

West Park Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
West Park Care Home Limited

Service provider number:
SP2016012740

Service no:
CS2016348139

About the service

West Park Care Home provides a care service to a maximum of 15 older people who may have dementia. The home is located on the outskirts of Galston. The building is a converted bungalow. The accommodation is all on one level and includes 13 bedrooms of which seven have en suite facilities and the remainder have sinks only. Out of the 13 bedrooms, two are shared. There is an assisted bathroom for communal use. The communal areas include a lounge and dining room with access to a secure garden area.

About the inspection

This was an unannounced inspection which took place from 14 to 17 February 2023. The inspection was carried out by one inspector 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 six people using the service and nine of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service was very good at providing a homely, warm and person-centred atmosphere for people.
- Staff gave people a sense of wellbeing by building positive relationships with people and their families and by treating people with kindness, patience and respect.
- Very good communication with families meant that people felt well informed, reassured and confident about the care of their loved ones.
- People's care plans were kept up to date and included very good detail about their individual needs and preferences.
- The home provided a clean, homely and familiar environment that made people feel safe and relaxed.
- There were limited storage facilities and we recommended to increase storage space to improve the prevention of infection.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People living at West Park Care Home felt happy and content and praised the warm and homely atmosphere. There were very good relationships between staff and residents and their families. We observed how staff worked with people and found that interactions were kind, friendly and skilled. This helped people to feel at ease, included and safe.

Residents and families told us that staff used the strength of the small service size to create person-centred, family like environment. Staff supported people in a manner that respected their individual pace, routines and choices. A relative said "they are so respectful of mum's dignity and also give her choices that she can make". This made people feel confident and recognised as an individual.

People's health and wellbeing needs were being met. The home worked effectively with external health professionals to ensure that people had timely access to the treatment and advice they needed. A visiting community nurse told us that communication was very good and that staff were very proactive and helpful. A relative said "They are really quick in picking up any health issues and keep me well informed".

People enjoyed their food and benefitted from familiar and unhurried mealtime routines. There were good examples of enabling choices and catering for individual likes. The small size of the home and the proximity to the kitchen meant that seeing and speaking to the cook and enjoying the pleasant food aromas was part of daily life. All the residents we spoke to said that they liked the food on offer. A relative told us "At one point mum went off food. They were so accommodating and tried so much. For days she just wanted to eat soup and that is what she got. Now she is thriving again".

There was evidence that people who were able enough were supported to have regular access to activities in the local community. The home maintained a budget for taxi fares and activities. There were also connections with local schools and churches. This helped to keep people in touch with their local community.

Families praised the efforts of the manager and staff to keep them informed and involved in their relative's life and care. A relative said "The communication is 100% good. I feel that I have real involvement in mum's care". A Facebook group kept people up to date with events in the home and technology was available to keep people in touch when visits were not possible. This supported people's mental wellbeing and made them feel connected and included.

Staff were aware of current guidelines relating to the Covid 19 pandemic and general infection prevention and control. The service was clean and appropriately tidy. Staff were competent and had good knowledge of correct cleaning procedures and products. Effective quality assurance measures were in place to ensure consistently good practice. This helped to keep everybody in the service safe from infection. A relative told us "They have got stringent procedures in place. Mum's room and bathroom are always clean".

How good is our leadership?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Our evaluation was supported by the very positive feedback we received from residents, families and staff. Taken together with our assessments, this showed that the manager provided clear and consistent leadership to promote an inclusive and person-centred culture of care that achieved good outcomes for people. A relative said "I love that it feels like a family and the care they give my mum. I feel like I have real involvement in her care".

Manager and senior staff were proactive, open to new ideas and provided leadership to drive improvements and to maintain good standards. Regular audits and checks were in place. As a result, key areas of practice, like medication, cleanliness and care planning were robust and safe.

A service development plan was in place. However, it was very focussed on environmental improvements and maintenance issues. We discussed this with the manager and encouraged her to widen the scope of the development plan to include other areas of practice and improvement ideas.

Manager and senior staff supported our inspection very well and were very receptive to suggestions for improvements. Wherever possible, any minor issues were addressed straight away. This showed that people benefitted from the positive and professional attitude of leaders who were striving to provide good outcomes for people.

How good is our staff team?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

We spoke to staff and observed staff practice during our inspection. We found that staff were motivated, compassionate and skilled. Residents and families unanimously praised the quality and conduct of staff. A resident said "They are all very kind and courteous. I ask for something and I get it. They are so friendly. That helps me to feel happy". A relative told us "staff are amazing at what they do. Their compassion is evident. Without them it wouldn't be the place that it is. They put lots of energy into everything". This meant that staff were well recruited, trained and supported by leaders in a way that promoted good outcomes for people.

We found that the manager used a needs based and person-centred approach to staffing that aimed to have the right number and mix of staff. Although this approach was in line with good practice guidance, we found that it should be more formalised. We discussed this with the manager who started to work on it straight away. To support this further we made an area for improvement (see area for improvement 1).

Staff had access to regular one to one supervision meetings with senior staff. The manager kept a schedule to ensure that supervision was completed on a regular basis. This gave staff the opportunity to give and receive feedback and to talk about learning and development opportunities.

The small size of the service meant that the manager was very involved in the daily life of residents and able to frequently observe staff practice in an informal way. This provided ongoing leadership and supported individual staff development and staff morale.

The manager ensured that safe and robust recruitment checks were in place. This supported the safety and wellbeing of people using the service.

A training plan and records of completed training were in place. Staff we spoke to were satisfied with their access to training. We found that not all staff had completed the expected level of dementia care training within the Promoting Excellence training framework yet. The manager acknowledged that the completion of this training had slowed down during the pandemic and took immediate action to address this.

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their day, the provider should improve how they continually assess staffing numbers, skill mix and deployment.

The assessment of staffing should be centred on achieving good outcomes for people, be transparent and based on evidence drawn from quality assurance, feedback and clinical governance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People we spoke to were happy with the environment and pointed out the benefits of the small and not purpose-built setting. Residents and families found that the environment added to the homely and warm atmosphere. Although the home lacked some of the features and spaces of modern, purpose-built care homes, we agreed with people's perception that the strengths of the environment outweighed the weaknesses.

The size and layout of the building meant that people were never far from staff or other residents. The homely features and the proximity to the kitchen, which was situated at the centre of the home, meant that people benefitted from experiencing familiar routines, aromas and sounds. This contributed to a feeling of comfort and inclusion that helped people to feel settled and at ease. A resident said "It is of course not quite like being in my own home. I miss that, of course. But this is really as good as you can hope for if you can't be in your own house anymore".

We found that a particular strength of the service was the high degree of personalisation of people's bedrooms. People were enabled to bring some of their familiar furniture or items that were important to them. This supported people to feel seen, acknowledged and respected as an individual person.

The environment was clean, tidy and well maintained. Maintenance tasks and checks were planned and robust. Housekeeping and cleaning tasks were carried out competently and followed well recorded cleaning schedules. Overall, the good state of maintenance and cleanliness of the environment helped to support people's health and wellbeing.

We made an area for improvement to address a lack of storage space and to promote a better separation between clean and dirty areas of care (**see area for improvement 1**). This is part of effective prevention and control of infection. The manager acknowledged that improvements could be made and started work on this straight away. However, it was evident that some additional storage space outside the building would likely be required to achieve the necessary improvements.

Areas for improvement

1. To minimise the risks to people's health through cross infection and to promote safe working practices, the provider should improve and increase storage facilities. This should include, but is not limited to, removing the storage area in the laundry, clear physical separation of clean and dirty storage areas and ensuring that the hand washing sink in the sluice is not used for washing commode pots or the disposal of waste water.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17).

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We found that people's care plans were detailed and focussed on their individual needs, preferences and abilities. There was good evidence that each plan was regularly reviewed, updated and added to. This helped to keep plans dynamic, relevant and effective.

Clearly formulated personal outcomes help to ensure that assessments and plans are focussed on people's abilities, wishes and aspirations. Defined personal outcomes can also help staff to evaluate if people get the right support and are able to get the most out of life in the home. We found that the care plans contained very good, person-centred information and that staff knew each resident and their family very well. This meant that staff already had a good idea of what personal outcomes each resident wanted to achieve. However, the personal outcomes were not written into people's care plans. We discussed this with the manager who agreed to work on this and to add this project to their service development plan.

People told us that they had a high degree of involvement into the care plans. A relative said "I feel that I have real involvement in my mum's care. When there is something that needs to be done, for example with the GP, we sometimes work on that together". People confirmed that there were regular care reviews. People also felt that the good exchange of information during visits or phone calls helped them to stay informed and feel involved on an ongoing basis.

We saw that some people had anticipatory care plans in place to ensure that palliative and end of life care was provided in line with people's wishes. This showed that people and their families were involved in making anticipatory decisions about the care and treatment they wished to receive if they became very ill.

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

To ensure that people's health benefits from their care and support medication must be given in accordance with the prescribers instruction.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

This area for improvement was made on 17 January 2020.

Action taken since then

We assessed people's medication records and found that these were completed correctly and that medication was given as prescribed.

This area for improvement was met.

Previous area for improvement 2

The provider must submit a request to vary the conditions of registration to take account of the current arrangements in place in the specified shared bedroom.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'As an adult living in a care home, I have my own bedroom that meets my needs, but can choose to live with and share a bedroom with my partner, relative or close friend'. (HSCS 5.26)

This area for improvement was made on 17 January 2020.

Action taken since then

We discussed the current use of bedrooms with the manager. The home will continue to use two bedrooms as shared bedrooms for the time being. An existing temporary condition on the registration certificate at the time of this inspection was not relevant any longer. We asked the manager to submit an variation request to ask for the removal of this condition.

This area for improvement was met.

Previous area for improvement 3

The provider should improve the privacy screening within shared bedroom accommodation.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected'. (HSCS 1.4)

This area for improvement was made on 17 January 2020.

Action taken since then

The two shared bedrooms had privacy curtains in place to protect people's dignity during personal care.

This area for improvement was 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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