

Wheatlands Care Home Service

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Type of inspection:
Unannounced

Completed on:
2 June 2021

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272088

About the service

This service registration with the Care Inspectorate on 1 October 2010.

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.

The aims and objectives of the service are 'to deliver exceptional customer satisfaction through our commitment to good quality care in a responsive and understanding atmosphere'.

What people told us

During the inspection we spoke with 10 residents, three of whom were willing to express their views. We also gathered feedback from 23 families by speaking to them during the inspection, either in person or by telephone. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer assisted by making calls to families.

The majority of people were happy about the care and support provided at Wheatlands. They told us that staff and management were friendly and approachable. Many commented that before the pandemic the activities were really good and they were looking forward to getting that back. A couple raised concerns about their relatives care which we passed to management who were already aware and working through these. The majority of people had felt that there had been good communication from the care homes during the pandemic. A few people told us that there could be better updates about their relatives general health and wellbeing.

Comments received included:

- I like it here and the food is good.
- It's nice here, but people are noisy.
- My relative tells me that their buzzer can take a while to be answered.
- I find the manager and staff friendly and approachable.
- I would like more updates about my relative from staff.
- I'm not always seeing staff that I know now.
- All staff and carers are 1st class.
- I'm grateful for the care and support my relative gets and that we get as a family.

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?	3 - Adequate
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How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	4 - Good
How good is our care and support during the COVID-19 pandemic?	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?

3 - Adequate

We evaluated how well people's health and wellbeing was supported. We concluded that this was adequate with some important strengths.

It is important that staff across the service treat people with compassion, dignity and respect. We observed kind and warm interactions from staff with the residents they were supporting. Residents and families spoke highly of the staff and their commitment during the pandemic. We observed residents to be offered choices throughout their day including, where they wanted to sit and what they wanted to eat and drink.

The way people spend their day should promote feelings of purposefulness and wellbeing. Aspects of the home's usual activity programme that could continue were taking place, with the introduction of some new ways for supporting people through the pandemic. These included, more individual time with people. This gave people enjoyment and helped them keep occupied.

People were supported to maintain contact with their family and friends using mobile phones, electronic tablets, window visits and garden visits. Indoor visiting was taking place in line with Scottish Government's 'Open with Care' guidance. The home had links with health professionals including GP, dietician and optician, however, the home had not yet arranged for podiatry to re-commence and we asked them to arrange this without delay.

We found that there were a high number of falls for people living in the home and whilst the manager audited the falls monthly, it was not clear what had been reviewed and considered to reduce future falls. Almost half of the falls had taken place within communal areas of one unit, yet had not been observed by staff. Please see area for improvement 1.

People were offered a healthy and balanced diet, including a fortified diet for those at risk of malnutrition, and we observed people who required help to be supported by staff. However, we also observed people in the morning who were up and dressed before 7am not being offered anything to drink until breakfast was served at 8am. A system was in place to monitor people's risk of malnutrition and food and fluid charts were used to support this. We found some gaps in these and concluded that a better overview was needed by senior staff to make them meaningful. Please see area for improvement 2.

Areas for improvement

1. To ensure that people who at risk of falling can be confident that their care and support is based on relevant evidence, guidance, best practice and standards, the service should ensure that:

- a) A post falls analysis takes place following each fall which looks at any follow up action to be taken for that person to reduce reoccurrence.
- b) The current monthly audit should include an action plan from any common themes arising.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.." (HSCS 4.19)

2. To ensure that people can be confident that their nutrition needs are fully met, the service should ensure that:

- a) Fluids and snacks are offered out with set mealtimes.
- b) Senior staff monitor daily fluid and nutrition records for those at risk from dehydration and malnutrition.
- c) Any gaps or concerns are clearly identified and any actions taken clearly noted.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23) and "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (1.37).

How good is our leadership?

3 - Adequate

We evaluated how good leadership was in the service. We concluded that this was at an adequate level.

There had been changes to the management at the end of last year with the deputy manager being promoted to manager. We appreciated that it had been an extremely challenging time for the care home during the pandemic. There had been many new ways of working that the manager had to deal with.

People we spoke with during the inspection told us, that the manager was approachable, as was the newly promoted deputy manager. They found them engaging and helpful.

We looked at how concerns and complaints were managed and found that these were dealt with informally rather than through the provider's complaints policy. Concerns, complaints and compliments are an important part of quality assurance, which the manager agreed to review. This would ensure robust management and follow up going forward.

We found that the provider had a quality assurance system in place, however, given some of the findings of our visit this led us to question how effective it had been. We discussed this with both the home's management team and the provider's senior management, to look at the best ways to take this forward and ensure that improvements can be made and sustained. We were given assurances that extra support would be arranged for the care home team.

How good is our staff team?

2 - Weak

We evaluated how good the staff team was at the service. We concluded that this was weak.

Staff engaged well with residents who responded positively, appearing relaxed and contented. The benefit of this was that residents were mainly supported by staff who knew them very well. There had been some new staff recently who were being supported by the existing staff group to get to know people.

Staff we spoke with told us that there was good team working, however, they did express their concern about staff shortages and gave us examples of these and how these had impacted on the care and support of the residents. We heard that they had raised their concerns with management however no improvements had yet been made.

After reviewing the home's dependency levels, the high level of unwitnessed falls in communal areas and the feedback from staff, we concluded that staffing arrangements did not always fully meet the needs of people receiving care in the service. We were also concerned that the staffing levels did not consider the recent risk assessment that had been implemented by the provider in mid March this year, to keep people safe while awaiting the replacement of the nurse call system. The provider must ensure there are sufficient staff to be certain of the best care outcomes for people. Please see requirement 1.

After speaking to staff across various departments throughout the inspection, we concluded that non-direct care staffing also needed reviewed as we found that job roles and responsibilities had become blurred. As a result, there was less time available to support residents with a range of activities and to ensure that the home was kept clean.

We received positive feedback from relatives, about how reassuring it had been for them when they were not allowed to visit that staff were there and were able to support their loved ones.

Requirements

1. To ensure that people can be confident that there are sufficient staff on duty each day, the provider must:
 - a) Ensure that daily direct and non- direct care hours are sufficient to meet the home's dependency levels.
 - b) The dependency levels take account of the layout of the building, number of falls, current enhanced cleaning due to COVID-19 and feedback from staff.
 - c) An extra member of staff is maintained above that deemed necessary from their dependency calculations until the nurse call system is fully operational.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My needs are met by the right number of people." (HSCS 3.15). It also complies with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

How good is our setting?

2 - Weak

We evaluated how good the setting was at the service. We concluded that this was weak.

We appreciate that a planned refurbishment had just started as the home had to lockdown due to the pandemic. However, on arrival we were concerned that the care home environment was in a very poor state of repair. This was more evident in Cedar and Willow Units. We concluded, that not all aspects were due to

the planned refurbishment being delayed and we had concerns around on going maintenance. This was not respectful or dignified to the residents who were living in the home.

We were concerned that the lack of maintenance compromised effective cleaning of surfaces, equipment and frequently touched areas and was an infection prevention and control risk for people living and working there.

Whilst at a glance the care home looked clean, on further inspection there were many aspects that were not clean including fridges in dining rooms, seating in lounges and bedrooms, commodes, hoists and other equipment.

Since the pandemic started, care homes are expected to have a cleaning regime in place that includes the cleaning of high touch points at least twice throughout the day. This should include door handles, personal protective equipment (PPE) storage units in corridors and handrails. This was not always happening.

PPE was available and in a good supply. This was stored correctly in corridors, however PPE signage should be available at each PPE station to remind staff on how to safely use it. PPE was stored on top of toilet cisterns in ensuite and needed removed to prevent it from being open to cross contamination.

Staff knowledge on how to wear and remove PPE was inconsistent and we were concerned that new staff had not yet received any induction training on infection prevention and control, COVID-19, handwashing, use of PPE. Existing staff had received training however, this needed re-visited as knowledge was inconsistent. Domestic staff were not using the correct cleaning products and again knowledge was inconsistent. Please see requirement 1

The provider responded to our concerns and made plans to bring forward their refurbishment plan which had been delayed due to the pandemic. They were receptive to our concerns and by the second day of our visit extra domestic staff were supporting the home to carry out a deep clean.

Requirements

1.
To ensure that people are confident in the provider's infection prevention and control procedures the provider must by 15 August 2021, ensure that:

- a) The environment and equipment are appropriately cleaned and safe for use and infection risks associated with the care environment and care equipment are minimised;
- b) Effective leadership is provided to ensure infection prevention and control procedures are in place within the service;
- c) Effective infection prevention and control audits are implemented and findings are reviewed with appropriate action taken.
- d) That all new staff receive training on infection prevention control, handwashing, COVID-19 and the use of PPE prior to supporting residents and that this is re-assessed for existing staff.
- e) That domestic staff receive training on what products to use, including where and how to use them.

This ensures 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). It is also necessary 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).

How well is our care and support planned?

4 - Good

We evaluated how well people's care is planned. We concluded that overall this was at a good level with significant strengths.

Residents and/or their representatives should be involved in reviewing their needs at least every six months. This would usually be done at a meeting within the care home, but due to COVID-19 restrictions these had been delayed, however, the service were now working through these. This gave families an opportunity to still be involved in their relatives' care.

We received very positive feedback from family members about how their views are heard and meaningfully considered by the management and staff at Wheatlands. The vast majority told us that although it had been an extremely difficult year, being less involved with their loved ones, they felt the home had kept them up to date as the home worked through new and changing guidance. A few told us that they would have welcomed regular contact calls from the home to give them updates, specifically about how their relative was keeping and to feedback about any issues they may have raised. Please see area for improvement 1.

We found that families were being supported within the latest Scottish Government guidelines to visit in bedrooms and go out with their relatives. Staff and management told us that this was boosting the residents wellbeing and they were very supportive of this.

Areas for improvement

1. To ensure that people can be confident, that their carers and family members can be encouraged to be involved in their care and support, the service should ensure that a system is put in place, to establish the agreed contact, that each resident and their representative would like from the home.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing." (HSCS 2.18)

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

We evaluated how well infection control practices support a safe working environment for people experiencing care and for staff. We concluded that this was weak.

Please see information under key question 4, which is relevant to this key question and contributed to the grade of weak .

We found that staff and visitor COVID-19 testing was taking place in line with current guidance.

Staff uniforms were being laundered at the service to reduce the risk of cross infection from staff coming to and from work.

We spoke to staff who told us that they had felt well supported with information and updates to guidance throughout the pandemic.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	2 - Weak
3.3 Staffing levels are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good
How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak

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