

Wheatlands Care Home Service

Larbert Road
Bonnybridge
FK4 1ED

Telephone: 01324 814 561

Type of inspection:
Unannounced

Completed on:
16 September 2024

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.

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 inspection to follow up on requirements made at our last full inspection in July 2024. This inspection took place on 5 and 16 September 2024. 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 we spoke with staff and management, observed practice and daily life and reviewed documents.

Key messages

- People could be confident that where support was needed with wound care, this would be well managed, however there were some improvements still needed when people were prescribed topical medication.
- The service had made some progress with support to people who may experience stress or distress however there were improvements still needed to meet the requirement.

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

Requirements

Requirement 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 people's 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).

This requirement was made on 15 July 2024.

Action taken on previous requirement

We reviewed this requirement at our visit to the care home on 5 September 2024.

The service had developed a daily tracker to provide management oversight of wounds and this was up to date and gave management a daily overview of wound activity.

New folders had been put in place for positional changes and the record keeping was evident that staff were working effectively to support people when they had wounds.

Wound care audits were completed regularly and were action focussed and there was clear evidence of escalation to dermatology, Tissue viability specialists, podiatry and GP when required.

There was evidence of recent staff training, clinical observation and group supervision directly relating to wound care.

We could see impact this work had in supporting wound care which was improved with clear improvement recorded photographically for current wounds.

This requirement was met within timescales.

Met - within timescales

Requirement 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).

This requirement was made on 15 July 2024.

Action taken on previous requirement

We reviewed this requirement at our visit to the care home on 16 September 2024.

Training had been undertaken by most staff, and the service had introduced on-the-job discussions about supporting people who may experience stress and/or distress. The service had plans to continue with staff learning through observations of practice next month.

The service had made progress with care plans, the terminology and language used was person centred and reflected what can happen to trigger stress or distress reactions for individuals. For some plans, outcomes could be improved by clear strategies to support reduction and direction for staff in working with people who are likely to experience distress.

Where medication is prescribed to alleviate stress or distress, the guidance for staff in most of the plans was not clear on how and when this should be administered. Where there were instructions, there was no clear link with the care and support plan.

This requirement was not met and has been extended for a further 4 weeks until 18 October 2024.

Not met

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 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).

This area for improvement was made on 15 July 2024.

Action taken since then

This area from improvement was not reviewed at this inspection and will be considered at our next inspection.

Previous area for improvement 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).

This area for improvement was made on 15 July 2024.

Action taken since then

This area for improvement was reviewed at this inspection on 16 September 2024.

The service had introduced electronic recording of topical medication. Although staff had some training, the recordings were not always clear about what cream had been applied and did not always correspond with the prescription. Topical medication was not clearly labelled in peoples rooms and some people had creams that were prescribed for someone else.

This area for improvement was not met and will be reviewed at our next inspection.

Previous area for improvement 3

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).

This area for improvement was made on 15 July 2024.

Action taken since then

This area from improvement was not reviewed at this inspection and will be considered at our next inspection.

Complaints

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

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Compass House
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