

Wallside Grange Care Home Care Home Service

Lime Road
Tamfourhill
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Type of inspection:
Unannounced

Completed on:
6 December 2024

Service provided by:
Wallside (Falkirk) Limited

Service provider number:
SP2018013228

Service no:
CS2018371342

About the service

Wallside Grange Care Home is located within the residential areas of Tamfourhill in Falkirk, a mile from the centre of Falkirk. It is set in private grounds with extensive outdoor space and parking for visitors.

The care home provides accommodation and care to 30 people over two floors. The accommodation in the original building is over two floors. The accommodation in the extension is on ground level. The home has an heated outdoor building where residents can spend time and can use for private visits. The laundry is located in a separate building in the grounds of the care home.

There were 29 people living at Wallside Grange at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 4 and 5 December 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 of the service we:

- Spoke with 16 people using the service and 7 of their family members, in person and via our survey.
- Spoke with 10 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- People benefitted from a holistic health assessment.
- Staff worked well together to help people who were experiencing stress or distress.
- There was a warm atmosphere in the home and staff greeted people kindly.
- There were many opportunities to engage in activities but the service needed to offer more opportunities for people to go outdoors.
- The service involved people experiencing care in menu planning.

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 staff team?	4 - 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 experiencing care benefitted from a thorough health assessment. The service used relevant assessments to identify risk and updated these regularly to make sure the most up to date information was recorded and acted upon. One person lost some weight following a period of illness and the service responded as directed in the person's malnutrition risk assessment by increasing the frequency of weight checks from monthly to weekly. When a potential health issue became apparent, referrals were quickly made to the relevant external professional and people were supported to access community healthcare. People experiencing care then could expect staff to respond appropriately when they needed more support.

Staff were aware of how to reduce the likelihood of stress and distress reactions in people. It was clear staff knew people well and they quickly diffused potentially stressful situations by acting on the instructions in individual care plans. Staff balanced people's right to safety for example, with their right to independently walk when they chose to do so. As well as reducing the potential for stress and distress, this promoted a person-centred approach to managing and preventing falls and encouraged people to be as active as they could be.

Medicines were managed in line with good practice guidance. The appropriate records were in place and important information was prominent, such as any known allergies and how the person preferred to take their medicine, including what support they needed. For the administration of 'as required' medicines, staff kept a record of why this was needed and the outcome for the person. This promoted safety when staff were administering medicine and meant people could be confident staff were assessing whether their prescribed medicine was meeting their identified health needs.

The service had made important links with the local community, including a nursery, a church and pet therapy. Entertainers visited the home regularly and there was a weekly programme of events indoors for people to join in with should they wish. Some people preferred not to participate and some preferred to watch, rather than participate and their rights were respected. One family member told us, "(My relative) is more a sit back and watch everything person." and another said, "There is activities going on but (my relative) is not interested now." Although staff had worked hard to organise a variety of activities to suit different tastes, people experiencing care would benefit from the further development of the activities programme, including more time outdoors doing the kind of things recorded in their meaningful engagement care plan. We had a discussion about this with the leadership team and advised we would look at this at the next inspection.

The service met people's nutrition and hydration needs. There were drinks available at any time and people were supported and encouraged to drink regularly. One relative told us, "Every time I have been in (my relative) always has a glass of juice." and another said their relative, "Always has a drink." Alternatives were available when people did not like what was on the menu. Staff had access to a variety of food and drinks to add calories to those who needed this. There was an open approach to mealtimes and people arrived for breakfast and lunch, for example, at different times, as they were ready, and were welcomed warmly by staff. People were involved in the planning of winter meals and their suggestions had been included in the final four-week menu. This meant people's personal preferences were respected.

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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were visible in the home and responded quickly to the staff call system. There was a warm atmosphere and staff included people experiencing care as they went about their daily routine. One person said, "Staff are really good. I know I can chat to staff when I like." and another said, "I really like the staff, very helpful and always there when I need them." A family member said, "Everyone is exceptionally nice, in all areas" and "they are friendly, bubbly, outgoing. Always in good form." and another said, "All staff have been excellent with us.... they keep us in the loop with everything. They are obliging and respond to requests." This meant people could have confidence that staff would respond kindly to their requests for support.

The service used a staffing tool to determine the amount of staff required for each shift. This considered many aspects of care and support including physical and mental health needs, behavioural support needs as well as recreational support outdoors. The staff duty rotas showed the assessed staffing levels were being met at night but not during the day. We spoke with the leadership team about this who explained they were experiencing recruitment challenges. The staff team were meeting people's care and support needs, however some people said they would prefer more trips outdoors. There were some trips out to local attractions and a trip to a church service every second Sunday but a small amount of people told us they would like, "More days out, like shopping and lunch in a café somewhere nice." and "I would like to go on days out more." We spoke with the leadership team who described the creative methods they were using to attract staff. We will follow this up at the next inspection.

Staff worked well as a team. They checked in regularly with each other, passing on relevant pieces of information. There were daily handovers between shifts and a daily flash meeting where heads of department shared relevant information with the leadership team, including any changes in people's care and support needs. They worked together when people became distressed which helped people to quickly become calmer. One family member said, "Staff have been amazing doing everything they can to ensure (my relative) is comfortable and their extreme needs are met." A staff member said, "It is a great wee team. It doesn't matter who you are on with. The communication is good about people's needs." People experiencing care then, were benefitting from a motivated staff team who greeted them warmly and spent as much time as possible with them.

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
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

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