

# Woodside Court Nursing Home Care Home Service

Woodside Way  
Glenrothes  
KY7 5RW

Telephone: 01592 754 497

**Type of inspection:**

Unannounced

**Completed on:**

27 July 2018

**Service provided by:**

HC-One Limited

**Service provider number:**

SP2011011682

**Service no:**

CS2011300791

## About the service

Woodside Court Nursing Home is registered to accommodate 60 people including older people and people with physical disabilities.

The building is set within extensive garden grounds with easy to access parking facilities to the front of the property. The home has two floors and has benefited from recent refurbishment which included re-decoration and new furnishings. Residents of the home have the choice of a range of seating areas and quiet rooms which they can use for meeting with other residents, family members and friends.

## What people told us

We distributed 40 questionnaires prior to the inspection and received 2 completed questionnaires from residents and none from relatives.. The residents strongly agreed/agreed with the statement that overall they were happy with the quality of care and support provided. We also spoke informally with a number of residents and relatives/visitors.

Comments from returned questionnaires and people we spoke with included:

"Staff are good to you - helpful."

"Some carers are better than others but I feel I am looked after well enough."

"Mostly staff are OK."

"Staff are generally polite but not always."

"I am really happy with the care my parent receives, things are getting better here and I'm glad to see that. The staff are all really kind."

"They can't do enough for my relative, I'm content knowing they are well cared for." "Communication is very good, they keep in contact with me and make sure I'm kept up to date with everything."

"There's always room for improvement, things slipped a couple of months ago. Hopefully the new manager will get things back on track."

"I'm hoping the new manager will make a difference for the better."

"Generally the staff are very kind, caring and pleasant."

"The staff can't do enough for me, nothing is ever a bother for any of them."

"I'm really happy with my mum's care, she is well looked after."

"Communication is really good."

"The laundry needs to improve."

During the inspection we used the SOFI 2 which stands for Short Observational Framework for Inspection. This tool helps us to capture the experience of people using the service who may not be able to express their views for themselves. We spoke with the management team about our observations of people's care in one dining room over lunch time. We observed staff to support people with dignity, at a relaxed pace and to encourage independence. People were offered choice at all times in respect of their meal choices, the use of protective aprons and the use of wipes for their hands before and after their meal.

## Self assessment

We did not request a self assessment this year. We discussed and considered the service's own development plan as part of this inspection.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

Staff were seen to be interacting positively with residents. We saw that staff approached residents in a kind, caring and gentle manner. There was good use of humour between the residents and staff and residents appeared relaxed and comfortable.

We saw that staff were being kept up to date in best practice in areas of care of the elderly; for example, dementia care and infection control.

We found staff were aware of individual residents' and families' needs. This supported an appropriate and consistent level of care. We found that communication between care staff and the new manager was good. Relatives also spoke of being kept up to date on their relatives' health needs and felt confident that they would be informed of any changes in their relatives' care.

We looked at a sample of medication administration records (MARs), nutrition and dietary information, skin care, care files and records of contact with health professionals to judge how the home met residents' general health and care needs. We also observed staff supporting residents at meal times. Staff approached residents in a supportive and considerate way.

Residents had personal plans that had assessments to help staff measure specific risks to their health.

We sampled wound care charts and found these to be fully completed and the content evaluated to inform practice. This meant residents' health was being monitored. Residents we spoke with told us they had confidence in the staff and gave us examples of how well they had been cared for when they were unwell. A record of visits and communication with health professionals was maintained. We were told that there were good relationships with health professionals and good support was offered by them.

Activity provision was seen to have improved since the previous inspection. During our visits we saw that residents were supported to take part in a variety of different activities, including going out for lunches.

Review of medication management systems identified that:

We evidenced a number of missing entries in the Medication Administration Recording Sheets (MARs). The Topical Medication Administration Records were not routinely being completed and there were insufficient instructions to inform staff practice. Although medication training had been carried out, staff were still not adhering to best practice guidance. This had been subject to requirements at the previous inspection which remain outstanding. The manager acknowledged this was not good practice and agreed to address immediately. Requirements 1 and 2 are made.

Examination of fluid balance charts identified a number of inconsistencies in the way staff were recording intakes and a number of missing daily intake totals. This is unacceptable record keeping and the manager has agreed to address with immediate effect. A requirement 3 is made.

## Requirements

### Number of requirements: 3

1. The provider must ensure the safe administration of medication with regard to record keeping, communication and staff training in line with good practice guidance about medication administration within residential care. This should include the administration of topical medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; If I need help with my medication, I am able to have as much control as possible.(HSCS 2.23) and to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - Welfare of service users and 15(a)(b) staffing

Timescale: To be completed by 24 August 2018

2. The provider must ensure the safe administration of topical medication with regard to record keeping, communication and staff training in line with good practice guidance about medication administration within residential care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; If I need help with my medication, I am able to have as much control as possible.(HSCS 2.23) and to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - Welfare of service users and 15(a)(b) staffing

Timescale: To be completed by 24 August 2018

3. The service provider must satisfy themselves that staff who complete observation charts such as daily fluid balance charts have the knowledge and understanding to do so. Staff must consistently and accurately complete the charts, evaluate the content of the charts and plan care accordingly.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm. (HSCS 3.21) and to comply with; Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people and Regulation 15(b)(i) - staffing

Timescale: To be completed by 10 August 2018

## Recommendations

Number of recommendations: 0

Grade: 3 - adequate

## Quality of environment

### Findings from the inspection

We reviewed various records held by the service regarding the maintenance and safety of service systems. We found the system of "in-house" safety checks on things such as water temperatures, fire safety, residential lifting and wheelchairs was taking place appropriately. Care services are required by law to carry out procedures to prevent the development or spread of legionella. We saw that these procedures were also in place and current.

These systems are in place to ensure that there is a safe environment provided within the home. This assurance enables residents and their relatives to enjoy the environment of their home without concerns over safety.

The home had a controlled entry system and a signing in/out book. This ensured that unauthorised people did not enter the home and, for people who were at risk if they left the building unattended, their safety was promoted.

Notice boards were prominently sited in the home and a range of information was displayed to inform residents and visitors of important information. The registration certificate, insurance certificate and staffing schedule were on display in the foyer. Information regarding the Care Inspectorate, the complaints procedure and the participation strategy were also available for everyone to access.

On day one of our inspection we found a number of personal toiletries and belongings left behind in communal bathrooms; these were removed by the manager. Also one of the communal toilets was very foul smelling. The manager had the flooring replaced in this toilet in the course of our inspection visits. The domestic services room which contains potentially harmful chemicals was unlocked. A requirement 1 is made.

The seriousness of the above issues was discussed with the manager who acknowledged and agreed to address immediately.

The manager recognised the need to monitor the systems in place, together with staff performance to ensure the safety of people using the service.

## Requirements

### Number of requirements: 1

1. The provider must make proper provision for the health, welfare and safety of service users. In order to do this, they must ensure:

- all personal toiletries and belongings are returned to service users rooms
- all areas of the care home are kept clean
- rooms where harmful chemicals and equipment are stored, are kept locked.

This is in order to comply with:

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011/210 Regulation 4(1) (a) Welfare of Users and the Health and Social Care Standards which state that; My environment is secure and safe (HSCS 5.17)

Timescale: During the course of our inspection visits all personal toiletries were seen to have been returned to residents' bedrooms, all areas of the home were seen to be subject to routine cleaning and a new keypad lock had been fitted to the domestic services room. We will continue to monitor these at future inspection visits.

## Recommendations

### Number of recommendations: 0

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

We received many positive comments from residents and relatives regarding the quality of the staff employed in the care home.

We saw that staff demonstrated a good level of knowledge regarding the care and support needs of residents; they were motivated to provide good standards of care and had a professional and caring approach.

We observed that staff at work during the inspection treated residents in a considerate and respectful way. The staff took time for residents to be as independent as possible, making the most of their skills and not rushing them. Staff used their knowledge and skills to help create a comfortable and pleasant atmosphere for residents.

People told us staff listened to what was said and attended to their needs appropriately. Staff spoken with told us they felt confident in the manager and the support they gave.

Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.

There was a wide number of training courses available to staff in relation to their work. Records were kept of training completed. Staff training needs were discussed and reviewed. Staff told us the training had been very useful and had improved their understanding of a resident's needs and how they could meet them. Residents said staff were really good at their work.

The provider should ensure supervision and appraisal is rolled out to all staff. This is to ensure residents can have confidence in the people who support and care for them and is consistent with the Health and Social Care Standards which state 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)

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

The provider, senior manager and new manager demonstrated a commitment to the ongoing development and improvement within Woodside Court Nursing Home. The strengths and identified areas for development and improvement reported under quality themes 1, 2 and 3 have been considered in the evaluation of the quality of management and leadership.

People using the service and their families commented that there had been several changes of management over the last few months and they had found this difficult. The provider acknowledged this and agreed to support the new manager to ensure that improvements in the service were carried forward.

Systems were in place to assess and monitor the quality of service provision. We saw that the outcomes of quality audits were being used to inform development of the service.

To ensure a culture of continuous improvement, the management team need to ensure that they include the views of everyone using the service.

In order to further improve quality outcomes for residents, and ongoing development of the service, the manager and staff team should take forward the requirements identified in this report.

## Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 0

Grade: 3 – adequate

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

## Previous requirements

### Requirement 1

The provider must ensure the safe administration of medication with regard to record keeping, communication and staff training in line with good practice guidance about medication administration within residential care. This should include the administration of topical medication.

**This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) – Welfare of service users and 15(a)(b) staffing**

**This requirement was made on 7 July 2016.**

### Action taken on previous requirement

We continued to find incomplete medication administration records. The manager highlighted this in a recent internal audit and has introduced daily audits, training has been sourced and will be delivered to all staff who are responsible for medication administration.

This requirement is not met and will be followed up on at the next inspection.

**Not met**

### Requirement 2

The provider must ensure the safe administration of topical medication with regard to record keeping, communication and staff training in line with good practice guidance about medication administration within residential care.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) – Welfare of service users and 15(a)(b) staffing.

**This requirement was made on 31 January 2017.**



## Action taken on previous requirement

We continued to find incomplete topical medication administration records. The manager highlighted this in a recent internal audit and has introduced daily audits, training has been sourced and will be delivered to all staff who are responsible for medication administration.

This requirement is not met and will be followed up on at the next inspection.

**Not met**

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

## Previous recommendations

### Recommendation 1

The management and staff should implement good practice guidance in relation to record keeping, this should include, topical medication should be accurately recorded once administered.

National Care Standards, Care for Older People – Standard 5, Management and Staffing Arrangements and Standard 6: Support Arrangements.

**This recommendation was made on 22 September 2015.**

### Action taken on previous recommendation

This recommendation is outstanding and referred to under requirement 1.

### Recommendation 2

The service should ensure that there are adequate social and recreational activities available to meet the needs of all residents living within the home.

National Care Standards, Care Homes for Older People, Daily Life – You make choices and decisions about day to day aspects of your life and about how you spend your time – Standard 17(1) – The social events, entertainment and activities provided by the care home will be organised so that you can join in if you want to.

**This recommendation was made on 31 January 2017.**

### Action taken on previous recommendation

Feedback from everyone spoken with confirmed they had plenty of activities to participate in, they enjoyed going out regularly for lunch and enjoyed the entertainers.

This recommendation has been met.

## Recommendation 3

The service should provide regular supervision and annual appraisal for all staff working in the service.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements (9)

**This recommendation was made on 6 June 2017.**

### Action taken on previous recommendation

A new manager has been in post now for three months. Supervision is planned to be rolled out for all staff. Progress on this will be followed up at the next inspection.

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
23 Jan 2018	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
9 May 2017	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
10 Jan 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
24 May 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
22 Sep 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
30 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
24 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
23 Jan 2014	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
9 Apr 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
1 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Jun 2012	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
7 Mar 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak

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