

Wheatlands Care Home Service

Larbert Road
Bonnybridge
FK4 1ED

Telephone: 01324 814 561

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272088

About the service

Wheatlands is part of Balhousie Care Group, which owns a number of care homes throughout Scotland. The care home is situated in Bonnybridge, near Falkirk and provides care for older people. The service is registered for 59 older people and is close to local amenities and public transport. There were 49 people living at Wheatlands at the time of this inspection.

The accommodation is provided in a large sandstone building, with two additional extensions. The bedrooms are all single with the majority having ensuite toilet facilities.

Wheatlands has been registered as a care home since October 2010.

About the inspection

This was an unannounced inspection which took place from 2 to 5 July 2024. 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:

- received feedback and spoke with 25 people using the service and nine of their family representatives
- spoke with 19 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People benefitted from warm interactions with staff and were treated with kindness.
- Staff supported each other, worked well together as a team and the management team were approachable and responsive.
- The service needed to improve how people received topical medication.
- People did not benefit from a comfortable, homely environment and the service needed to review the soft furnishings.
- The provider needed to address how people were supported with aspects of their health and wellbeing including recording of care and support.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance need to improve. When we looked specifically at 'How people get the most out of life' we saw that there were some important strengths and we evaluated that quality indicator as good.

People received care and support with respect and kindness and had formed nice relationships with staff. This included both care staff and ancillary staff, who offered social and emotional support to people with warm interactions. One person told us, "The staff are all very good, there's not one that isn't". Whilst a relative said, "They have friendly and helpful staff" and another told us that their relative was "loved by staff".

Some people were supported to get the most out of life, because the service had developed a programme of group activities. The wellbeing team had gathered information about people's preferences and wishes and planned the group activities to reflect this. People involved in the various group activities told us they "had fun" and many had created strong social bonds that continued out with the groups. People who could not (or chose not) to participate, had less opportunity for meaningful engagement. This meant that some people were not supported to have a sense of purpose or stimulation. We made an area for improvement about this. **(See area for improvement 1).**

We received positive feedback from people about the choice of meals and people who needed a specialist diet were catered for. There was a clear understanding of people's weight and nutritional needs. Some aspects of the dining experience could be improved including regular access to fluids, particularly when the preference was tea or coffee. We discussed this with management and by the second day they had started to improve this.

People benefited from regular access to relevant professionals to support their health and wellbeing. Staff had good links with local health professionals and nurse practitioners supported the staff with regular visits to Wheatlands.

We had some concerns with how staff completed supporting documentation, for example, fluid balance charts and oral care. Oral medication was well recorded and audited, however it was unclear how people received medication when the application was topical, for example, creams or emollients. Topical medication was not clearly labelled or stored appropriately and we could not be confident that people were receiving topical medication as prescribed. We made an area for improvement about this. **(See area for improvement 2).**

Where people had risk to their skin integrity this was well identified, and monitoring charts were in place, but these were not routinely completed and for some people with vulnerable skin there were a number of gaps in their repositioning records. People could not be confident that wounds were managed well. We saw discrepancies in wound management records and where specialist advice had been sought, this was not always incorporated into the wound care plan or followed. We made a requirement about this. **(See requirement 1).**

During our observations we were aware that some people could experience episodes of stress or distress. We could not see how staff supported people at these times or how staff understood people living with dementia. Care plans that we reviewed were not focussed on the person, did not provide clarity on how distress behaviours could be exacerbated and did not provide information on how to support people. We could see that the service improvement plan had identified additional training for staff but this was not clear about when that would be arranged. We made a requirement about this. **(See requirement 2).**

Requirements

1. By 9 August 2024, the provider must ensure the health and welfare of people by meeting their needs in relation to maintaining skin integrity and managing wound care.

In order to achieve this, the provider must:

- a) ensure that staff supporting peoples skin integrity are adequately and appropriately trained
- b) ensure that proactive measures to prevent the development of wounds and/or pressure ulcers are identified and clearly documented in people's care plans and that these are implemented by staff delivering care.
- c) ensure appropriate use of daily monitoring charts, wound care assessments and treatment plans
- d) ensure that any specialist professional advice is incorporated into plans and followed
- e) ensure that there is a quality system which monitors the effectiveness of care delivered in relation to both prevention of skin breakdown and any treatment plans in place.

This is to comply with Regulations 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 am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12), 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14), 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. By 6 September 2024, the provider must ensure that people who experience stress or distress are fully and appropriately supported.

In order to achieve this, the provider must ensure:

- a) that staff have the appropriate skills by receiving training on how to support people who are living with dementia and how to support people who may experience stress and/or distress.
- b) that care plans are in place which identify individual triggers for stress and/or distress episodes and support strategies to reduce people's levels of stress and distress

c) where medication is prescribed to alleviate stress or distress, then there is clear guidance on how and when this should be administered. A record must be kept of when any 'as required' medication has been administered, the rationale for this and what the outcome was

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15(b)(i) (staffing) 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 care and support meets my needs and is right for me' (HSCS 1.19) and '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).

Areas for improvement

1. To give purpose to their day and support their wellbeing, people should have opportunities to take part in meaningful engagement. To ensure this, the service should develop a plan to support individuals who do not wish to (or are unable to) participate in the wider group activities.

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).

2. The service should ensure that topical medication is stored appropriately and people receive all of their medication as prescribed. This should include the accurate recording of effective administration of topical medication and include regular audit processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences.

People and their families told us that communication was improving and we could see evidence of meetings and communication that kept them up to date. Relatives told us that the manager quickly addresses any concerns and one said, "Staff have grown and blossomed under the new management".

Observational supervision had been established and staff we spoke to told us they were happy with the level of support they received. Staff told us the manager was "very visible and approachable". Regular feedback was sought from the service and actioned and this meant that most people's concerns were identified and resolved timeously.

The service had developed a quality assurance process and we could see regular audits of clinical areas, such as skin integrity, falls and weight. Medication audits were completed and actioned however did not include topical medication. The audit process should address any gaps in practice but we identified areas that were not picked up by the quality assurance activity. We have addressed this under key question 1.

The service had a detailed improvement plan that highlighted a considerable number of improvement actions. Although we recognise the good practice in having a robust improvement plan, we were concerned that the size of the plan diluted the focus of priority actions. We discussed this with the management team and were confident in their plan to address this.

How good is our staff team?

4 - Good

We evaluated this key question overall as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people experiences.

People benefitted from a staff team that was carefully recruited and selected across all departments of the service. Staff appeared to work well together to deliver care and support.

There was respectful communication within the team and this created a warm atmosphere because there were good working relationships. Staff had experience of working across the home which meant that staff supported each other when needed and the service had a reduced reliance on agency staff. This helped to provide continuity for people using the service.

Staffing arrangements were informed by assessments of people's needs. These were updated regularly using a dependency tool. During the course of our inspection, staffing levels meant that staff had enough time to provide compassionate care and support.

The staff team appeared motivated and we had positive feedback from families and people who use the service. One person said, "Staff are helpful and friendly" and a relative said, 'Staff are terrific and some go above and beyond our expectations'.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. We made an area for improvement about the setting.

People benefitted from an environment that was tidy, with no evidence of intrusive smells. People were able to move around the area that they lived in as they wished and were able to choose where to spend their day.

Refurbishment works had been delayed and we found the care home living space to be functional but it did not create a warm, homely environment to meet people's needs and preferences. There was a lack of attention to standards such as homely touches, decoration and the quality of furniture. Some furniture was heavily stained and some chair seating did not have covers. This meant that people could not be confident that infection prevention and control (IPC) measures were keeping them safe.

We discussed the refurbishment programme with senior management and could see a three year plan that had been agreed to commence immediately. This was mostly about repairs and necessary upgrading work but did not include soft furnishings such as chairs and sofas and because the soft furnishings were worn and impacted IPC, we made an area for improvement about this. **(See area for improvement 1).**

Areas for improvement

1. To ensure that people live in a care home that is comfortable, homely, safe and well maintained the provider should carry out an audit on the soft furnishings and then use these findings to develop a replacement plan with specific timelines. This should include, but is not limited to, sofas and armchairs in all lounge areas and bedrooms.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

We evaluated this key question overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance needed to improve.

We found that people's care plans were written with support from family and reviews were completed regularly. This meant that the information to support people was individualised but the plans were not always person centred. In some of the plans we sampled, the language used directed staff to provide support that was about managing a situation and not about improving outcomes for people.

We were concerned that health information was not always available in plans, and we have addressed both of these concerns in key question 1 (See How well do we support people's wellbeing?) and requirements in this key question will address how individual plans should support better outcomes for people.

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 service should carry out a review of how they support people to spend their day and consider new and meaningful ways of engaging with the community, trying new hobbies and having an opportunity to fulfil any wishes and aspirations.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25) and 'I can choose to spend time alone'. (1.26).

This area for improvement was made on 11 May 2023.

Action taken since then

We reviewed this area for improvement at our inspection. We could see that the service had developed individual information for people ('what matters to me') and used some of this to develop group activities. From our observations people enjoyed the interactions and participated. This did not include people who were not engaged in the activity and as there were no staff around when activities took place, there were a number of people who were receiving no engagement or stimulation.

This area for improvement is met, however we have made a new area for improvement that is specific about people who do not engage in the group activity. (See How well do we support peoples wellbeing: AFI 1).

Previous area for improvement 2

To support good complaints management, the provider should:

- a) Keep records of any concerns or complaints made by people who use the service, representatives, relative or other persons.
- b) Ensure that each record:
 - i) Includes details of the date received, issues raised, action taken, outcome of initial discussion.
 - ii) Details how the service informed the complainant about the outcome.
 - iii) Records are kept of both informal concerns and formal complaints.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'. (HSCS 4.21)

This area for improvement was made on 11 May 2023.

Action taken since then

We reviewed this area for improvement at our inspection. We could see that there was a system in place for supporting people who wished to complain and this met with the providers policy. We recognised that this was reasonably new in place but agreed that the service had completed their action plan and this area for improvement was met.

Previous area for improvement 3

To support the service to assess learning and competency the service should continue to roll out a planned programme of observations of staff practice and supervision throughout the year.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 11 May 2023.

Action taken since then

We reviewed this area for improvement at our inspection. Staff observations had been undertaken to develop the foundation for supervision and staff development. The observations of practice had been well recorded and actions followed up. This area for improvement was met.

Previous area for improvement 4

To support people's health and wellbeing, the service should ensure when people move on from the service that organisations work together to share appropriate information. This should include, but is not limited to, sharing of appropriate records and maintaining records to detail information that has been shared.

This is to ensure care and support is consistent with Health and Social Care Standard, which states that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'. (4.18).

This area for improvement was made on 30 August 2023.

Action taken since then

We reviewed this area for improvement at our inspection. The service had developed appropriate documentation which is completed when people move on or have a temporary stay in hospital. We could see how this improved outcomes for people that have had to go to hospital and this area for improvement was met.

Previous area for improvement 5

To ensure that people live in a care home that is comfortable, homely, safe and well maintained the provider should carry out a room by room environmental audit and then use these findings to develop a refurbishment plan with specific timelines.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS 5.16).

This area for improvement was made on 11 May 2023.

Action taken since then

We reviewed this area for improvement at our inspection. The provider had completed this work and developed a plan with timescales. This area for improvement is met, however did not include a review of soft furnishings. As many of the chairs and sofas were in breach of good infection prevention and control and were considerably worn, we have made a new area for improvement that is specific about furnishings. (See How good is our setting: AFI 1).

Previous area for improvement 6

To support a more robust management overview of wounds within the service, the service should review its current quality assurance methods to ensure that no aspects of wound management are missed or delayed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

This area for improvement was made on 23 October 2023.

Action taken since then

We reviewed this area for improvement at our inspection. We had some concerns about the timeliness and management of wound care in the service and we made a requirement about this. (See How well do we support people's wellbeing: Requirement 1).

Previous area for improvement 7

To support staff to have good knowledge around supporting people with their skin integrity, the service should ensure that all nursing and care staff receive training on this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 October 2023.

Action taken since then

We reviewed this area for improvement at our inspection. We had some concerns about the support to skin integrity in the service and we made a requirement about this. (See How well do we support peoples wellbeing: Requirement 1).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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