well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.1 Vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
2.3 Staff are led well	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing levels are right and staff work well together	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's outcomes and wishes	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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