

Wallace View Care Home Service

77 Westhaugh Road
Stirling
FK9 5GF

Telephone: 01786 241 339

Type of inspection:
Unannounced

Completed on:
28 November 2024

Service provided by:
MMCG (CCH) (3) Limited

Service provider number:
SP2013012124

Service no:
CS2013319185

About the service

Wallace View is registered to provide a nursing care service to a maximum of 60 older people who have general frailty and dementia. Short respite stays are also available.

The home is situated in a quiet residential estate within a short driving distance from Stirling and Bridge of Allan. It is purpose built over two floors with a small garden area to the front of the building. It has a separate lounge and dining areas on each floor. Bedrooms have washing and toileting facilities and there are a number of shared bathrooms on each floor.

The home has regular access to a mini bus it shares with another home owned by the same provider, Countrywide Homes (3) Limited.

At the time of inspection 58 people lived in the service.

About the inspection

This was an unannounced inspection, which took place on 26, 27 and 28 November 2024. The inspection was carried out by two 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:

- obtained feedback and spoke with 22 people using the service and 20 of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were treated with dignity and respect
- The service was in a period of transition to a new electronic recording system
- Improvement could be made to domestic staffing resources and deployment of domestic staff and newly recruited care staff
- Some areas of the home in need of cleaning
- Improvement could be made in the cleaning schedules to ensure deep cleaning was incorporated.
- Some areas of the home was in need of redecoration
- Improvement could be made in the redecoration plan to ensure clear timeframes and actions were recorded.

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
How good is our setting?	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.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

Care was provided in a personalised way where people were treated with dignity and respect. We saw warm and encouraging interactions between staff and people using the service. Everyone spoke positively of the service and we heard:

"staff are excellent"

"huge difference here and find the care and support much more about my relative"

"Dad has received exceptional care at all stages of his journey"

"Mum is treated very well by all staff"

"Nursing staff are attentive to illness and nutrition."

Care plans and risk assessments contained detailed and current information relating to people's health and wellbeing. The service was in a period of transition to a new electronic recording system. However, people's healthcare needs were regularly reviewed, and they benefitted from having access to a wide range of healthcare assessments. Food and fluids charts were being completed for all people being supported and weights were recorded and monitored when required. People and their relatives were involved in making decisions about their health and treatment options. Staff had a very good understanding of people's health requirements and were able to quickly identify changes in their health or presentation, and because staff anticipated issues, this meant people got the medical support that they needed at the right time. Family members advised that the service communicated changes in people's health without delay. One visiting professional told us "Wallace View are doing very well and families at all reviews are happy with the care."

The service had well-established links to health professionals and visiting professionals told us that the service was both proactive and responsive in attending to people's health needs and one visiting professional commented, "the service is engaging and support people appropriately." The service had a robust medication management systems in place. People were getting their medication as prescribed and could be assured that their medication was managed well.

We observed plenty of snacks and drinks to be available throughout the day, including to those who preferred to be in their bedrooms. Feedback on the meal choices varied, one person said "food is good. If you don't like something the staff will make you a sandwich with chips" and other said "food is okay but I don't eat sausage rolls or pasties." Meals were nicely presented, tables were set nicely and mealtimes were unhurried, an alternative menu was on offer. Dietary needs and related care arrangements were clearly documented within care plans and risk assessments, and these were shared with staff. We observed mealtimes to be calm and unhurried and people who required assistance with eating and drinking were supported with dignity and respect.

People were encouraged to move regularly and were supported to remain as active as possible. Lifestyle staff were employed and we could see a range of activities taking place, we saw a difference within activities and people's engagement within the ground floor of the home. The management team gave assurances that an additional lifestyle staff member is being recruited and shall focus one-to-one based activities to prompt people's choices and personalised outcomes.

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.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

People told us the staff were kind and caring. We observed some warm and caring interactions between staff and people in each unit. Relatives said that staff were approachable and that they would raise any concern they had with them. Staff presented as happy working in the home and demonstrated a good knowledge of people's needs and how these could best be met. They gave an overall impression of a close team of staff who worked well together so that people experienced a good level of care.

The care home had a stable group of workers, one relative told us "the home has low turnover so its good to see the same faces." Throughout the inspecting days we observed different interactions and approaches between staff and people on the ground floor of the home, we highlighted this to the management team who advised they are focusing on inducting and integrating new staff as meaningfully as possible to promote familiarity and plan to review the allocation of new staff.

People could be assured that the numbers and skill mix of staff were determined by a process of continuous assessment. A recognised method was used to help inform staffing levels. This was used in conjunction with the knowledge of people's needs from the staff and management team. Improvement could be made to the domestic staffing resources and deployment of domestic staff and newly recruited care staff. (See Area for Improvement 1).

We asked the service to continue their pro-active approach to monitoring and reviewing staffing arrangements to promote sustained good practice.

We could see, on checking training records, that staff completed a range of mandatory training. Staff had completed their training, both online and face-to-face in key areas, from moving and assisting, fall prevention and adult support and protection. Staff were clear about their roles and were, overall, deployed effectively. Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable.

Staff told us they took part regularly in supervision meetings with a senior member of staff. This is time staff have with their supervisor to discuss practice, development and raise any personal issues that may impact on work. Staff felt these were useful meetings where not only service provision, but their needs and issues, were discussed and considered.

These meetings are important to monitor staffs' wellbeing and practice, to ensure people's supported experience is a good quality of care and support from a competent workforce.

Staff told us they felt well supported and that there were good relationships within the team and with managers. It was clear that when interviewing staff that the management team were approachable, supportive and would listen when staff raised concerns.

Areas for improvement

1. To ensure that service remains responsive to the needs of people for them to live in a care home that is clean, safe and helps reduce the spread of infection, the provider should review current domestic staffing levels, deployment of domestic staff and newly recruited care staff.

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

3.19 'My care and support is consistent and stable because people work together well.'

5.22 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.'

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.

Quality Indicator: 4.1 People experience high quality facilities

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. The home was welcoming, warm and comfortable. The home was surrounded by a secure well-maintained and welcoming garden space. People's rooms were personalised, most of the furniture was well maintained and some people had their own furniture in their rooms. This helped create a homely environment for people. However, some areas of the home were in need of refurbishment and whilst we saw a redecoration plan and discussion at team meetings, it was unclear when planned work would be carried out. Many staff we spoke with stated "the home is in need of upgrading." The corridors were bare and very long, with few signs or points of interest, which can affect people's ability to find their way around and may lead to stress and distress behaviour. The home environment should help people know where they are and help them find where they want to go. This could add to people's confusion and disorientation. We discussed the refurbishment and environment programme with senior management who were responsive in relation to people's washing aids and replacements but could not give assurances on the timeframe of the refurbishment plan. We have made an area for improvement about this. (See Area for Improvement 1).

We found some areas of the home in need of cleaning, in particular the shower rooms and people's bedrooms, frequently touched points and deep cleaning was not being carried out effectively. We reviewed the cleaning schedules and saw that deep cleans were infrequent, which included high/low dusting. Frequently touched points including light switches, handrails and door handles were regularly being missed and not recorded. These are all key aspects of infection prevention and control (IPC). This meant that people could not be confident that infection prevention and control (IPC) measures were keeping them safe. The management team was very responsive and ensured new shower heads and drain covers were ordered, however we have made an area for improvement about this. (See Area for Improvement 2).

Maintenance records and safety checks were carried out by the onsite maintenance person.

Areas for improvement

1. To ensure that people live in a care home that is comfortable, homely, safe and well maintained the provider should, at a minimum:

- a) Carry out an environmental audit, taking into account the good practice guidance such as the King's Fund tool for people with dementia, 'Living in the community' and 'Building Better Care Homes.'
- b) The audit should include the soft furnishings in all lounges and bedrooms, and devise a refurbishment plan, with clear timeframes and actions.
- b) Ensure the refurbishment work is reflected in the home's improvement plan.
- c) Ensure, staff, residents and relatives are involved in the planned improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

(HSCS 5.16). "The premises have been adapted, equipped and furnished to meet my needs and wishes."

2. To ensure that people are supported in an environment that is safe, clean and minimises the risk of the spread of infection. To do this the provider should, as a minimum, ensure:

- a) cleaning schedules are reviewed, and include both daily cleaning and deep cleaning.
- b) that frequently touched points are part of the daily schedule.
- c) managers have oversight of the cleaning and completed schedules.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) 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, which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings to meet my needs, wishes and choices." (HSCS 5.22).

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 review how staff monitor people's bowel patterns and how concerns are identified quickly and then highlighted to senior staff and/or relevant external professionals.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: "I am assessed by a qualified person, who involves other people and professionals as required."

This area for improvement was made on 31 July 2024.

Action taken since then

Staff were knowledgeable and a system was in place to monitor people's bowel patterns. However, the service was in a period of transition to a new electronic care plan recording system, which meant not all bowel charts were fully completed with clear actions recorded, due to staff still learning the new system.

Therefore we have repeated this area for improvement and plan to review at the new inspection.

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
3.3 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

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