

Wheatlands Care Home Service

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Type of inspection:
Unannounced

Completed on:
6 March 2025

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 unannounced inspection which took place on 3 March 2025. The purpose of the inspection was to follow up on four Requirements which were made on the outcome of two complaint investigations. 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, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service, we spoke with four people using the service and one relative. We spoke with three staff and management. We observed practice and daily life and reviewed documents. Prior to the visit we had the opportunity to speak with professionals for the Health and Social Care Partnership, who have been providing support to the service and facilitating staff training.

Key messages

People could be confident their nutritional needs are now being monitored and support is being provided to ensure people are eating and drinking well.

People who are at risk of falling have been assessed, and additional risk control measures have been considered and implemented. Staff have received training on falls prevention management.

The service needs to assess staff's learning needs and provide additional support to staff to ensure they are confident and competent in their roles.

There were some activities taking place in the service, however it was agreed this needs to progress to ensure people have the opportunity to participate in meaningful activity.

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? | 2 - Weak |
| How good is our leadership? | 2 - Weak |
| How good is our staff team? | 2 - Weak |

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

How well do we support people's wellbeing?

2 - Weak

This was a follow up inspection. Please see the findings under Requirements 1, 2 and 3.

Areas for improvement

1. Quality assurance audits should continue to assess the accuracy of record keeping held within care and support plans. This will ensure the correct information is available to provide clear guidance to care staff on how peoples needs are to be met.

How good is our leadership?

2 - Weak

As this was a follow up inspection, please see findings under Requirement 3

How good is our staff team?

2 - Weak

As this was a follow up inspection please see findings under Requirement 3

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

Requirements

Requirement 1

The provider must ensure that people are being supported to eat and drink well, and their nutritional and dietary needs are being met. To do this the provider must as a minimum:

- a) develop and implement detailed treatment plans for people who are at risk of weight loss and/or dehydration;
- b) ensure people's nutritional and hydration needs are being monitored, and food and fluid intake records are accurate to allow these to be analysed;
- c) ensure people are supported and encouraged to eat and drink well and are offered appropriate food and fluids in line with their assessed needs;
- d) ensure that staff are fully aware of the people who require additional support and monitoring to eat and drink well;
- e) demonstrate that managers are involved in monitoring and the auditing of records.

To be completed by: 24 January 2025

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SS1 2011 / 210)

This requirement was made on 29 October 2024.

Action taken on previous requirement

Food intake records are now providing specific details of what people are eating. Between meal snacks are being recorded to provide a more accurate overview of peoples nutritional intake.

A staff member is responsible for overseeing the records are completed over each shift. There is an overview and monitoring of people's weights, Body Mass Index (BMI) and the Malnutrition Universal Screening Tool (MUST) score.

We observed people being supported to eat and drink well over breakfast and lunch. Mid morning and afternoon drinks and snacks were provided and people had access to fluids in their bedrooms and the communal lounge areas.

The majority of staff have received training on the use of the MUST, and have more of an awareness of people who are at risk of weight loss and who require additional support with eating.

There has been a review of people's eating and drinking care plans and the majority held detailed information on how people's needs are to be met. Others required to have further details entered.

We observed good mealtime practices when supporting people on a 1:1. Management are monitoring and communicating with the catering staff, to ensure people are receiving the correct textured foods and they are fortified at source.

This Requirement has been met.

Met - within timescales

Requirement 2

The provider must ensure that the approach to managing fall risks is improved to keep people safe. To do this, the provider must as a minimum:

- a) ensure that people's fall risk assessments and fall prevention plan are fully completed and frequently reviewed, in accordance with the organisations 'Falls prevention and management' policy, and effectively implemented;
- b) risk control information must be made available to all staff members to ensure they have a good knowledge of what support is required to be provided in order to minimise the fall risks. This assessment must also consider the use of appropriate aids;
- c) ensure that staff are aware of the information contained in Best Practice guidance "Managing falls and fractures in care homes for older people", and provide further training as identified;
- d) ensure people are adequately supported when they have been assessed as being at risk of falling;
- e) ensure management is involved in the monitoring and audit of falls and falls prevention and for action to be taken in order to minimise risks;
- f) demonstrate that appropriate advice is sought promptly from health professionals to assist in minimising the risk of falling.

To be completed by: 27 February 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order 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 requirement was made on 27 November 2024.

Action taken on previous requirement

The risk assessment in use is now identifying key aspects which could potentially have an impact on people falling. This is assisting in developing a care and support plan which details the risk control measures which are required to be in place to minimise the risk of people falling. The fall risk assessment is reviewed on a monthly basis or as changes occur.

All staff have attended falls prevention training and the staff spoken with have benefited from this training.

There is a monthly clinical risk meeting, which provides an opportunity to have an overview of people who have fallen and any other risk control measures which could be considered.

Referrals are now being made to the rehabilitation and assessment in the community and home team (ReACH) if anyone is experiencing recurrent falls.

The accident audit shows there has been a decline in the number of people falling over the past three months.

This Requirement has been met.

Met - within timescales

Requirement 3

The provider must ensure that the service is led and managed in a manner that results in the health, safety and wellbeing needs of people experiencing care being met. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes and improvement planning. To do this, the provider must, at a minimum:

- a) assess the needs of people experiencing care by knowledgeable, skilled and compassionate staff in leadership roles, using a range of methods. This may include, but is not limited to seeking the views of people experiencing care and direct observation of the care they receive;
- b) demonstrate through your actions and recordings that you effectively anticipate and respond to changes or significant events of people experiencing care. This must include making changes to staff numbers where appropriate;
- c) ensure quality assurance is used to identify any further staff training or support that is necessary to meet the needs of people experiencing care;
- d) ensure improvement planning is used to assist the service to plan and implement improvement. This should include putting in place reasonable timescales for completing and measuring the impact of improvement activities on people experiencing care, and their outcomes.

To be completed by: 27 February 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This is in order 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 requirement was made on 27 November 2024.

Action taken on previous requirement

An improvement plan was developed in response to the Requirements being made in the two complaint reports.

There has been a lack of effective quality assurance processes in place, related to people's health and wellbeing and people's experience of the service.

There has been limited processes in place to gain people's views, which would be valuable feedback to then integrate into the service's improvement plan.

We are reassured audits and the assessment of people's health and wellbeing in the areas of nutrition and falls management have now been developed. However, we have concluded this needs more time to embed into practice and to ensure these improvements are sustained.

There has been a recent focus on undertaking clinical risk audits and updating people's care and support plans to reflect how risks are to be managed.

We were informed by staff and relatives, communication could be improved in the service.

Staff have recently received training on falls prevention management, the use of the Malnutrition Universal Screening Tool, RESTORE 2 training and some leadership training. Staff told us they have benefited from this training.

We have recognised staff have worked hard to make improvements in the service and improve outcomes for people.

Some staff described feeling overwhelmed with the recent focus on the improvement plan and told us there needed to be clarity on staff's roles and responsibilities of all staff.

Staff have not received regular supervision, which means there is little opportunity for staff to reflect and identify their skills and ongoing learning and development needs to inform good practice.

Staff surveys are undertaken annually, which identify areas of what staff think is working well and make suggestions on what could be done better.

There are limited support systems in place to provide support to staff in their roles as leaders and for further leadership training and development to be provided. Although this has been identified, we are not confident this has been fully assessed and implemented.

One of the units is temporarily closed, which means there has been a slight increase in staff numbers in the

other two units. This change has been welcomed by staff.

From complaint information, there is evidence concerns and complaints have not been effectively addressed by management, and this has caused relatives frustration and lacking in trust. The service has now reviewed how concerns and complaints are received and these are now recorded and escalated to management.

A recent relatives meeting provided some positive comments on the recent improvements made.

The provider has been proactive in responding to the improvements which were to be made. However, we will review this Requirement at the next inspection to ensure the improvements have been sustained and further improvements made.

This Requirement has not been met and we have extended the timescale until 9 May 2025.

Not met

Requirement 4

The provider must ensure that people experiencing care have opportunities to participate in appropriate social, recreational and stimulating activities, which are meaningful to them and consider their identified interests, needs, choices and preferences. This will provide an opportunity with the aim for people to fulfil their potential and promote a good quality of life. To do this, the provider must, as a minimum:

- a) identify what is important to people and for support to be available for people to participate in activities which are meaningful to them;
- b) ensure staff have a person-centred approach to care, which supports peoples physical, mental and emotional wellbeing and improves their quality of life;
- c) ensure care staff have an understanding and knowledge of how meaningful activities can have a positive impact on people's health and wellbeing.

To be completed by: 27 February 2025

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: 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.

This is in order 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 requirement was made on 27 November 2024.

Action taken on previous requirement

Improvement was required to ensure people had opportunities to spend time outwith the care home and to be supported to get the most out of life. Opportunities for meaningful activity and engagement were sparse and mainly included small group or indoor activities organised by the activity organiser. The activity

organiser has just returned after a period of absence, however there was little evidence care staff were involved in providing activities for people.

People did not benefit from maintaining and developing their interests and what mattered to them. People had limited opportunities to maintain, develop and explore their interests and hobbies.

We observed caring and compassionate interaction between staff and residents.

There were some observations whereby some staff did not interact confidently with people.

This Requirement has not been met and we have extended the timescale until 9 May 2025.

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

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 not reviewed at this inspection and will be considered at our next inspection.

Previous area for improvement 2

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 for improvement was not reviewed at this inspection and will be considered at our next inspection.

Previous area for improvement 3

People should be assured they will be supported to the toilet as per their assessed needs, to ensure continence is promoted and their dignity is being maintained. The service should ensure staff are aware of people's continence management plan and how this is to be implemented.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 29 October 2024.

Action taken since then

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

Previous area for improvement 4

People raising concerns should be confident improvements will be made and sustained. This should include, but not limited to, having an action plan developed on the outcome of the concerns raised and how improvements will be made and sustained, ensuring positive outcomes for people experiencing care.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 27 November 2024.

Action taken since then

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

Previous area for improvement 5

People who are assessed as being a risk of falling and are unable to use the nurse call alarm should be assured they will be checked frequently. This should include frequent welfare checks when people are in their rooms and communal areas both day and night.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 27 November 2024.

Action taken since then

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

Previous area for improvement 6

People who have a suspected hip fracture should have a full clinical, musculoskeletal assessment undertaken by registered nurses to determine the likelihood of a fracture. A screening tool should be used to help with the identification of a possible hip fracture.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 27 November 2024.

Action taken since then

A post falls pathway for assessing and managing the situation if a person has fallen has been introduced. Records show this has been implemented and is being used by nursing staff after a person falls.

This area for improvement has been met.

Previous area for improvement 7

People should be confident they will receive analgesia when they are experiencing pain after a fall or potential injury. The service should have a protocol, detailing how people's pain will be assessed and managed after sustaining a potential injury.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This area for improvement was made on 27 November 2024.

Action taken since then

Some staff have attended pain assessment and management training to ensure this is linked into the post fall assessment undertaken by senior staff. Records evidenced people's pain was being assessed after falling.

This area for improvement has been met.

Previous area for improvement 8

People should be confident they will be supported well to ensure a good standard of personal care is being provided. The service should be ensuring people are being supported well with personal care, and those who are not always complying to have strategies in place, which will assist staff in encouraging people to comply.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 27 November 2024.

Action taken since then

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

We did note the information entered into the electronic daily notes with regards to what personal care has been provided is not always accurately recorded. This was discussed with management at feedback.

Previous area for improvement 9

People's care and support plans should be updated to reflect any changes and how people's needs are to be met.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 27 November 2024.

Action taken since then

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

Previous area for improvement 10

People should be confident that their nails are well cared for and kept clean to reduce the risk of infection and to maintain their dignity. The service should be monitoring that people are being supported well with good nail care.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 27 November 2024.

Action taken since then

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

Previous area for improvement 11

People should be assured that creams will be applied as directed. The T-Mar records require to have more specific details included and for staff to be aware of the creams to be applied and the frequency of application.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 27 November 2024.

Action taken since then

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

Previous area for improvement 12

People should have the physical and mechanical support to walk safely. The provider, as a minimum, should identify those people who have been assessed as being at risk of falling, or who have fallen and have an unsteady gait, to be referred to an external professional to assess their abilities when walking, and to provide a walking aid as deemed appropriate.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 27 November 2024.

Action taken since then

There has been a review undertaken of the people who are mobile and could possibly benefit from the use of a walking aid. Referrals have been made to the ReACH team who have assessed people's abilities and capabilities on the use of walking aids.

This area for improvement has been met.

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? | 2 - Weak |
| 1.2 People get the most out of life | 2 - Weak |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement is led well | 2 - Weak |
| 2.4 Staff are led well | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 2 - Weak |
| 3.3 Staffing arrangements are right and staff work well together | 2 - Weak |

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