

## Wallacetown Gardens Care Home Service

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Ayr  
KA8 9FG

Telephone: 01292 439 111

**Type of inspection:**  
Unannounced

**Completed on:**  
1 October 2021

**Service provided by:**  
Heathfield Care and Residential  
Homes Limited

**Service provider number:**  
SP2010011376

**Service no:**  
CS2016349760

## About the service

The service is registered as a care home to provide a care service to a maximum of 20 adults aged 18 years and over. The service provides support for adults with Huntington's, acquired brain injury, enduring mental health, a learning difficulty and/or physical needs and life limiting conditions. The registration includes up to two respite places.

At the time of this inspection, 20 people lived in the service. The service registered with the Care Inspectorate on 24 October 2017. The provider is a private limited company, Heathfield Care and Residential Homes Ltd.

Wallacetown Gardens is situated in the town of Ayr, close to the town centre and Prestwick.

Accommodation is provided over two floors and is connected by two passenger lifts. The care home has been purpose built; all bedrooms are single occupancy with en-suite shower facilities that ensure privacy. Communal areas include open plan lounge/dining/kitchen area for resident's use on both floors, accessible toilets and assisted bathing facilities. In addition, there is a small gym and hairdressing salon on the upper floor. The ground floor lounge leads into an accessible courtyard garden and the upstairs lounge has access to a large balcony.

Some of the stated aims and objectives of the service are:

- To consult with clients and relatives to set goals and develop plans that will enable each individual to achieve their potential and retain their identity and sense of worth
- To develop close links with the community so clients are involved in the wider society
- To encourage clients to participate in activities and events that they enjoy thus adding to their quality of life
- To help clients set individual goals and work together with individuals and their relatives in an effort to achieve positive outcomes for all.

## What people told us

We observed people being supported around the home; interactions between staff and people supported were appropriate and supportive. We sought views from people who use the service and their families during the previous inspection of this service.

## 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 good is our leadership? | 4 - Good |
|-----------------------------|----------|

Further details on the particular areas inspected are provided at the end of this report.

**How good is our leadership?**

**4 - Good**

This was a follow up inspection to review progress achieved in relation to the requirement and area for improvement made at our previous unannounced inspection on 10 and 11 June.

We also followed up on requirements made in a complaint investigation that was upheld in October 2019. We made the following new area for improvement and reviewed the evaluation for leadership during this inspection.

### Areas for improvement

1. The provider should ensure there is a robust quality assurance policy and framework in place. This should clearly set out responsibilities and expectations for quality monitoring and drive improvement. The quality assurance framework should include, but not be limited to:

- Integration of the Health and Social Care Standards – My support, my life (June 2017) into practice and raising awareness of the quality framework for care homes for adults
- Be informed by legislation, codes of conduct and good practice to reduce risk and improve individual outcomes
- Review and measuring the effectiveness of quality assurance processes
- Developing a culture of self-evaluation and continuous improvement

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

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

### Requirements

#### Requirement 1

The provider must ensure that people receive support from staff who are alert to reports of, or signs of, any potential deterioration in their health and wellbeing. In order to achieve this by 20 December 2019 the provider must comply with;

- a) all staff must report and record any person stating or showing signs of an alteration in their health and well-being
- b) document the plan and subsequent implementation of proportionate risk-based monitoring.
- c) review actions and change the plan when indicated

This is in order to comply with Health and Social Care Standard 3.21: I am protected from harm because people are alert to and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.

Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 October 2019.**

## Action taken on previous requirement

We saw several examples of where staff reported concerns, these were recorded using various documents and systems, such as incident reporting, daily notes, monitoring and updating of risk assessments. The electronic system, Caresys, enabled real time monitoring and recording. In addition to Caresys each person had their own pictorial care plan which demonstrated personal goal setting, engagement and inclusion.

There was good evidence of staff reporting and monitoring changes in health and the actions that were taken to access medical input where appropriate. Plans and risk assessments we viewed had been regularly reviewed and were up to date. Reviews explored people's health and wellbeing and progress with weekly and monthly goals.

Relevant individuals were involved in reviews, the person, their relative(s) and external representatives where applicable. People were making progress and achieving personal outcomes in relation to improved health and wellbeing. People were receiving the care they needed from the right people which reduced the risk of harm.

## Met - outwith timescales

### Requirement 2

The provider must ensure that when anyone is unable to make informed risk-based decisions at any time then the views of guardians or representatives are sought and recorded. In order to achieve this by 20 December 2019 the provider must comply with;

- a) assess the training needs of all staff with regards to capacity, consent, risk enablement and guardianship and ensure that training is delivered.
- b) review staff knowledge and practice to assess the effectiveness of that training.
- c) ensure that quality assurance systems check that decision making has recorded evidence of appropriate consideration of risk, capacity consent and guardianship

This is in order to comply with Health and Social Care Standard 2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative are sought and taken into account and 1.24 Any treatment or intervention that I receive is safe and effective Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 October 2019.**

## Action taken on previous requirement

Staff had received training that covered capacity, guardianship, decision making and consent. The training was scheduled to be delivered again so that new staff would have the same opportunity to develop their knowledge and understanding.

Care plans contained clear information about capacity and guardianship. Care plans described each person's legal status, what this meant and the responsibilities of those with decision making powers. Individuals,

guardians and other representatives were involved in regular reviews. We saw a variety of good practice examples of informed consent and shared decision making. This meant the views of those who knew the person and their wishes were sought and considered.

The service had risk assessments in place along with a process for regular audit of these. The manager kept copies of appropriate documentation for each person confirming their legal status. There was a register in place that gave an overview of legal status and review dates.

**Met - outwith timescales**

### Requirement 3

The provider must ensure that people receive support from staff that they can be confident are competent and follow professional and organisational codes and company policy. In order to achieve this by 20 December 2019 the provider must comply with;

- a) All staff must have an assessment of their awareness of relevant codes and policies.
- b) Any staff who have identified support needs with this must have a recorded plan to address this and the provider must offer appropriate assistance
- c) Quality assurance systems should be reviewed in order that they identify any practice contrary to codes and policy and have a clear audit trail of follow up to the stage of an outcome that ensures satisfactory practice

This is in order to comply with Health and Social Care Standard 3.Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

**This requirement was made on 29 October 2019.**

### Action taken on previous requirement

The provider supports staff to undertake learning and SVQ qualifications relevant to their post. To achieve these qualifications staff must demonstrate practice through external observation that reflects the Health and Social Care Standards (HSCS's) and codes of practice.

We explored with the manager various methods that could further develop staff's knowledge and understanding of the HSCS's and codes of practice. Integrating the HSCS's through policy, reflective practice and quality assurance could improve outcomes for people (See area for improvement 1).

Quality assurance systems identified where practice fell below the expected standards and there was evidence of practice and performance issues being addressed. Staff were aware of expected standards, due to the policies and audit system in place.

Regular and routine monitoring of the registration of staff was in place. People could be confident these measures contributed to staff supporting them in an appropriate way.

**Met - outwith timescales**

## Requirement 4

The provider must ensure that residents and their representatives experience support from a management and staff team who demonstrate compassionate care. In order to achieve this by 20 December 2019 the provider must comply with;

- a) the staff and management team receive training regarding record keeping and communicating compassionately and effectively with relatives in difficult circumstances including death
- b) the management team and support staff review processes for any business correspondence that may be required after death and separate this from any condolence message.

This is in order to comply with 3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.

This is in order to comply with: Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 29 October 2019.**

### Action taken on previous requirement

We viewed the electronic care planning system, a variety of documents and communications; there were good examples of information being recorded and communication with people supported or family members demonstrating empathy and compassion. Review documentation showed individuals, families and guardians were involved in care planning and reviews.

A key worker system was well established. We heard that any issues arising were dealt with quickly. We saw evidence that people had been consulted on who they wished to be their allocated visitor and how they would keep in touch with relatives when Covid-19 visit restrictions were in place. People experiencing care were consulted about how the service operated through feedback in customer satisfaction questionnaires.

We saw and heard good interactions between staff and people living in the service, staff were supportive, encouraging, kind and compassionate. We spoke with families during the last inspection and feedback was positive.

**Met - outwith timescales**

## Requirement 5

The provider must ensure that the approach to quality assurance is reviewed and improved to establish robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, using learning effectively to improve the service for people experiencing care. Awareness of the Health and Social Care Standards - My support, my life (June 2017) and the quality framework for care homes for adults (2019) should be promoted with a focus on self-evaluation and improvement.

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

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users. Timescale for Completion: 20 September 2021.

**This requirement was made on 18 October 2019.**

#### Action taken on previous requirement

A range of audits were carried out regularly and identified where practice fell below the expected standards. There was good evidence of action plans and of practice and performance issues being addressed. Staff told us they were aware of expected standards, due to the policies and audit system in place.

We discussed with the provider the need to review the quality assurance policy and set out a framework for auditing. This should be underpinned by the HSCS's and relevant legislation with a focus on improving outcomes and developing a culture of continuous improvement. There will be a new area for improvement for quality assurance (See area for improvement 1).

**Met - outwith 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

The provider and manager should extend the training programme to include fuller adult protection and Palliative Care. This would give staff skills and knowledge to protect people from risk of harm and be able to adapt activities and tasks to better suit individual needs.

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

**This area for improvement was made on 11 June 2021.**

#### Action taken since then

While staff had undertaken training the manager had experienced challenges in accessing these specific training events during the Covid-19 pandemic. Training was planned to take place before the end of this year.

We discussed a range of resources and alternative ways in which the service could achieve this area of improvement. We explored with the manager ways to improve training records and competency assessment.

This area for improvement has not been met.

## Previous area for improvement 2

The service should ensure that: - Care planning, evaluations and minutes of six monthly reviews have more of a focus on the way that planned care has promoted positive outcomes, as well as, reflecting people experiencing care having a sense of worth and engagement with life, achieving what matters to them. - Personal plans should reflect the consideration of residents' wishes, choices and abilities and the role this plays in underpinning and supporting a person-centred approach. An understanding as to why people behave in a certain way when being supported in their daily lives should be linked to the assessment of this information. - A strengths-based focus that fully recognises people's abilities should be established in conjunction with an enabling approach towards risk promotion in order to develop care planning that will support people to maximise their potential.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me'. (HSCS 3.4) 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18) 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)

**This area for improvement was made on 18 October 2019.**

### Action taken since then

Care plans tell you what support people need, what people can do for themselves and were written in a person-centred way. We saw good examples of people setting weekly goals that were important to them and being supported to achieve these. Care plans sampled were being reviewed and were up to date.

Each person had a care plan, in addition a pictorial care plan which demonstrated goals and individual engagement. Weekly key work meetings had been introduced to review people's goals and to focus on individual outcomes. Reviews were inclusive, recorded individual choices and progress. Positive behaviour support plans detailed a staged and person-centred approach for each person. They described actions staff should take to de-escalate and support an individual in different situations. This means people can be confident staff can anticipate and manage situations sensitively and safely.

This area for improvement is Met

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

|   |          |
|---|----------|
| How good is our leadership?                       | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |

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