

Wallace View Care Home Service

77 Westhaugh Road Stirling FK9 5GF

Telephone: 01786 241339

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Countrywide Care Homes (3) Limited

Service provider number:

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Service no:

CS2013319185



Inspection report

About the service

Wallace View is registered to provide a nursing care service to a maximum of 60 older people who have general fraility 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. Residents frequently enjoy local outings and further afield.

The structure of the management team has stabilised since the end of 2017 and this has resulted in a consistent staff team who are highly motivated to provide support to people in the best way possible.

What people told us

Prior to our inspection, we sent out questionnaires to relatives and residents to obtain their views. Three were returned to us from relatives, and nine from residents. Overall, the feedback from these were very positive. All residents who returned the forms strongly agreed there was enough staff and were confident their health care needs were being met. Relatives were happy with the quality of care provided and strongly agreed that the staff had the skills and training to care for residents.

During our inspection, we also spoke with six relatives who were visiting. A selection of their comments are as follows:

"Gran enjoys the daily activities. She is not a great eater but is always encouraged by staff." The communication from the home is good, staff are always available"

"The environment is always clean and fresh"

"I am delighted with this care facility, the staff are brilliant"

"We use a communication diary that the staff complete to let me know about mum's day and this is very helpful as sometimes she will forget. She has enjoyed going out for lunch and has been on local boat trips"

"My aunt has been made to feel very welcome, staff are very nice. She has only been here a few weeks but has already been out to see a show"

"She has a better social life than me!"

"Lovely room and view too"

"All staff are very approachable"

"This home is so nice and gives me piece of mind"

"Management team are fantastic and always take time to listen."

We gathered the views of eight residents including those who preferred to stay in their rooms. People who were unable to communicate with us were smiling, singing or holding our hand and this told us that they were content. A selection of comments we heard are as follows:

"I'm perfectly happy, I just please myself. I've no bother at all"

"I'm well looked after"

"It's been great since I've been here"

"Staff are very helpful, I can ask for anything I need and nothing is too much trouble"

"I enjoy the sing-a-longs and I am looking forward to getting my hair one tomorrow. I can't fault the home in any way it's excellent."

"Staff let me know what's going on and I am always invited to join in. I have been out on the bike twice I can't wait to go again its fabulous"

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 leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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

People living at Wallace View receive a very good standard of care. We concluded this after considering what people told us, as well as taking into account our own observations of staff practice. Records kept by the service overall told us people were cared for according to their needs, routines and preferences and this was undertaken in a kind and compassionate manner. Risk assessments and evaluations of care were all up to date. Some handwritten notes were not always clear to read, care should be taken to ensure these are legible.

We noted from records that people were referred when necessary to external health professionals, such as the dietician, GP and psychiatric services. We spoke with staff who had a good understanding of what action was to be taken as a result of these referrals, for example increased checks of people's weight or changes to dietary requirements. This told us people's health needs were being monitored. We spoke with a health professional who was visiting the service who advised that in her opinion, the care and support people received at Wallace View was of a very good standard and that all staff were helpful, approachable and good at their jobs.

The service have a very good overview of any falls or accidents and also for people who have fragile skin. A variety of equipment was provided to people who needed this to promote health and also their safety, for example a specialist mattress or assistive technology to detect movement during the night.

Mealtimes were carried out in an efficient and calm manner, with people being assisted with choice. Encouragement and support with eating was provided when this was required. We spoke with the chef and we

[&]quot;The food is nice, the chef always takes time to ask us about our favourites."

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saw how additional high calorie snacks were made and offered in the form of small yoghurt type puddings for anyone who needed this throughout the day. Overall, people told us they were happy with the food they were given and the chef worked hard to ensure personal preferences were catered for. Drinks were offered continuously throughout the day, and those who preferred to stay in their rooms were provided with jugs of drinks on a regular basis.

It was pleasing to hear about staff, residents and relatives who participated in a variety of fund raising activities that also included the local community. As a result of this, a trishaw bicycle with a small electric motor that carries passengers was purchased. We heard how this had been of benefit to people who were enjoying the outdoors and going to local parks and shops. Staff and relatives told us that this gave some residents something to talk about, look forward to and had a calming effect for people who had been exhibiting distress. The staff have worked very hard to provide a wide variety of meaningful activity both within and outwith the home. People who cannot manage group activity are offered alternatives on a one to one basis.

Areas for improvement

1. We sampled medication records throughout the home, overall these were well recorded. We noted however, that the recording of medication and the reviews of covert pathways should accurately reflect people's needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states; "My care and support meets my needs and is right for me."

2. Throughout our inspection, we heard at times, nurse call bells that were overly intrusive and at times, for prolonged periods. These were heard in all areas of the home regardless of where the buzzer had been pressed. We highlighted this with the management team and they have advised us that they are in discussion with the provider regarding sourcing a more effective nurse call system. We will liaise with the service regarding the progression of this.

This is in order to ensure that people experience a high quality environment, as stated in Health and Social Care Standard 5.18 "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells."

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

We found that care planning for people was of a good standard. We looked at procedures and records for preadmission assessments, and these considered how people could be supported to co-live with current residents. A six week period of assessment followed to determine whether the needs of people could be met, taking into account support from other health professionals and families. The service were supported by the local authority with regards to decision making around this process to ensure that all staff could meet the needs of people and were supported to do so positively and effectively.

The service demonstrated a good overview of a variety quality assurance that supported care planning. Examples of this was the audits of mealtime experiences, how any actions for improvement were undertaken, as well as residents having an active say in menu planning. There were regular relative and resident meetings, and the agenda also included people's views around their care provision, environment, staff and management. We discussed with the service how the views of people could be gathered on a weekly basis by staff as part of their practice, and this would capture the views of people who did not attend meetings.

We saw some examples of positive outcomes for people through practice observations undertaken by the staff team. We saw that it had been noted that one resident had low mood and on exploring this further, it was because he was missing doing his own garden at home. Gardening tools were purchased and this resident is now happily attending to the communal garden in the grounds of the home. A staff member also noted that visiting therapy dogs alleviated distress for a resident and therefore time was made for this therapy on a regular basis.

The management team have developed an improvement plan, this is based on our inspection themes, the health and social care standards alongside the provider's values. It is intended that all residents will have opportunities to be involved in many aspects of running the home, including improvements in the environment. We discussed with the service how external professionals supporting the home could also be included in driving improvement.

Areas for improvement

1. We sampled a number of care plans, overall these were well recorded. We did not however, see clearly how people were supported with their care if they displayed distressed behaviours. Information we would expect to see would include a diary of incidents, timelines, possible triggers, and what de-escalation techniques were offered to people prior to using medication as a last resort. This would allow care planning to be more effective.

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

2. Care reviews should include the meaningful views of people living in the home alongside their relatives, or welfare appointee. Professionals also involved in their care should also be consulted. A focus should also be made regarding forward planning and how this improves quality of life for people. Consideration should be made regarding how the format of reviews should use different communication methods to take into account sensory impairment.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9) and 'I can access translation services and communication tools where necessary and I am supported to use these.' (HSCS 2.10)

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3. We noted that the service had made attempts to consider anticipatory care, however, there was a variety of records that recorded this information and the level of detail within these was not consistent for everyone.

Anticipatory care planning should be discussed with all relevant parties and recorded in a consistent way to ensure end of life care meets the needs and wishes of people. This ensures that in the event of an unexpected decline in health, there is a plan in place to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7)

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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