

Westbank House Care Home Service

Lower Cowgate
Oldmeldrum
Inverurie
AB51 0PP

Telephone: 01651 267 380

Type of inspection:
Unannounced

Completed on:
22 December 2022

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003000309

About the service

Westbank House care home is owned and managed by Aberdeenshire Council. The service is registered to provide a care service for up to 33 people. At the time of our inspection there were 22 people living in the home.

Westbank House is a purpose-built, detached three-storey building situated in a quiet residential area of Oldmeldrum. There are a number of shared sitting rooms and one large dining room. Each floor has a balcony area with kitchenette, further dining tables and seated areas. All bedrooms are single rooms with no en suite facilities. Bathrooms, showers, and toilets are shared.

At the front of the building there is an easy to access courtyard garden and summerhouse. There are further patio areas and gardens at the side and rear of the building.

About the inspection

This was an unannounced inspection which took place on 7 and 21 December 2022, with visits to the care home, and on the 14 and 20 December 2022 with virtual inspection activity. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service and members of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- A few people required more support with their washing and dressing to help them look their best.
- Significant improvements were needed to ensure people experience safe care and treatment, including the management of falls and the measures taken to reduce these risks.
- Significant improvements are needed in the staffs understanding of keeping people safe from harm.
- Improvements were needed to make the environment a clean and comfortable home for people.
- Improvements were needed to ensure that the home is well maintained and a comfortable place for people to live in.
- Maintenance of the home needs to improve to ensure it is safe and a comfortable place to live in.
- Visiting was relaxed and supported the needs of people.
- Staff competencies and skills needs to improve, including the infection prevention and control practices.
- The leadership and management of the service needs to be strengthened.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There were some inconsistencies in how people were assisted to look their best. Most people had been helped with their cleansing and dressing to a good standard and this had helped them look their best. However, some people required more support, for example, one person had several days growth of facial hair, one female had a lack of suitable underwear on, and a couple of people's hair was uncombed and noticeably untidy. Staff should ensure that everyone is supported to look their best.

People should be supported to lead productive, interesting, and fulfilling lives. Some people attended the group activities on offer. These were craft or games based events, and people appeared to enjoy the craft and group activities, delivered by the activities person. The activities programme should be developed to include more physical activity. This will help keep people healthy. In addition, thought should be given to people who are reluctant to join in group activities. They would give everyone the same opportunity to lead active and meaningful lives.

People were positive about the quality and choice of meals. They said the meals were tasty and there was always plenty to eat. The service should further develop the dining experience and look at it from a resident's perspective. For example the menu was difficult to read on the chalk board, tables were bare with no table cloths or place mats. Improvements will help enhance the dining experience for people.

The recording, analysis and risk management of people who experienced falls was ineffective. This meant that people remained at risk of further falls, and some people experiencing more falls without appropriate actions being taken to reduce the risks. This increased the risk of injury to those people.

Some people who independently rose from their bed to access the toilet, had their bed set low to the floor with a crash mat in situ. This made it difficult for them to stand up and maintain their balance. The failure to identify this risk and cause of some of the falls, meant that some people continued to fall when rising from their bed.

There were inconsistencies in the recording of falls in the home. This meant that there was no accurate overview that could help inform an analysis to look at possible factors that increased the risks. Where risk factors had been identified, this did not necessarily inform any change. There was a lack of ownership of responsibility and we were told by some staff 'that's not my job'.

Improvements must be made to the management and oversight of falls and how people are supported to reduce their risk of falls. **(See the Improvement Notice on our website under the service name.)**

There was an over use and inappropriate use of equipment which may restrict people's ability to mobilise and make choices. Items such as call mats, seat sensors, door sensors appeared to be put in place as a response to a fall. This was done without any assessment being made at the time or any further review of appropriateness. As a result more and more restrictive measures were put in place, one person had six items which may be deemed restrictive in place. Staff demonstrated poor knowledge of what restrictive practices are and how they impact on the rights and choices of people.

Improvements must be made to the use of equipment that impacts on people's rights and abilities to make choices. Improved oversight and review of use of restrictive measures must take place to ensure that these measures remain appropriate and effective. **(See the Improvement Notice on our website under the service name.)**

People who had additional health and care needs, or if their needs changed, did not always receive the care and intervention that contributed to good outcomes and help keep them well.

There was poor understanding of distress and how to recognise and reduce this for people. Some staff were unaware that at least two people experienced distress. Care plans were basic with limited information and at times, poor use of terminology and language. The plans did not document any potential cause of the distress and how best to support the person. The poor understanding of stress and distress meant that people did not consistently receive the care that they needed.

There was a failure to act appropriately when some people's health had changed. For example, one person after a fall experienced increasing levels of pain. His personal care needs were attended to before review by a medical professional. This caused increased pain and distress. One person had increasing levels of pain and reducing mobility over two days before referral for medical input. Staff should have identified the changes earlier to help this person get the help they needed. Unexplained bruising was not investigated to establish cause. There was a presumption that this was caused by unwitnessed falls. This increased the risk of potential harm going undetected.

Improvements must be made when people's health needs change, to ensure that they receive the right care, support and that their health needs are attended to. Improvements must be made to staff's awareness of their responsibility in recognising when people's health needs have changed. This will ensure that appropriate actions are taken and appropriate input is sought. **(See the Improvement Notice on our website under the service name.)**

The home was open to visitors. People said that visits could take place at a time when it best suited them and were not restricted in length of visit. This contributed to visits being positive experiences. Some people had formed friendships and we saw the positive impact this had on them. They could pass the time with their companion. The service should look to develop the sense of community and companionship within the home. This will help everyone have the opportunity to form friendships.

Some areas of the home were visibly dirty. This increased the risk of cross contamination and did not demonstrate respectful or compassionate care. We issued a letter of serious concern during our inspection. This required the service to take immediate action to clean heavily contaminated shower traps. The service met this requirement.

Some fixtures and fittings were worn. Some beds and furniture had compromise to the integrity of the varnish/wood covering. This increased the risk of dust and debris harbouring in these areas.

Bathrooms/wet rooms did not have PPE (personal protective equipment) available. This increased the risk of staff not using PPE when assisting people or leaving people unattended to go and get PPE. The service should review the location of PPE to ensure that it is accessible at the point of need.

Staff infection control practices were inconsistent. Some staff maintained hand hygiene between attending to people, some staff did not. This increased the risk of cross contamination.

The area for improvement made at our last inspection in regards to infection prevention and control is unmet and is now a requirement. **(See requirement 1.)**

Requirements

1. By 6 February 2023, the provider must ensure that infection protection procedures are followed, and practice is sustained in line with information and guidance for social, community and residential care settings. In order to do this the provider must, at a minimum, ensure that:

- a) a detailed and accurate infection prevention and control (IPC) audit is undertaken, that addresses any practice concerns promptly
- b) all staff are trained specific to their learning needs and their roles around IPC
- c) all areas of the home are visibly clean and well maintained and that an action plan is in place with realistic timeframes for the replacement of items in a poor state of repair
- d) personal protective equipment (PPE) is stored and used appropriately in line with best practice
- e) staff practices are monitored frequently and assessed as being competent against best practice guidance.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My environment is safe and secure' (HSCS 5.17).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People had been asked their views on the service using an in house audit. The outcome from this audit was being collated and acted upon. This service should ensure that what people want is used to inform the provision they receive.

The service improvement plan should be developed to include what matters to people and how outcomes would improve as a result of changes. This will help keep people at the centre of the development of the service.

We identified significant concerns with the leadership and management of the home and felt that this was a contributing factor in some poor outcomes and a failure in responding to failings.

When a reportable event occurred, there was inconsistent reporting to the relevant agencies. This made it difficult to establish early indicators that the service needed more help from agencies, and that individuals got the input that they needed to help them keep safe and well.

A workaround was completed, however, this was ineffective in identifying poor outcomes or when standards fell below the expected levels. For example, the cleanliness of some areas, the access to PPE and the over use of restrictive measures. This meant that corrective measures were not taken and the concerns continued.

There was no learning from adverse events. These were events that had the potential to put the person at risk of harm to their health and safety. For example, one person left the home unsupported and this was unsafe for them to do this. Due to a lack of follow-up and learning, this incident re-occurred.

The management team use a 'resident of the day' system. This means there was an auditing and focus daily on a different person's care plans, assessments etc. This appeared to be a checking that the plan was in place and did not lead onto an assessment of the content of the plan. This was a missed opportunity to identify lack of content, inaccurate plan content and when inappropriate words and terminology was recorded.

The management team were aware of concerns regards the quality of the care and support, provided by two temporary (agency) staff. However, there was a failure to cancel their shifts and find alternative cover. This meant that some people would experience the same poor standards.

Improvements must be made to the leadership and management of the service with improved oversight of the quality of the service provision. This is to ensure that people receive good care and support that keeps them well and prevents harm or negative outcomes. **(See the Improvement Notice on our website under the service name.)**

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People and their families gave us positive feedback about staff. One person told us that staff were very responsive and supportive and that they knew their relative well. Families told us that they were kept up-to-date with information but did say that they felt they could be informed sooner if something had happened.

Staff numbers were good, however, they appeared to spend little time engaging with people. Support staff did not appear to understand their role in helping with activities, and this was left to the activities co-ordinator. For example, the local school performed a Christmas concert, however, we felt more could have been done to support people to attend and join in the event. This could enhance the experience for people.

Staff experience of the induction process was inconsistent. It was positive that ancillary staff reported feeling supported in their role. They had been provided with training and felt confident that they understood their roles and responsibilities, for example, in supporting nutrition. This meant that they took account of people's individual dietary requirements.

The service should, however, make significant improvements to ensure that care staff experience a timely and robust induction to ensure they are fully trained for their role. Due to some staff not having completed an induction, people could not be confident that staff had the necessary skills and competence to support them. **(See requirement 1.)**

From our observations of practice, we were not confident that staff had been able to reflect on their practice, and to discuss their professional development and training needs through the existing supervision arrangements. The service therefore needs to improve the overview of staff training, development, and overview of competent practice. **(See requirement 1.)**

Requirements

1. By 6 February 2023 you must ensure that all staff are provided with appropriate training to allow them to undertake their role safely. You must in particular ensure that:

- a) on commencing employment staff receive an appropriate induction. This must include training in the following areas: adult support and protection; falls; and stress and distress
- b) observation of care practice and staff competency is regularly assessed and recorded
- c) records of staff training are kept and reviewed and updated regularly.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 15 (b) (i) to ensure that care and support is consistent with the principle of 'dignity and respect' as stated within the Health and Social Care Standards (HSCS).

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 3.41).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The service has upgraded the bathrooms with new baths and upgrades to tiling and décor. This provided a good resource for people, however, there were no window coverings in the bathrooms. Although the glass was frosted, we felt that there could still be a compromise to people's privacy and dignity. When upgrades are undertaken, the staff need to ensure that all aspects of the upgrade are in place.

The cleaning schedules and walkarounds had failed to ensure that good standards of cleanliness were maintained in all areas. For example, the significant build-up of dirt in the shower traps and the heavily dusty and contaminated hairdressing trolley. Improvements are needed to the oversight and auditing of the cleanliness of the home to ensure that there is no risk to people's wellbeing.

The oversight of the environment was ineffective, therefore concerns with the fixtures and fittings were not identified. For example, some toilets had cracked floor tiles, some extractor fans were not working. In the toilets the handrails and toilet holders were positioned out of reach. This made it difficult for people to access. There were no raised toilet seats used. This made it difficult for some people who had reduced mobility, to rise independently from the toilet.

The condition of some furnishings was worn. This made it difficult to keep clean and it was also unsightly.

The service needs to improve the oversight and auditing of the homes environment to ensure that it is a safe, clean and comfortable place for people to live in. **(See requirement 1.)**

Some areas of the care home which were for residents, were being used by staff for another purpose. Each floor had a kitchen servery. These facilities could be used by people to access drinks and snacks. However, we found that chargers for hoist batteries were routinely used in these areas. This impacted on accessibility. One small lounge was being used as a staff changing area, however, the signs on the door continued to indicate that it was a quiet lounge. We felt that an alternative changing room could have been used to prevent the loss of this good resource. It was positive that the service responded during our inspection and changed this room back to a quiet lounge.

Requirements

1. By 6 February 2022, you must ensure that service users experience care in an environment that is safe, well maintained, clean and hygienic. In particular you must ensure that:

- a) the premises, furnishings and equipment are safe, clean, and odour free
- b) processes are in place to consistently maintain a safe and healthy standard of cleanliness throughout the care home and regularly quality assurance checks of cleaning undertaken are in place
- c) an improvement plan must be in place that identifies the necessary upgrade or replacement of fixtures and fittings. This must include realistic timeframes for completion.

This is to comply with Regulations 4(1)(a) and (d) and 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My environment is safe and secure' (HSCS 5.17).

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 improve infection control practices, the provider should ensure that all staff have access to, are familiar with and comply to the principles and practices of Health Protection Scotland COVID-19 Information and guidance for Care Home Settings and NHS Scotland National Infection Prevention and Control Manual.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 4.11 which states: "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 1 October 2020.

Action taken since then

This area for improvement is unmet and is now a requirement.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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