

## Wallace View Care Home Service

77 Westhaugh Road  
Stirling  
FK9 5GF

Telephone: 01786 241 339

**Type of inspection:**  
Unannounced

**Completed on:**  
28 January 2026

**Service provided by:**  
MMCG (CCH) (3) Limited

**Service provider number:**  
SP2013012124

**Service no:**  
CS2013319185

## About the service

Wallace View is registered to provide a nursing care service to a maximum of 60 older people who have general frailty 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.

At the time of inspection 59 people lived in the service.

## About the inspection

This was an unannounced inspection which took place on 27 January 2026, 09:30 to 17:30 and 28 January 2026, 09:30 to 15:30. The inspection was carried out by two 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:

- received feedback from 26 people using the service and one of their relatives.
- received feedback from staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People benefitted from skilled, attentive staff, strong management oversight, and meaningful activities
- The service demonstrated a good standard of management and oversight, with clear evidence of improvements in communal areas and appropriate safety checks, alongside plans to continue enhancing the environment.
- Improvement remained to ensure the care home was clean, safe and helped reduce the spread of infection
- The service has demonstrated good management and oversight of people's bowel care
- Further improvement remains for the environment improvement plan to incorporate soft furnishings and clear refurbishment timeframes remains.

## 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 setting?	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

We identified major strengths that had a clear, positive impact on people's experiences and outcomes. We evaluated this key question as very good.

### Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People and families expressed strong confidence in staff, describing support that met health and wellbeing needs safely and effectively. Most people said they were happy with their care and support, comments included:

- "Great lassies."
- "the staff are caring for my mum in a difficult situation."
- "I've noticed a big improvement in the environment, the hallways have been redecorated and it feels nicer."

Staff demonstrated a strong commitment to maintaining residents' dignity and respect. They were observed supporting residents well, with kind and attentive interactions. Staff highlighted positive changes in technology that have improved documentation and service delivery.

Observations during the inspection showed residents were generally well-groomed, tidy, and comfortable. Ground floor residents were particularly well cared for, and staff across all disciplines worked together effectively. Some variation in presentation was noted upstairs but addressed promptly.

Dining experiences were generally positive. Ground floor meals were well presented, with choice, consent, and dignified support. Upstairs, interactions were sometimes task focused and could benefit from closer observation to support residents requiring additional assistance. Nutritional needs were met, and staff were aware of people support levels.

Activities were varied and meaningful, including group and one-to-one sessions, exercise, and external community engagement. A family corner and newsletter support communication with relatives, providing information on activities, staff changes, and environmental improvements.

Medication was managed safely via the electronic system. Topical medications were generally well managed, though one instance of incorrect cream storage was noted and addressed.

Management oversight and governance were very good. Audits, walk rounds, accident and incident reviews, and care plan checks were in place. Accident records were detailed, with clear follow-up and manager oversight. Clinical and quality assurance processes were robust, though some environmental issues were highlighted to the manager who addressed them immediately.

Care plans were detailed and person-centred, with supporting risk assessments and regular reviews. Some variation was noted in how plans were translated into practice, and some supporting documents were not always accessible.

However the service demonstrated a very good standard of care and support. People benefitted from skilled, attentive staff, strong management oversight, and meaningful activities, contributing to positive experiences and outcomes. The manager has confirmed plans to submit a registration variation to ensure compliance with the current service client group.

**How good is our setting?****4 - Good**

We identified strengths that had a clear, positive impact on people's experiences and outcomes. We evaluated this key question as good.

**Quality Indicator: 4.1 People experience high quality facilities**

People and families we spoke with were excited and positive about recent changes in the corridors. Observations during the walk round highlighted clear improvements in the corridors, which were well used by people. However, larger communal sitting areas and the personalisation of bedrooms, particularly upstairs, were less well developed. While plans for improvement are in place, specific goals and target dates were not always clear. These will be addressed under the existing area for improvements.

Maintenance and safety records were generally well maintained. Logs for water testing, fire safety, and other required checks were complete and up-to-date. Clarification is required regarding how essential checks are managed during periods of staff absence.

Infection prevention and control (IPC) arrangements were reviewed, with two areas for improvement remaining to address specific issues.

Overall, the service demonstrated a good standard of management and oversight, with clear evidence of improvements in communal areas and appropriate safety checks, alongside plans to continue enhancing the environment.

## 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 service remains responsive to the needs of people for them to live in a care home that is clean, safe and helps reduce the spread of infection, the provider should review current domestic staffing levels, deployment of domestic staff and newly recruited care staff.

**This area for improvement was made on 28 November 2024.**

#### Action taken since then

Environmental observations and review of domestic rotas identified ongoing IPC concerns, particularly upstairs. New domestic staff have recently started, and recruitment is ongoing; however, rotas indicate that on some days, such as Saturdays, only one domestic staff member is available to cover cleaning and laundry, limiting the ability to complete deep cleans and maintain high-touch point hygiene. While progress is being made and assurances given of newly recruited staff, this area for improvement has been Met with continued attention required.

#### Previous area for improvement 2

To ensure that people live in a care home that is comfortable, homely, safe and well maintained the provider should, at a minimum:

- a) Carry out an environmental audit, taking into account the good practice guidance such as the King's Fund tool for people with dementia, 'Living in the community' and 'Building Better Care Homes.'
- b) The audit should include the soft furnishings in all lounges and bedrooms, and devise a refurbishment plan, with clear timeframes and actions.
- c) Ensure the refurbishment work is reflected in the home's improvement plan.
- d) Ensure, staff, residents and relatives are involved in the planned improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:  
(HSCS 5.16). "The premises have been adapted, equipped and furnished to meet my needs and wishes."

**This area for improvement was made on 28 November 2024.**

#### Action taken since then

An environmental audit has been completed using the King's Fund tool, with detailed room breakdowns. However, incorporation of soft furnishings and clear refurbishment timeframes remains unclear.

Some improvements have been made to corridors, and meetings with staff, residents, and relatives have taken place, but actions and timescales are not fully defined. Therefore this area for improvement has not been met and repeated to ensure clear actions, timeframes, and outcomes for personalisation of bedrooms and lounges within first floor of the home.

### Previous area for improvement 3

To ensure that people are supported in an environment that is safe, clean and minimises the risk of the spread of infection. To do this the provider should, as a minimum, ensure:

- a) cleaning schedules are reviewed, and include both daily cleaning and deep cleaning.
- b) that frequently touched points are part of the daily schedule.
- c) managers have oversight of the cleaning and completed schedules.

This is 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 is to ensure that 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).

**This area for improvement was made on 28 November 2024.**

#### Action taken since then

Cleaning schedules were reviewed, with hard surfaces completed and signed off, but frequently touched points were inconsistently included. The head housekeeper confirmed improvements, including adding toilet rolls to schedules and cleaning missed areas such as bedbound residents' toilets and door handles. A walk round confirmed that touch points were not always being cleaned and free from contamination. Therefore this area for improvement has not been met and shall be repeated.

### Previous area for improvement 4

The service should review how staff monitor people's bowel patterns and how concerns are identified quickly and then highlighted to senior staff and/or relevant external professionals.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: "I am assessed by a qualified person, who involves other people and professionals as required."

**This area for improvement was made on 31 July 2024.**

#### Action taken since then

The service has demonstrated good management and oversight of people's bowel care. Care plans and supporting documents, including bowel charts, show clear recording of interventions, actions taken, and communication with external professionals.

Therefore this area for improvement has been 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 well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.