

Wallace Court Care Home Service

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Type of inspection:
Unannounced

Completed on:
20 March 2025

Service provided by:
Capability Scotland

Service provider number:
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CS2003001270

About the service

Wallace Court is a care home for adults with physical and/or sensory disabilities or a learning disability. It is situated in Elderslie close to local transport links, shops and community services. The service provides residential care for up to 20 people.

Wallace Court is purpose built and is a single-storey building. There is a large dining area, and various lounges throughout the home. People have a flat which is single occupancy with en suite shower facilities. Additional bathrooms with adapted baths and hoists are available. There are accessible garden areas to the rear and side of the home.

About the inspection

This was an unannounced inspection which took place on 15 and 16 March 2025. 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 six people using the service and two of their relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one professional.

Key messages

- Staff were good at developing relationships with people and knew people well.
- The service was clean and welcoming for people and visitors.
- The service engaged with relevant professionals to support people's health and wellbeing.
- Leaders were knowledgeable about aspects of the service that needed improvement.
- Improvements were needed around specific staff training and development.
- Communication between the manager and staff team need to be more effective.
- Personal planning, reviews and record keeping required improvement.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

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

People benefitted from caring and compassionate interactions from a well-established staff team. This meant that people were mostly supported by staff who knew them well. There was some use of agency staff; however, the manager tried to book the same people to offer continuity of care.

Staff were able to identify and report on areas of change or deterioration to do with people's health and wellbeing. One team leader fed back that staff were good at reporting to them when other professionals needed to be involved.

We could see that people got a good holistic service from the collaboration between staff and the Health and Social Care Partnership such as district nurses, multi-disciplinary team, Single Point of Access district nurse team. Staff felt they have a good working relationship with visiting professionals. This meant people could receive the right care at the right time.

We found that people planned their activities with the activity co-ordinators. We saw pictures on the wall which demonstrated some opportunities people had participated in. However, these were not dated; therefore, we could not ascertain when they took place. We observed a band coming into the home during the inspection which some people appeared to enjoy. We heard from people about parties held to celebrate their birthdays.

However, most of the staff and the people experiencing care advised that activities had not been great, and people did not get out as much as they used to. This was as a result of staffing levels and effective planning. The manager was aware of this, and additional staff had been put in place which could improve outcomes for people. Additionally, we noted that staff did not record meaningful activities and the impact these had on people. Therefore, we could not assess what outcomes people achieved from their participation (see area for improvement 1).

Resident meetings had taken place which meant they could put forward their views and wishes relating to the service. People and relatives had been positive about the staff team and their care and support to people. Improvements should be made relating to action planning following these meetings.

Most people enjoyed their breakfast and lunches; however, we heard from people and staff that meals in the evening were not good. People wanted more variety to choose from and for food to look more appetising. People should see meals plated to enable choice in real time and they should be able to serve themselves if they wish. This would support and encourage people's independence and nutritional outcomes. This work had already started so we did not make an area for improvement.

Previously, there had been several medication errors which meant people did not always get the right medication or treatment at the right time. Strategies were put in place to limit these incidents reoccurring. This has been a successful intervention with people having their health and wellbeing supported.

Areas for improvement

1. To support people's wellbeing and social inclusion, the provider should ensure meaningful connections to enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

(a) develop activity plans with people which demonstrate that good conversations have been at the centre of taking account of people's preferences, abilities, life histories, aspirations, wishes and goals

(b) review care plans and daily notes dedicated to meaningful connection to assess and evaluate the experiences and outcomes from the person's perspective.

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

'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 get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had recently undergone a change of manager in the last six months which had somewhat affected the service. We could see that some internal audits had taken place and that actions had been identified. The manager had noted the gaps in service; however, these would take time to implement. The manager was able to put in place areas of change that were priority and non-negotiable, such as the Fire safety and medication administration and policies.

Staff morale was low and most staff interviewed stated they were unhappy with the manager's leadership style. Some of the issues were 'not being recognised for their knowledge and expertise' and 'not being valued or listened to'. They advised that communication from the manager had not been effective in understanding the rationale for changes. This meant staff felt confused and deflated regarding the service they delivered (see area for improvement 1).

The manager showed us some evidence of how they communicated changes and the reasons for this. This was through the process of team meetings and supervision. The changes were valid and in the best interest of people's health and safety. Therefore, we concluded the issues lay with how the changes were communicated (see area for improvement 1).

Team leaders and staff had worked hard to sustain the service for a short period whilst a new manager was being recruited. However, this had caused a negative impact on the staff team due to work stress and feelings of being unsupported. Team leaders had not attended effective leadership and management training to support them in their role. As a result, cultures had developed so team leaders and staff's understanding of their roles and responsibilities were not completely understood. This could impact on people's outcomes (see area for improvement 2).

At the time of inspection, the manager had made some progress in working collaboratively with the organisation's Human Resource department to improve the staff and manager communications.

The Health and Social Care Partnership reported that they worked well with the manager in supporting people's outcomes and had no issues.

Areas for improvement

1. To support the planning and delivering of people's outcomes, leaders should adapt their leadership style and motivate staff to deliver high quality care and support. This should be inclusive of supporting staff to feel empowered to identify solutions.

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

'I use a service that is well led and managed' (HSCS 4.23).

2. To support people's health and wellbeing outcomes, all leaders should attend and complete leadership training and development.

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

How good is our staff team?

4 - Good

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

People should have confidence in staff providing their support because they have the necessary training, competence, and skills. A wide range of both face-to-face and e-learning training was available such as administration of medication, adult support and protection, and moving and assisting of people. Staff compliance with training was good, this could be developed further with observations giving evidence-based feedback, with clearer reflections on practice.

Staff reported that the training provided was of decent quality and supported them in their roles. Non-direct support staff also had access to key training, including dementia, which allowed them to better contribute to the people's care and support.

Staff had limited training in relation to supporting people's stress and distress behaviours which was evident in our staff interviews. Some staff language and responses were not always appropriate or accurate in describing how people expressed themselves when upset. This demonstrated a lack of knowledge and understanding in this area. The manager had sourced trauma training for some staff; however, despite this, staff needed more.

At the time of inspection, the manager advised that 10 staff were ready to receive Positive Behaviour training on 1 April 2025. This would develop staff practice and competence when supporting people's safety and wellbeing. Therefore, we did not make an area for improvement.

Staff members shared that staffing levels had not been enough to meet people's outcomes fully. However, due to the additional staff hours being allocated recently, staffing levels should improve. This would allow staff more time to provide consistency and continuity of care for people.

There was limited evidence to demonstrate how the manager determined staffing levels for the service or how the skill mix of staff were assessed and arranged for shifts. This meant there was no clear process to ensure enough staff were allocated to meet people's outcomes (see area for improvement 1).

People's care and support should be consistent and stable because people work together well. We observed the staff team working well together. There was clear recognition of each other's role and the importance of each of their contributions. However, in conversations with staff, it became apparent that there was friction and division amongst the team. There were many reasons given for this. We discussed this with the manager who was addressing it.

Areas for improvement

1. The provider should ensure that they use, review, and update appropriate assessments of the staffing levels and the skills mix of staff to ensure responsive care can be provided to all people throughout the day and night. This should take into account the changing needs of people and layout of the building, and be used to inform staffing rotas.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences, and desired outcomes. Whilst everyone had a care plan in place these were of variable quality.

Staff knew people well which may lessen the reliance on care plans. Guidelines within care plans, such as how to respond to someone expressing stress and distress, was not always followed, which meant the person did not receive the agreed support (see requirement 1).

Plans were mostly written in a person-centred way; however, the plans sampled were out of date and not always linked to current support needs or risk assessments. We were therefore not always able to see an up-to-date care plan detailing support to be provided, demonstrating the knowledge that staff had of people (see requirement 1).

Although regular support reviews were carried out for all residents, these were not always six monthly in line with legislation. Care plans themselves lacked consistency and clear reflection of updated needs and changes in support. Some reviews were very brief with little substance and reflection of the person's achievement towards chosen outcomes. We found goals that were set for people were not evidenced in daily notes or monthly reviews (see requirement 1).

Requirements

1. By 12 June 2025, the provider must ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time. This should include at a minimum:

- a. each person receiving care has a detailed personal plan which reflects a person centred and outcome focused approach
- b. they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c. they contain accurate and up to date risk assessments, which direct staff on current/potential risks and risk management strategies to minimise risks identified
- d. they are regularly reviewed and updated with involvement from relatives and relevant others along with dates for completion of actions.

This is to comply with Regulation 5(2)(b) (Personal plans) 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 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).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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