

# Wheatlands Care Home Service

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Bonnybridge  
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Telephone: 01324 814 561

**Type of inspection:**  
Unannounced

**Completed on:**  
18 August 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. There were 57 people using the service at the time of the inspection.

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 12 residents, three of whom were willing to express their views. We did not speak to any family members during this visit.

Residents were generally relaxed and comfortable in the home and staff knew them well. We heard that the food was good and that staffing had got better recently. One person told us that there was often not much happening to keep them busy. We heard how the service had supported a few residents to go out with their families.

## 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
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	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?

**3 - Adequate**

We carried out an initial inspection of the service on 26 and 31 May and concluded this on 1 June. The overall evaluation for this key question was adequate. We completed another visit to the home on 17 and 18

August to follow up on the improvements that were required.

We have reported on our findings under the following sections of this report:

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

'What the service has done to meet any areas for improvement we made at or since the last inspection'.

The service had met the requirement made in June following an upheld complaint. They had also met two areas for improvement. However, we repeated an area for improvement as detailed below. (see area for improvement 1)

As there was some improvement for people's health and well-being, we have re-evaluated quality indicator 1.1 from adequate to good. The other evaluations remain the same as the previous inspection.

### Areas for improvement

1. 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 staff team?

### 3 - Adequate

We carried out an initial inspection of the service on 26 and 31 May and concluded this on 1 June. The overall evaluation for this key question was weak. We completed another visit to the home on 17 and 18 August to follow up on the improvements that were required.

We have reported on our findings under the following sections of this report:

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

'What the service has done to meet any areas for improvement we made at or since the last inspection'.

The service had met the requirement around staffing made in June.

Because staffing levels and consistency of staff had improved, we have re-evaluated quality indicator 3.3 from weak to adequate.

### How good is our setting?

### 3 - Adequate

We carried out an initial inspection of the service on 26 and 31 May and concluded this on 1 June. The overall evaluation for this key question was weak. We completed another visit to the home on 17 and 18 August to follow up on the improvements that were required.

We have reported on our findings under the following sections of this report:

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

'What the service has done to meet any areas for improvement we made at or since the last inspection'.

The service had met the requirement around infection prevention and control made in June.

Because the cleanliness and decor of the building had been improved, we have re-evaluated quality indicator 4.1 from weak to adequate.

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

**3 - Adequate**

We carried out an initial inspection of the service on 26 and 31 May and concluded this on 1 June. The overall evaluation for this key question was weak. We completed another visit to the home on 17 and 18 August to follow up on the improvements that were required.

We have reported on our findings under the following sections of this report:

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

'What the service has done to meet any areas for improvement we made at or since the last inspection'.

The service had met the requirement around infection prevention and control made in June.

Because there was improvement in the cleanliness of the building and staff knowledge, we have re-evaluated quality indicator 7.2 from weak to adequate.

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

### Requirements

#### Requirement 1

People should receive the care and support they need to support their health, wellbeing and quality of life. In order to ensure good outcomes for people experiencing care, the provider must, by 15 August 2021, improve the management oversight of people's health, wellbeing and personal care needs. In order to achieve this, you must ensure:

- a) People's personal plans include detail of their needs, choices and preferences for personal care and how they should be met.
- b) All staff delivering direct care understand their role and responsibility in supporting people to achieve good standards of personal hygiene and highlighting any issues around this.
- c) Any issues or concerns around people's health and wellbeing are followed up and reported on.
- d) Management oversight of people's health, wellbeing and personal care needs being met is improved and includes observation of practice and outcomes.

To be completed by: 15 August 2021 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. Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 7 June 2021.**

#### Action taken on previous requirement

Personal plans contained up to date information to guide staff on how best to provide care and support for each person. Some additional information that staff could tell us about should also be included in the plans going forward.

Training had taken place and remained on going regarding caring for people and recognising any changes to health.

Issues and concerns about people's health were being followed up with input from relevant health care professionals as necessary.

**Met - within timescales**

#### Requirement 2

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).

**This requirement was made on 2 June 2021.**

### Action taken on previous requirement

The nurse call was now fully functional. There was still a high level of staff absence, both short and long term, however this was now being mitigated by using agency staff as needed. Some new staff had been recruited with further recruitment on going.

### Met - within timescales

## Requirement 3

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).

**This requirement was made on 2 June 2021.**

**Action taken on previous requirement**

There had been significant improvement in the cleanliness of the home. Additional domestic hours were now in place. New equipment had been purchased with training in place for staff.

Training was in place for new staff whilst refresher training had taken place for previous staff.

Whilst the home was cleaner, the home continues to be in need of a significant refurbishment. We discussed this with senior management during the visit and were assured that this would re-commence before the end of the year as it had been previously postponed to the pandemic.

**Met - within timescales**

## 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 that people who are 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)

**This area for improvement was made on 2 June 2021.**

**Action taken since then**

The management team were now monitoring and reviewing falls better. They were in the process of carrying out a full analysis of the home in relation to falls management.

This area for improvement had been met.

**Previous area for improvement 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).

**This area for improvement was made on 2 June 2021.**

## Action taken since then

We observed drinks and snacks to be offered throughout our visit. Records were being kept for those people who had been identified as being at risk from dehydration or malnutrition. However, where there were shortfalls then it was not always clear to see what action was being taken to address this. We asked management team to review the mealtime experience, to ensure that people were able to enjoy mealtimes in a relaxed atmosphere and that there were enough staff available to provide the right support.

This area for improvement is repeated.

## Previous area for improvement 3

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)

**This area for improvement was made on 2 June 2021.**

## Action taken since then

Personal plans clearly identified the next of kin for each person and the records we sampled showed that families were involved and updated in people's care and support.

This area for improvement had been met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
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 staff team?	3 - Adequate
3.3 Staffing levels are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate

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