

Westerfields Care Home Care Home Service

30 High Calside
Paisley
PA2 6BE

Telephone: 01418 401 110

Type of inspection:
Unannounced

Completed on:
15 October 2025

Service provided by:
H & H Care Homes Limited

Service provider number:
SP2010010960

Service no:
CS2011303060

About the service

Westerfields Care Home is registered to provide 24-hour nursing care to a maximum of 64 older adults aged 50 years and above with conditions aligned with old age and older people including those with dementia.

The home is situated in the Calside area of Paisley. It is a three-storey, purpose-built facility with single room accommodation.

Each floor is arranged with well-appointed bedrooms and private en suite. Each floor has its own large lounge with a spacious dining room, quiet room and a satellite kitchen. The laundry, kitchen and other staff facilities are in an additional basement area. A lift allows access to the upper floors.

About the inspection

This was an unannounced follow-up inspection which took place on 15 October 2025. 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 a variety of people using the service and three of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Improvements had been made in care planning and medication recording.
- Audits were being better used and contributed to actions for improvement.

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 leadership?	4 - 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 good is our leadership?

4 - Good

We have increased the evaluation for this key question due to improvements following inspection.

The provider had made meaningful improvements, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Therefore, we evaluated this key question as good.

Please see What the service has done to meet any requirements made at or since the last inspection section of the report.

How well is our care and support planned?

4 - Good

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The provider had made meaningful improvements, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Therefore, we evaluated this key question as good.

Please see What the service has done to meet any requirements made at or since the last inspection section of the report.

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

Requirements

Requirement 1

By 9 August 2025, the provider must ensure that quality assurance processes are used to inform continuous improvement of the service.

In order to do this, the provider must, at a minimum:

- a) ensure that identified audits are carried out across the whole service including, but not limited to, medication, environmental cleaning, professional registration and care planning
- b) ensure audits are up-to-date with actions identified and progress tracked
- c) review the improvement plan to ensure it is workable, efficient recording tool
- d) ensure management have a clear overview of staff professional registration and training including any identified gaps.

This is to comply with Regulation 4(1)(a) 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: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 23 May 2025.

Action taken on previous requirement

The management team had a clear audit plan in place and were able to show completed audits with analysis of their findings. Whilst some action planning was in place, there were opportunities for better recording and evidencing of the impact of changes. We discussed this with management and were confident they would explore it further.

The provider had reviewed their improvement plan and had decided it still met their needs. We discussed how to ensure that people's views and wishes were represented in the improvement plan and how to share it with people, families and staff. We expect to see that move forward by the next inspection.

Staff registration checks were much better than previously with management being able to see clearly what status staff registration was at. A system was in place to track staff training. The administrator was seeking an enhanced recording system which better captured training from external providers. Checks helped to ensure that staff were appropriately trained which offered reassurance that people were being supported by knowledgeable staff.

Met - outwith timescales

Requirement 2

By 9 August 2025, the provider must ensure that people's personal plans and risk assessments contain up-to-date and essential information to give staff clear instruction on how to meet their needs safely.

In order to do this, the provider must, at a minimum:

- a) ensure all care plans are accurate, detailed and reflect the current assessed needs of people
- b) ensure all risk assessments are accurate, detailed and reflect the current assessed needs of people
- c) ensure people's choices and wishes are fully recorded.

This is to comply with Regulation 5(1) 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 personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15).

This requirement was made on 23 May 2025.

Action taken on previous requirement

Management and staff in leadership teams had worked hard to improve care planning and risk assessments. Sampled care plans were easier to read and contained relevant and up-to-date information. People's safety and wellbeing is paramount and robust care planning helps promote this.

People's choices and wishes about their care was also better recorded. However, there remained room for improvement regarding people's life histories which were not quite as well recorded for a few people. Some plans contained rich information about who people were. Staff knew a lot about people's lives but if it was not recorded new staff were less able to pick up on that information and use it to understand people and communicate with them. Management agreed to address that going forward.

Met - within timescales

Requirement 3

By 9 August 2025, the provider must ensure that people's health and wellbeing is supported by having access to the correct treatment at the correct time.

In order to do this, the provider must, at a minimum:

- a) ensure that all medication protocols are up-to-date and reviewed as required
- b) ensure all 'as required' medication protocols are reflective of each person's unique support needs.

This is to comply with Regulation 5(1) 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 personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices" (HSCS 1.15).

This requirement was made on 23 May 2025.

Action taken on previous requirement

Improvements had taken place in the recording of 'as required' protocols. That supported more individualised responses to the use of medication for people. Protocols were reviewed regularly which helped monitor whether medications were also still required for people.

We came across a discrepancy with one protocol and asked management to discuss that with staff in order that they always follow good practice. We were confident that management would do so.

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

To support people's health and wellbeing, the provider should offer clarity on the use of observation/ monitoring records. Staff should be clear on the purpose of such records and ensure recordings are meaningful to people.

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 based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 23 May 2025.

Action taken since then

It was positive to find that monitoring was used when required as opposed to a blanket use of it. Staff must remain vigilant to fully completing recordings and also analysing and reporting on any issues that have been found. People benefit from a staff team who are vigilant to changes in their health and wellbeing and able to act on it correctly.

Some monitoring was being carried out to satisfy family requests as opposed to a clinical need. Staff should be clear on the difference between both types of recording.

This area for improvement has been met.

Previous area for improvement 2

To protect people, management should reflect on their recruitment policy and ensure they are following best practice in recruitment.

This should include, but is not limited to, ensuring all relevant checks are completed in a timely manner and have been verified to be genuine.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

This area for improvement was made on 23 May 2025.

Action taken since then

Recruitment checks were more robust. Reference checks were followed up to ensure they were genuine. Recent records of recruitment were sampled and were of a good standard. That supported better outcomes for people where they can be assured that staff have been recruited safely.

This area for improvement has been met.

Previous area for improvement 3

To support people's choices around care and support, the provider should review the staffing deployment across the care home. An evidence-based approach to this should be used.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

This area for improvement was made on 23 May 2025.

Action taken since then

Changes had been made to the nightshift since our last inspection. An extra member of staff was available to support people at the busy time of getting ready for bed. We were also pleased to hear of a recent night shift management check which identified a need for better work practices. A few people's choices around when they went to bed were not always supported. That was dealt with to ensure choices and wishes were respected. It highlighted the benefits of managers observing practices across different times of day.

Management had identified when people needed more care and as such we could see examples of where staffing was increased to offer support. That ensured people were offered support at a level that suited their need for increased time and attention from staff. People were offered dignified and appropriate care.

This area for improvement has been met.

Previous area for improvement 4

To support people's experiences and confidence in the staff team, the provider should give assurances of consistency of practice across the staff team.

This should include, but is not limited to, developing meaningful regular observations across the team and opportunities to encourage reflective practice.

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).

This area for improvement was made on 23 May 2025.

Action taken since then

Although we saw some evidence of observations of practice in place, there was a need to see these being further developed. Managers must ensure that observations of practice are a consistent aspect of the support offered to staff. That would then reassure people that staff are able to put their training into practice and are competent in their role.

This area for improvement has not been met.

Previous area for improvement 5

To support people's access to a well-looked after, well-designed and comfortable home, the provider should ensure that all relevant people are involved in decisions about future improvements. People's access to the different areas of their home should be considered to ensure barriers to movement are identified and minimised.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1) and "I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life" (HSCS 2.24).

This area for improvement was made on 23 May 2025.

Action taken since then

Work is still needed to ensure that people can access different areas of the home such as the garden area independently. It is also important that people and their families can be involved in discussions as to how the home fits people's needs.

This area for improvement has not been met.

Previous area for improvement 6

This area for improvement was made following a complaint investigation.

To provide reassurance that staff respect and value people's personal belongings, the provider should adopt a more robust system for laundry management. This should include, but is not limited to, providing safekeeping of personal property guidance for staff to follow.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

This area for improvement was made on 4 July 2025.

Action taken since then

Laundry staff worked hard to look after people's belongings. They tried to mark laundry to make it easier to identify - for example by adding a room number to labels. However, friends and families did sometimes bring in clothing as a present and without it being labelled, it was not so easy to identify.

We sampled some recently completed inventories and were not satisfied that staff were properly recording information. They lacked detail to be able to identify some personal belongings. People's belongings should be treated respectfully.

This area for improvement has not been met.

Previous area for improvement 7

This area for improvement was made following a complaint investigation.

To ensure that people receive effective continence care and support, the provider should ensure that staff are responsive to a person's assessed continence needs and document clearly when they have provided continence support.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

This area for improvement was made on 4 July 2025.

Action taken since then

An external training provider had offered training to staff which was rolled out over various days to ensure all relevant staff attended. That helped to support better practice.

A worker had also taken on the role of 'continence champion.' They were responsible for ensuring that all prescription containment products were accurately assessed and ordered. As with all prescriptions, management should audit that area of work to ensure that people always have what they need.

This area for improvement has been met.

Complaints

Please see What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld. www.careinspectorate.com

Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
2.3 Leaders collaborate to support people	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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