

Wakefield House Care Home Care Home Service

Wakefield Nursing Home
13 Seafield Place
Cullen
Buckie
AB56 4TE

Telephone: 01542 841 326

Type of inspection:
Unannounced

Completed on:
2 June 2025

Service provided by:
Parklands Limited

Service provider number:
SP2003001893

Service no:
CS2023000282

About the service

Wakefield House Care Home is owned and managed by Parklands Limited. It is registered to provide a care home service for a maximum of 30 older people.

The service provides accommodation over two floors in single bedrooms, each with an en suite bathroom or shower room. There is one large sitting room and dining area/conservatory. The conservatory opens onto a landscaped secure garden.

The care home is situated in a residential area of Cullen. The service is close to local transport links, shops and community services.

About the inspection

This was an unannounced inspection which took place on 28 and 29 May 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 11 people using the service and six of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People appeared very well cared for.
- The activities programme was varied and offered everyone the opportunity to pass their day in meaningful way.
- People were positive about the staff. They said they were kind and caring.
- Staff were visible and attentive to people.
- People had formed friendships and many enjoyed this companionship in the lounges and at mealtimes.
- The recordings and analysis of episodes of stress and distress should be improved.
- The management of people's medications was good.
- The care home was very clean and odour free.
- The upgrades to the lounges and dining room had improved the comfort of these rooms. People felt included because the décor reflected their choices.
- The gardens were landscaped and used frequently by people.
- People's bedrooms were personalised to a very good standard.

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 setting?	5 - Very Good

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 people and clearly outweighed areas for improvement.

People appeared well cared for. The right care and support had been provided by staff to ensure that people's washing and dressing needs were met to a good standard. This helped people look their best.

Staff were accessible in all areas of the home. This meant that people did not have to wait for assistance. This contributed to the high standards of satisfaction people expressed with the quality of the service provided.

People praised the staff for their kindness, care and humour. Positive, trusting relations had formed. Relatives said that the staff knew their loved one so well and, as a result, the care and support was person-centred and 'made life good'. This helped ensure that the care and support people received was right for them.

Staff recognised the importance that keeping people mobile had in relation to their health and wellbeing. When able, time was taken to support people to mobilise. Some people mobilised freely from area to area, choosing where they wanted to spend time.

There was a varied programme of activities on offer. This encouraged many people to take part in something due to diversity of what was on offer. People spoke positively about the 'continental breakfast' club. They enjoyed the social aspect of this regular event and also the opportunity to taste different foods. People were being supported to experience new things and create new memories through the activities on offer.

The links with the local community were good. People living in the home were visible and active members of their local community. This made people feel valued and respected.

Seating in lounges was arranged in a way that helped people sit and chat with their friends. Some people spoke about forming friendships since moving into the home and they enjoyed a 'catch up'. Staff need to be mindful that noise levels from televisions and group activities does not impact on people's ability to socialise. Conversation and companionship greatly enriches people's lives.

People were positive about the quality of the meals. The food looked appetising and well presented. The large, bright dining room helped created a café style atmosphere. This ensured a social and relaxed dining experience for people.

Improvements could be made to the recording and analysis of incidents of stress and distress. Records were sometimes confused and lacked sufficient detail. It was challenging to get a clear overview of people's history of episodes of stress and distress. This may impact on the decision-making of healthcare specialists who have been asked to review treatment pathways for people (see area for improvement 1).

Improvements are needed to staff's awareness of how someone living with dementia may communicate their needs. This will help reduce exacerbation of their stress and distress and lead to better outcomes (see area for improvement 1).

Stair gates were used in the doorways of a number of rooms. This decision had been based on risk or at the request of people. There was ongoing review of the use of these gates, however, managers need to continue to ensure that they remain appropriate. The use of stair gates may increase risks with other aspects of home life for people.

Medication management was good and in line with good practice guidance. Recording charts were clear. Protocols for 'when needed medications' were detailed and helped inform the decision-making of trained staff of when to administer. The good systems in place meant that people received the medications that help keep them well.

Areas for improvement

1. Improvements are needed to ensure that the recognition, recording and analysis of episodes of stress and distress are detailed and can be used to inform decision-making by clinicians. This is to enable people to receive the right care and support to help them live well with dementia

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).

How good is our setting?

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.

The home was clean and odour free. Relatives were appreciative of the hard work undertaken by domestic assistants to ensure that their loved one lived in a very clean home.

The provider had upgraded the lounges, dining room and corridor spaces. The standard of work in the lounges were of a high standard and people spoke with pride about choosing the wallpaper and materials for curtains. People were recognised as experts, and their input was important in creating a home environment that they wanted.

There was improved visibility in the corridors due to the new décor and lighting. This made it easier and safer for people to mobilise freely from area to area.

Further upgrades to the corridors and main entrance had been planned. We felt that the timescale for these works was planned in a way to ensure minimal disruption to people and home life. The provider demonstrated commitment to making the home as comfortable for people as possible.

Many bedrooms were personalised to a very good standard. People had brought special and precious things in from home to make their room familiar and comfortable. Relatives said this had helped their loved one settle into their new home.

Some people preferred to spend their time in their rooms. Relatives said that this was their loved one's 'way of life' before moving into the home, and it was important for this preference to be respected. Staff were very aware of this preference and ensured that people had access to all the items they would need, for

example, drinks, snacks, books, remote. This meant that people could be left in comfort and there would be minimal need for disturbance. People could make their own decisions.

Information and signage were good. However, access to it was hindered at times by the amount of information on walls. The staff should revisit the necessity and location of information to ensure that the directional signage and important information for people is easy to access.

The gardens were landscaped and easy to access. Some people spoke positively about time spent helping to create the gardens, others spoke about enjoying looking at the flowers. The outdoor space had enriched people's lives. The service had recognised the importance of supporting people to spend time outdoors and how this benefits their wellbeing.

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 ensure people receive their medication as prescribed, the provider should review the medication ordering process, stock control and ensure appropriate assessments are undertaken and being used effectively. The effect and impact of medication should be evaluated.

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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 28 February 2024.

Action taken since then

Medication management was good. Appropriate ordering processes were in place. There was good stock control and this made it easier for staff to ensure there were sufficient stocks of medications to last the cycle.

Protocols for 'when required' medications were in place and these could be used effectively to inform decision-making by trained staff. Medication records were clear. No gaps in administration were evident.

People were receiving their medications as prescribed by practitioners.

This area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure all leaders have a clear understanding of their roles, responsibilities and accountability with regard to supporting and improving outcomes for people and supporting other staff.

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 area for improvement was made on 28 February 2024.

Action taken since then

Further development of the shift leaders needs to happen. We found that decision-making should be better when some incidents occurred. For example, stress and distress and when compromise to person's swallow occurs. We felt that there were sometimes delays in implementing appropriate monitoring tools or records.

This area for improvement has not been met.

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 setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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