

# Wheatlands Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 June 2022

**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2010272088

## About the service

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.

## About the inspection

This was an unannounced inspection which took place on 21 June 2022 from 09:30 to 20:45 and on 22 June from 09:00 to 17:45. The inspection was carried out by three inspectors 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 17 out of 52 people using the service and 10 of their family members.
- Spoke with staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with a visiting professional.

## Key messages

- The service had improved the level of cleanliness within the care home.
- Staff knew residents very well, although there was some reliance on agency staff.
- The home was embracing 'Open with Care' guidance to support visiting.
- How people spent their day and engaged with the community needed to improve.
- Aspects of the home's quality assurance system needed to improve in order to make it meaningful.
- People were supported by staff to keep clean, tidy and cared for.

## 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 leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

## 3 - Adequate

We evaluated this key question as adequate. Whilst there were several strengths that were good, a few aspects compromised these for people.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. There were lots of friendly interactions between staff and residents. One person told us "The staff are all so friendly and have a laugh with me", whilst a relative said "They are nice, friendly local staff".

People benefited from regular access to relevant professionals to support their health and wellbeing. Staff had good links with local health professionals and liaised with them promptly when any concerns were identified. One relative told us "The care is very good, I don't think my relative would still be here if they weren't in the care home".

People told us that there was plenty of food and it was tasty. Residents told us "The food is delicious and I've been told if there is anything I want then I've just to ask". We observed mealtimes to be relaxed and pleasant with support given to those who needed it. We did not see people being offered to wash their hands before meals and reminded the manager of the importance of this to prevent cross infection.

We observed plenty of drinks and snacks being offered throughout the day, however, we had made an area for improvement at the previous inspection about monitoring of fluids for people, at risk of dehydration and this still needed to be improved. (see area for improvement 2).

People were very well supported to maintain contact with their family and friends, as the home were working in line with Scottish Government's 'Open with Care' guidance. One person told us "No problem with visiting, I can visit at any time".

Improvements were needed in relation to how people were supported to spend their day. People told us that there were some group activities during the week, but that they would like more because at times they were bored. There had not been any trips out from the home at all, even locally. Access to the garden was currently restricted to when staff had time to be there, which limited people's opportunities for fresh air. We were told that a second member of activity staff was being recruited, which we agreed was necessary because the current activity worker did not have enough time to support all residents with activities. (see area for improvement 1).

We found overall, that infection prevention and control procedures helped to protect people from infection. The general environment was clean, tidy and free from any offensive odours. Arrangements were in place to ensure that frequently touched surfaces, like handrails and light switches were cleaned at least twice daily. Cleaning schedules needed to be better completed to evidence that all areas of the care home were included in the domestic staff routine and that no areas were missed. People could be assured that housekeeping staff were knowledgeable in their job roles.

## Areas for improvement

1. To ensure that people are supported to have a range of meaningful contacts within and outwith the service, the service should review the range of activities that are offered to them both on a group and individual basis, to ensure that they get the most out of life.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25) and "I can choose to spend time alone". (1.26).

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

- a) Senior staff monitor daily fluid and nutrition records for those at risk from dehydration and that the rationale is within the care plan.
- b) 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 this key question as adequate. Whilst there were several strengths that were good, a few aspects compromised these for people.

The manager was committed to ensuring people were well cared for. They were well supported by a staff team who shared their vision. Staff told us that the management team were supportive and approachable.

People could be assured that there were systems in place to monitor standards of care within the care home. This included, audits for key areas including, care planning and medication management. Action plans were not consistently devised to address any shortfalls, which meant it was not always clear that improvements had been carried out.

Improvement was needed by the management team to demonstrate that they had the skills, capacity and systems in place to not only carry out audits which identified risks, but to use the information to sustain and drive improvement. (see area for improvement 1)

As a result of the service responding to the pandemic, some aspects of their usual quality assurance around meetings and obtaining feedback had understandably been suspended. However, the management team were now starting to get these back up and running.

In response to some recently upheld complaints, the management team had worked hard to provide training and support to staff to improve outcomes for people around their personal care and the cleanliness of the environment. Please see information under key question 1, which is also relevant. In order to sustain this, they need to ensure that the process of on going supervision and observations of staff practice continues. (see area for improvement 2)

The management of complaints and concerns needed to be improved to ensure that management were clear whether a matter raised should be dealt with informally or formally. The person raising the matter should be clear what will happen next, or if they feel the matter has been resolved (see area for improvement 3).

## Areas for improvement

1. To support quality assurance systems that are meaningful the service should, as a minimum, ensure they identify risks and plan appropriate actions to address these in order to drive improvement. These actions should not be static, but re-visited and amended as necessary to make the process dynamic.

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

2. To support the service to assess learning and competency the service should, as a minimum, continue to roll out a planned programme of observations of staff practice and supervision throughout the year.

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

3. To support good complaints management, the provider should:

a) Keep records of any concerns or complaints made by people who use the service, representatives, relative or other persons.

b) Ensure that each record:

i) Includes details of the date received, issues raised, action taken, outcome of initial discussion.

ii) Details how the service informed the complainant about the outcome.

iii) Records are kept of both informal concerns and formal complaints.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'. (HSCS 4.21)

## How good is our staff team?

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 could be assured that staff were working through the service's training programme. This included, adult support and protection, infection prevention and control and training.

Staff were supported to develop as 'Champions' for various topics including, practical moving handling, infection prevention and control and nutrition. The benefit of this was that staff were encouraged to develop their skills in a key area and then share this knowledge with colleagues.

People living in the care home and staff benefitted from a warm atmosphere because there were good working relationships.

We found staff to be motivated and the good team working meant that staff spent as much time as possible with people. Staff were confident in building positive interactions and relationships.

### How good is our setting?

**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 benefitted from a comfortable, warm and homely environment, where residents were able to sit and chat to each other. They were able to move around each unit as they wished and choose where to spend their day.

We spoke with residents who explained that they were able to personalise their bedrooms with photographs and ornaments to make them their own space and we observed this to be the case as bedrooms were individual to each person.

Over the past year, some areas had been refurbished and had led to the environment being brighter and easier to keep clean. We also found that the dining area in one unit was now much quieter as the previous hatch to the kitchen was now replaced. A new nurse call had just been installed at our last inspection, but was very loud in places. The manager acknowledged that there was still further refurbishment work to be completed.

### How well is our care and support planned?

**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 could be assured that they had a care plan in place that included, relevant risk assessments. These were then used to inform the care plans. Overall, there was good detail to guide staff around how best to care and support for each person. This meant that people benefitted from care plans that were kept up to date.

Relatives we spoke with all told us that communication about their loved one was very good. One person told us "Staff phone regularly to update me about any changes". Whilst another said "Staff are always on the phone letting me know what's happening".

People's care plans had not all been formally reviewed with them and/or their representative within the past 6 months, but we saw that plans were in place to get these back up to date.

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

### Requirements

#### Requirement 1

By 19 June 2022, the provider must demonstrate proper provision for the safety and welfare of services users is made. To do this, the provider must, at a minimum ensure that at all times suitably qualified, skilled and experienced staff are working in the care service, in such numbers as are appropriate for the health and welfare of service users.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 4(1)(a).

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).

**This requirement was made on 20 May 2022.**

#### Action taken on previous requirement

People could be assured that dependency levels were being carried out by the manager and that staffing was then planned to meet these. Due to staff sickness and vacancies, the home was relying on the use of agency staff each week. However, this had reduced significantly over the past few weeks due to staff returning from sick leave and new staff recruited.

**Met - within timescales**

#### Requirement 2

By 19 June 2022, the provider must make proper provision for the health, safety and welfare of people using the service. To do this, the provider must, at a minimum implement additional measures to monitor and oversee staff practice on a regular basis. This is to ensure ongoing oversight of the care and support delivered by support staff and with particular reference to concerns raised. ensure staff supervision records are maintained to evidence discussion and where there has been areas of required improvement identified, these should be addressed with planned outcomes agreed.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 7(2)(c).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23)

**This requirement was made on 20 May 2022.**



**Action taken on previous requirement**

Please see information under key question 2.

**Met - within timescales**

**Requirement 3**

By 19 June 2022, the provider must ensure the health and welfare of residents. To do this, the provider must, at a minimum ensure that if a person in their care lacks capacity to decide about his/her medical treatment, then a protocol must be in place that ensures staff assess a person's health needs, and a support plan is developed to direct staff practice. Staff must be trained and fully understand this protocol and their understanding is to be reviewed within supervision to ensure continued compliance.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 4(1)(a).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

**This requirement was made on 20 May 2022.**

**Action taken on previous requirement**

Please see information under key question 1.

**Met - within timescales**

**Requirement 4**

By 19 June 2022, the provider must ensure the deputy manager and manager receive training, focused on effective complaint handling, that supports transparency and creates a culture of continuous improvement.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 18(3).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support'. (HSCS 4.20)

**This requirement was made on 20 May 2022.**

**Action taken on previous requirement**

Please see information under key question 2.

**Met - within timescales**

**Requirement 5**

By 19 June 2022, the provider must demonstrate that the service has systems in place, to ensure that the needs of the individual resident are regularly assessed, monitored and adequately met. To do this, the provider must, at a minimum ensure that planned support is fully implemented when people have specific health needs, including communication, pain, falls, moving and handling. Demonstrate that staff will seek

advice from relevant healthcare professionals promptly when residents require treatment or their health condition is not improving. Ensure that staff have the necessary skills and experience to assess when residents require further assessment, investigations or treatment. ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists. ensure that managers monitor and audit health and care needs robustly.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 5(3)(a)(iii).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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).

**This requirement was made on 20 May 2022.**

#### Action taken on previous requirement

Please see information under key questions 1 and 5.

**Met - within timescales**

## Requirement 6

By 19 June 2022, the provider must make sure that people's rooms are clean and comfortable for their use. Standards of hygiene and cleanliness throughout the home should be audited and monitored regularly, with outcomes analysed and improvements made where required within a satisfactory period.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 10(2)(d).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support'. (HSCS 5.1)

**This requirement was made on 20 May 2022.**

#### Action taken on previous requirement

Please see information under key questions 1 and 4.

**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 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 18 August 2021.**

#### Action taken since then

Please see information under key question 1.  
This area for improvement was not met.

#### Previous area for improvement 2

The manager should make sure that people's rooms are clean and comfortable for their use. Standards of hygiene and cleanliness throughout the home should be monitored regularly, with outcomes analysed and improvements made where required.

This is to ensure care and support is consistent with Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

**This area for improvement was made on 13 May 2022.**

#### Action taken since then

Please see information under key questions 1 and 4.  
This area for improvement had been met.

#### Previous area for improvement 3

The manager should improve laundry systems to make sure people's clothing is returned to them. When missing clothing cannot be located relatives/carers should be informed and appropriately reimbursed.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 13 May 2022.**

## Action taken since then

We discussed this with the manager and ideas of how to address this, but at the time of the inspection this area for improvement had not been met.

## Previous area for improvement 4

The manager should ensure staff understand relatives and those with legal authority, have the right to be consulted about, and kept informed of, any potential changes to medical appointments.

This is to ensure care and support is consistent with Health and Social Care Standard 3.13: I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

**This area for improvement was made on 13 May 2022.**

## Action taken since then

Please see information under key questions 1 and 5.  
This area for improvement had been met.

## Previous area for improvement 5

People should be given the care and support they need to maintain good standards of personal care in line with their needs, choice and preferences for care.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 13 May 2022.**

## Action taken since then

Please see information under key question 1.  
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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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