

Williamwood Care Home Service

Strathay Avenue
Netherlee
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G44 3YA

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Type of inspection:
Unannounced

Completed on:
17 August 2021

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003000821

About the service

Williamwood is owned and managed by Crossreach, the social care arm of the Church of Scotland. It provides residential care and support for up to 34 older people, who are living with dementia. This includes one place for respite care. At the time of the inspection 30 people were living in the service.

The property is a large detached villa in private grounds. It is located in a residential area in Netherlee, Glasgow. The home provides single en-suite accommodation over three floors, which is accessible by lift and stairs. Residents have access to a private garden at the rear of the home and there are several social areas that residents can enjoy.

The provider's stated philosophy is "In Christ's name, we seek to retain and regain the fullest quality of life, each individual is capable of achieving at any given time".

This was a follow-up inspection to assess the progress made with the requirement and areas for improvement made at the last inspection.

What people told us

We spent time in the company of residents who live in Williamwood. Due to residents living with a cognitive impairment we were not able to seek their views fully.

They were able to tell us that they were 'fine' and 'quite happy'. We observed the care and support and the relationships between staff and residents and were pleased to see warm, caring interaction.

We spoke with two families during our visit. Comments received were:

"Can't speak highly enough of staff. Formed good relationship with my relative, keep me informed. Staff really caring. My mum is more settled. Visiting has been well-managed and I have been kept informed of changes to rules."

"I am happy to with care of my mum - home are very good at keeping in touch. No concerns - I would be in touch with staff if I had any. I get calls from keyworker regularly and this is much appreciated as I live quite far away. I think my mum is as happy as she can be."

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

Requirements

Requirement 1

By July 30 2021 you must ensure that the home has had a deep clean and is adhering to the correct IPC guidance and protocols. This must include:

- a) A deep clean to be completed within the home focussing on specific areas where infection could take hold.
- b) More visible PPE and handwashing facilities.
- c) Robust audits of the environment, with actions, which ask the right questions with regards to the correct procedures, practice and expectations of infection, prevention and control in line with current guidance.
- d) Staff being fully aware of the correct cleaning procedures for all area of the home.

This ensures care and support is consistent with the Health and Social Care Standards, 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

This requirement was made on 8 June 2021.

Action taken on previous requirement

We carried out this inspection to assess progress on improvements that were required in relation to infection prevention and control. The management team had worked hard to support and monitor staff practice and improvement was evident. The general environment was cleaner with enhanced cleaning schedules in place. Domestic and laundry staff were following correct infection prevention and control procedures. PPE stations were more evident, the staff room and bin area were clean and work had commenced on the domestic services room. A new housekeeper had been appointed. The home had identified two IPC champions to drive forward improvement in this area. We commended progress however we also saw areas that required ongoing attention. The hairdressing salon was in need of a deep clean before it could be used and we noticed there were no bins near the PPE stations. This was brought to the attention of the manager who ordered some straight away. The cleaning schedules we sampled were described as a 'work in progress' and we would agree. They have the potential to support staff to improve IPC practice but staff need to get used to them and complete them fully. All equipment, including weighing scales, should be part of the regular cleaning schedules. The requirement has been met but an area for improvement will be made to ensure that IPC continues to be a focus and a priority for the safety and well-being of both residents and staff. See area for improvement 1.

Met - within 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

The management team and provider should complete the refurbishment programme as soon as possible, making reference to good practice guidance, such as the Kings Fund tool. All modifications should be for the benefit and wellbeing of residents. A copy of the refurbishment plan, with timescales, should be sent to the Care Inspectorate.

This area for improvement was made on 8 June 2021.

Action taken since then

We did receive a refurbishment plan. On the day of inspection we could see that work had been started on the environment. A jacuzzi bath was being installed for the enjoyment of residents. New carpets had been ordered for some communal and bedroom areas. Some of the handrails had new paint applied. We were told that the windows were still being assessed to see if they could be opened to allow more fresh air flow. There is a plan in place to refurb some bedrooms in the near future. We will incorporate elements of the environmental (IPC) requirement and audit (Afl) into this area for improvement. The manager should ensure that the domestic services room is completed and that IPC practice continues to promote a safe home for residents. The manager acknowledged that the audits could be more robust and staff should be more confident when completing them. We could see progress but this area for improvement will continue until all the work identified has been completed.

Previous area for improvement 2

Medication administration and recording should follow good practice and be consistent across the home. Pain management and medication should be assessed and monitored. All PRN (as required) medication and records should be accountable and staff should use the MAR sheet to record each medication administered.

This area for improvement was made on 8 June 2021.

Action taken since then

We sampled the MARs and found areas that still needed to improve. Whilst there were not many gaps on the MARs staff were not using the reverse of the MAR to record PRN (as required) medication given. We found some hand written entries on the MAR which had not been signed by staff. We were not sure that medication counts were accurate on a couple of records. We asked the manager to undertake an audit of the medication records and advise us of the findings. Collectively these issues were not of significant concern however staff should pay attention to detail when completing medication records to keep residents safe and well. Medication management should continue to improve as the administration and recording of medication was not as accountable as it should be. This area for improvement will continue.

Previous area for improvement 3

The provider should complete an in-depth environmental audit which looks at all areas of the home from an infection prevention and control perspective. The audit should have actions and timescales identified and a copy sent to the Care Inspectorate.

This area for improvement was made on 8 June 2021.

Action taken since then

An environmental audit was sent to the Care Inspectorate outlining the action required and timescales for the work to be completed. We saw that several areas had been deep cleaned and maintained such as the staff changing room and bin area. Cleaning schedules were in place and they were slowly supporting staff to be more vigilant with IPC. There was a night cleaning schedule in place to ensure that regular cleaning was taking place of high touch areas. There were a few areas on the audit that still needed to be addressed, such as completion of the DSR room and accurate mattress audits. These will be incorporated into area for improvement one relating to the overall cleanliness and refurbishment of the environment and the ongoing monitoring by the management team.

Complaints

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

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