

# Wallace Court Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 February 2026

**Service provided by:**  
Capability Scotland

**Service provider number:**  
SP2003000203

**Service no:**  
CS2003001270

## About the service

Wallace Court is a care home for adults with physical and/or sensory disabilities or a learning disability. It is situated in Elderslie close to local transport links, shops and community services. The service provides residential care for up to 20 people. At the time of the inspection, 19 people were living in the service.

Wallace Court is purpose built and is a single-storey building. There is a large dining area, and various lounges throughout the home. People have a flat which is single occupancy with en suite shower facilities. Additional bathrooms with adapted baths and hoists are available. There are accessible garden areas to the rear and side of the home.

## About the inspection

This was an unannounced follow up inspection which took place on 18 and 19 February 2026, between the hours of 13:00 and 20:45. Please refer to the inspection report dated 17 October 2025 for further details. This 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Observed practice and daily life.
- Spoke with six people using the service and two of their relatives.
- Spoke with five staff and management.

**Key messages**

- Improvements were needed to ensure people are consistently supported with their nutritional needs.
- Leadership oversight of the service was impacted by limited capacity, time and resource.
- Environmental improvements had been made and sustained.
- Care planning and risk assessment systems did not always provide reliable and accurate information.
- Several requirements and areas for improvement were not met.

**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?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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?

2 - Weak

We followed up on a requirement made at the last inspection in relation to how people were supported with their nutritional needs, which has not been met. As a result we have regraded this key question from adequate to weak. We identified significant concerns about how people were being supported with their meals, and guidance with safe swallowing. These concerns had a direct impact on people's safety, health and wellbeing, particularly for people with profound and multiple learning disabilities who rely entirely on staff to recognise and respond to risks. (Please see "What the service has done since the last inspection" section of the report).

## How good is our leadership?

3 - Adequate

We have re-graded this key question from good to adequate. While we identified positive aspects of leadership in the service during the inspection, including a visible and committed interim manager, oversight and quality assurance arrangements were not sufficiently robust to ensure that issues were consistently identified, escalated and addressed in a timely way. For example, significant concerns relating to people's nutritional support and care planning had not been identified through routine audits or monitoring processes. Learning from previous inspections and requirements had not been fully implemented or improvements embedded, resulting in repeat issues. Systems in place did not consistently provide assurance that staff practice reflected people's assessed needs and agreed guidance, for example in relation to safe support with eating. This limited the service's ability to respond promptly to emerging risks and to sustain improvement.

During feedback, we discussed with the senior leadership team the impact of limited time, capacity and resource available for effective oversight of the service. We acknowledged the commitment and visibility of the interim manager and team leaders; however, we highlighted that leaders were frequently required to be involved in day to day care tasks. This reduced their ability to step back, analyse information and maintain effective oversight of care planning, risk management and staff practice.

We emphasised the need for the provider to ensure that leaders are supported with appropriate resource, protected management time and opportunities for learning and development, so they can move away from routine operational tasks and focus on leadership responsibilities. This includes strengthening quality assurance systems, supporting reflective practice, embedding learning from audits and incidents, and ensuring timely escalation of concerns. Without sufficient capacity and support, leaders were not consistently able to identify emerging risks or drive sustained improvement. (See requirement 1)

### Requirements

1. By 24 May 2026, the provider must ensure that effective leadership, governance and quality assurance arrangements are in place to ensure the service is well managed and people experience safe, consistent care. To do this, the provider must, at a minimum:

- a) Ensure effective quality assurance systems are in place to identify, escalate and address concerns promptly.
- b) Ensure leaders have sufficient time, capacity and resources, including protected management time, to maintain oversight of care planning, risk management and staff practice.

c) Provide leaders with appropriate support, training and development to strengthen leadership capability, governance and continuous improvement.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 the Health and Social Care Standards (HSCS), which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

### How good is our setting?

**3 - Adequate**

We followed up on a requirement made at the last inspection in this area which was met. (Please see "What the service has done since the last inspection" section of the report).

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

**2 - Weak**

This key question has been regraded from adequate to weak because the existing requirement relating to care planning, which was extended from the previous inspection, has not been met. (Please see "What the service has done since the last inspection" section of the report).

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

### Requirements

#### Requirement 1

By 12 December 2025, the provider must ensure that people are supported safely and appropriately with eating and drinking, including the preparation and delivery of modified diets. To do this, the provider must, at a minimum:

- a) Ensure meals are prepared in line with assessed dietary needs and clinical guidance, including Speech and Language Therapy recommendations.
- b) Review and update care plans to ensure language is consistent, accurate, and clearly reflects assessed dietary levels.
- c) Audit mealtimes practices to ensure staff follow safe swallowing protocols and that restrictive practices are not used unless these are clearly justified and risk-assessed.
- d) Provide staff with refresher training on safe eating and drinking support, including the use of modified diets and person-centred approaches.

This is to comply with SSI 2011/210 Regulation 4(1)(a) (Welfare of users) 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 (HSCS) which state: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences". (HSCS 1.37)

**This requirement was made on 3 November 2025.**

#### Action taken on previous requirement

We found inconsistent practice, gaps in care planning, and a lack of assurance that people were being supported safely in line with their assessed needs. For example, we found instances where people's care plans stated that they required specific postural support when eating and drinking or close supervision to support safe swallowing which was required during meals, however this was not consistently observed in practice. We also found that some people had been assessed as requiring a soft and bite-sized or minced and moist diet to support safe swallowing, however they were given food that required chewing, which posed as a risk to potential choking or aspiration.

Staff had completed refresher eLearning training to support people safely with eating and drinking, and some staff had participated in face to face practical training sessions delivered by Speech and Language. However, we were not assured that this learning had been implemented or reflected in staff practice. Staff gave differing accounts of how individuals should be supported with eating and drinking, indicating that guidance was not clear, accessible or embedded.

Since the last inspection, everyone who required meals to be modified to a specific texture in line with IDDSI guidance, had been reviewed by Speech and Language. For some people, this had led to changes in their support. We found that risk assessments did not always reflect people's current needs, meaning staff could not reliably identify or respond to risks such as choking or aspiration. As a result, people were exposed to avoidable risks, and we were not confident that staff practice consistently protected people's safety and wellbeing.

We acknowledged that the provider had taken action to address some of these concerns through the decision to source a specialist catering company, to run the kitchen. This has the potential to positively impact on people's experiences of food and mealtimes, including improved oversight of nutritional balance and greater consistency in the preparation of modified diets in line with individual needs. However, at the time of this inspection we remained concerned that current kitchen staff, including agency kitchen staff, did not demonstrate an appropriate level of understanding or competence in preparing modified and nutritious meals. We found limited evidence that staff consistently understood the importance of texture modification, food presentation, or adherence to practice guidance. This meant that, despite the positive intention behind commissioning a specialist catering provider, people were not yet benefiting from these arrangements and risks associated with unsafe or inappropriate food preparation remained.

**This requirement has not been met and we have agreed to extend the timescale to 26 April 2026.**

**Not met**

## Requirement 2

By 12 December 2025, the provider must ensure that the environment is safe, secure, and well maintained to support people's wellbeing. To do this, the provider must, at a minimum:

- a) Repair or replace deteriorated external doors to ensure the building is secure.
- b) Maintain external grounds to ensure they are safe and accessible, including addressing uneven paving and removing broken furniture.
- c) Create an action plan with agreed timescales to improve the quality and comfort of communal areas so they reflect a homely and stimulating environment. This plan should include the views and opinions of stakeholders.
- d) Establish clear responsibilities and systems for routine maintenance and safety checks, ensuring these are carried out consistently and recorded.

This is in order to comply with: Regulation 10(2)(c) 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 Health and Social Care Standards (HSCS) which states that: "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21) and "My environment is safe and secure". (HSCS 5.19)

**This requirement was made on 3 November 2025.**

### Action taken on previous requirement

Internal communal areas, including the dining room and corridors, had been redecorated and furnished. New seating in the dining area and the addition of table coverings had improved the comfort and presentation of these spaces, making them more pleasant for people and visitors.

An environmental improvement plan was in place, outlining ongoing improvement work with timescales included. Residents' meetings had taken place where people living in the service were asked for their views on planned improvements and re-decoration, and we saw how this feedback had influenced decisions about changes to the environment. We asked the manager to ensure that stakeholder input is clearly evidenced within the plan to demonstrate that improvements are developed collaboratively with people and their families were appropriate.

External areas showed improvement, including the removal of broken furniture, cleared pathways and the installation of security lighting. Some uneven paving remained and was subject to planned works. Fire doors had been repaired and fire safety records were better organised, with evidence of routine checks being carried out and actions taken where issues were identified. Maintenance issues were logged and monitored through a central system, providing clearer oversight and follow-up.

Access issues between the care home and the unused day centre had not yet been fully resolved; however, the provider demonstrated evidence of ongoing engagement with the landlord and contractors in relation to these security concerns. It is important that this issue is resolved to ensure people live in an environment which is safe and secure.

Overall, the provider has taken effective and sustained action to improve the environment. While further improvements could be made to enhance the use of communal areas so they offer greater attraction, purpose and opportunities for people to spend their time engaging in meaningful activity, we were satisfied that sufficient improvement had been made in this area.

## Met - within timescales

### Requirement 3

By 12 December 2025, the provider must ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time. This should include at a minimum:

- a) Each person receiving care has a detailed personal plan which reflects a person centred and outcome focused approach.
- b) They contain accurate and up-to-date information which directs staff on how to meet people's care and support needs.
- c) They contain accurate and up to date risk assessments, which direct staff on current/potential risks and risk management strategies to minimise risks identified.
- d) They are regularly reviewed and updated with involvement from relatives and relevant others along with dates for completion of actions.

This is to comply with Regulation 5(2)(b) (Personal plans) 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 (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 had not been met at the last inspection and we agreed to extend the timescale to 12 December 2025.**

This requirement was made on 16 March 2025.

### Action taken on previous requirement

During the inspection we found a number of care plans and risk assessments that had not been updated following changes in people's needs or emerging concerns, particularly in relation to nutritional support. For example, some care plans did not clearly reflect current guidance from health professionals, such as speech and language therapy advice. Risk assessments did not always describe the level of supervision or specific support required around eating, increasing the likelihood of inconsistent practice. Staff practice was not consistently aligned with documented guidance, placing people at risk of harm, including choking and aspiration.

The service had went through a process of migration to a new electronic care planning system, this had resulted in some of the previously detailed, person-centred and high-quality information not being transferred or easily accessible. The former paper-based care plans contained rich, personalised detail, including photographs and visual guidance to support people with profound and multiple learning disabilities. These plans provided clear instructions for staff on how to support people in a range of areas including postural care, moving and assisting, personal care, PEG feeding and what was important to people. This level of detail was not consistently reflected in the electronic system. As a result, new, unfamiliar and agency staff did not have access to clear, practical guidance. This reduced the effectiveness of care planning and a reliance on staff's knowledge of people, which had the potential to impact on people's safety and wellbeing.

We were also concerned to identify unplanned weight loss for one person over a short period of time, which had not been recognised, escalated or appropriately acted upon by the service. We could not see evidence that this change had triggered timely review of the person's care plan, nutritional risk assessment or referral to relevant health professionals. We discussed this with the manager, who explained that during the transition from paper-based care planning and record keeping to the electronic care planning system, people's weights were not being consistently tracked, analysed or escalated. As a result, changes in people's weight were not always identified at an early stage. This meant there was a risk that malnourishment or potential underlying health conditions could go unnoticed, representing a missed opportunity to protect people's health and wellbeing and placing them at risk of potential avoidable harm.

**This requirement has not been met and we have agreed to extend the timescale to 24 May 2026.**

**Not met**

## 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 support people's rights and protect them from financial harm, the provider should strengthen systems for financial oversight. This should include:

- a) Reviewing care plans to ensure they accurately reflect people's capacity and support needs in relation to managing money.
- b) Supporting people to understand the risks associated with online spending and subscriptions.
- c) Implementing measures to reduce the risk of financial exploitation or fraud.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

**This area for improvement was made on 3 November 2025.**

### Action taken since then

We found that some actions had been taken to improve financial oversight. Financial audits and budget planners had been introduced, which demonstrated an increased focus on monitoring people's finances. However, these measures were not yet sufficient to provide assurance that people were fully protected. We identified that some financial capacity assessments were incomplete, meaning people's ability to manage their money was not always clearly understood or recorded. In addition, where people were assessed as having limited capacity, legal authority to manage finances was not always in place. This indicated that formal financial management arrangements were required but had not yet been implemented.

While initial steps had been taken, systems were not yet robust enough to ensure people were consistently safeguarded from financial harm. People may be at increased risk of financial loss, exploitation or misuse of funds while formal financial arrangements remain outstanding. We discussed the immediate actions required with the provider who took steps to mitigate any immediate risks to people, which included enhanced auditing and checks of people's support with their finances, and liaising with the local authority to ensure formal financial arrangements were explored where required. These actions provided assurances that the provider was responsive to feedback and identified where further improvements could be made.

**This area for improvement has not been met.**

### Previous area for improvement 2

To improve oversight of people's safety and wellbeing, the provider should ensure notifications to the regulator are made in line with "Guidance on records you must keep and notifications you must make (Care Inspectorate, March 2025)".

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

**This area for improvement was made on 3 November 2025.**

### Action taken since then

We found that several notifiable events had not been reported appropriately. Notifications relating to falls resulting in injury had not always been submitted to the Care Inspectorate.

We also identified delays in communication around protection concerns. Although internal accident and incident records showed that appropriate actions had generally been taken to support people, these events were not always reported in line with statutory notification requirements.

**This area for improvement has not been met.**

### Previous area for improvement 3

To ensure people's safety and meet statutory responsibilities, the provider should strengthen oversight and record-keeping of essential safety checks.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24) and "My environment is safe and secure" (HSCS 5.19).

**This area for improvement was made on 3 November 2025.**

#### Action taken since then

We found that records relating to statutory servicing, maintenance and fire safety checks were up to date, well organised and consistently recorded. These improvements in oversight of safety checks reduces the risk of environmental harm and supports people's safety.

**This area for improvement has been met.**

### Previous area for improvement 4

To ensure people's continence is well supported in accordance with their assessed needs, the service provider should ensure all staff adhere to relevant care plans. Information should be recorded to confirm any follow up actions taken with staff when poor practice is identified.

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 23 June 2025.**

#### Action taken since then

Care plans and daily records demonstrated clear guidance and consistent practice. For example, catheter care and continence routines were clearly described and followed. This meant we could be assured that people's dignity, comfort and health were promoted through consistent and appropriate continence support.

**This area for improvement has been met.**

### Previous area for improvement 5

People supported should be offered meals that are nutritionally well balanced with healthier options also available daily. In addition, visual menus should be available to people supported and in alternative formats to allow people to make an informed choice about what they would like to eat.

This is to ensure care and support is consistent with Health and Social Care Standard 1.33: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning".

**This area for improvement was made on 23 June 2025.**

## Action taken since then

We found that meals were not consistently nutritionally balanced, and options for people on modified diets were limited. Visual or accessible menus were not routinely used, meaning people were not always supported to understand or choose what they would like to eat. We also identified that significant weight loss for at least one person had not been escalated appropriately. Limited choice and poor nutritional oversight reduced people's autonomy and enjoyment of meals.

People with profound and multiple learning disabilities rely on others to present choices accessibly; where this did not happen, people had limited opportunities to make informed choices.

**This area for improvement has not been met.**

## Previous area for improvement 6

To support improved outcomes for people experiencing care, the provider should ensure that personal plans are reviewed and updated in a structured format that includes, but is not limited to; people's views and preferences, progress towards agreed outcomes, and clear actions to support goal setting and future planning.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My personal 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 area for improvement was made on 3 November 2025.**

## Action taken since then

A structured review format had been implemented. Reviews included sections for outcomes, actions and timescales, and sampled records generally showed evidence of people's involvement. Although there was some variation in the quality of recorded information, overall reviews of personal plans were more meaningful and focused on what mattered to people. Improved review processes support better outcomes by ensuring care remains person-centred.

**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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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