care inspectorate

Woodside Care Home
Care Home Service

Woodside Street
Coatbridge
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Telephone: 01236 442000

Type of inspection:
Unannounced

Completed on:
29 May 2019

Service provided by:
Woodside Carehomes Ltd

Service provider number:
SP2007009228

Service no:
CS2007143254

HAPPY TO TRANSLATE

About the service

Woodside Care Home provides care and support for up to 84 people with a range of physical and cognitive impairment. The aim of the service is to "promote person-centred care where care is designed around every service user to promote independence, respect privacy and encourage service users, families and friends to maintain close relationships".

The service was registered in 2007 and is provided by Woodside Care Homes Ltd. The home is situated within close proximity to Coatbridge town with access to local transport links and amenities.

The home is purpose-built and comprises of three units over two levels with a passenger lift providing access to the first floor. All rooms provide single en-suite facilities and people are encouraged to bring in their own furnishings to personalise their rooms. Each unit has communal lounge and dining areas as well as smaller quieter lounges for residents and visitors to use. There is a secure garden area with seated areas for people to enjoy in the better weather.

At the time of this inspection there were 83 people residing in the service.

What people told us

At the time of writing this report we had received seven completed questionnaires from resident and/or their family members. Comments included;

"I feel secure and supported at all times. The carers, nurses and management all give me first class care".

"Woodside Care Home has more than met our expectations. The staff are truly amazing with my sister".

"I feel my relative could be getting out more, even just a walk around the garden in her wheelchair as she is not able to take part in most activities due to cognitive impairment".

"I can see a total difference in my mother for the better. She has built up a friendship with several residents".

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?	4 - Good
How good is our leadership?	2 - Weak
How good is our staffing?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing? 4 - Good

The people who live in the service are supported by staff who were found to be patient, supportive and encouraging. The positive relationships were clearly evident. Staff were observant and responded quickly and appropriately to requests for assistance and help without hesitation.

Residents who experienced difficulty in retaining information were afforded the level of repeated explanation and reassurance needed to allow them to manage their day. We also saw good use of resources when individuals were experiencing confusion or distress. An example of this was the use of doll therapy for a resident who gained much comfort from this in a time of distress.

We fed back about the importance of always being mindful of the use of language in communications and always ensuring that the level of voice as well as the location of the communication. Staff must always consider this to ensure that all communications are respectful, confidential and understood by those being commuciated with.

The service has continued to offer a varied activity programme within the home which is led by the activity team who have the support of the wider staff group. The service benefits from having activity materials/equipment which can be used to support the activity programme for the residents. We heard of how families positively participate in fundraising activities which again had benefited residents. We attended a meeting where residents were asked about their views and suggestions on activities. Residents spoke positively about the activities on offer and were happy that these were personalised to them. We were also told about the various outings that have been taking place both locally and further afield. Plans to have more were being discussed given the summer period had started.

We have asked the management to consider how to involve residents in more of the everyday living activities which take place, where the resident was able and willing to do so. We suggested involving people in areas such as assisting with their own laundry, dusting their own bedrooms and assisting with home baking. We appreciated that this would not be suitable for everyone however we discussed the benefits that could be gained through such activity including residents being able to retain their independence and also increased mobility and exercise.

We sampled a range of health related assessments and plans. The nurse team continue to work well with the care team in each unit to ensure the health needs of residents are met. There continues to be a range of external health professionals involved in meeting the health needs of residents also.

We asked that the plans be written in such a manner that they provide clear information relating to what the person can do themselves as well as the support and care they require from others. Plans should also be updated with changes to ensure the most up to date information is easy to find and follow.

Mealtimes were a relaxed affair and appeared enjoyable for residents. Plenty of snacks and drinks were also available and promoted between meal times.

We highlighted a concern within some medication recordings. Although an explanation was offered we asked

management to ensure all staff involved in the administration of medication remain vigilant to ensure any concerns are highlighted and addressed as soon as possible. The audits completed had not identified the concern we raised, we asked management to ensure such audits are completed effectively.

We were advised by management that there was on going work to develop the anticipatory care plans being used in the service. These plans allow for residents to have a clear plan for the future. We were confident that the quality of the content would improve as a result.

Questionairres had been developed as we discussed at last inspection. The management have agreed to consider how they can now use these on a more regular basis to gather feedback on a wider range of practice areas. They should also be used to gather feedback from a larger number of residents, family members and staff. The findings from these could also be used to influence the service development plan. We asked at the previous inspection that methods of communicating and gathering the views of those residents who have reduced ability and understanding be considered. A recommendation was made following the last inspection, this has been repeated. (see area for improvement 1).

Areas for improvement

1. Management should consider how they further develop the methods of consultation and involvement used to gather the views, ideas and suggestions of residents, their families and representatives. Consideration should be given as to how to gain this from a greater volume of the residents and also those who have communication difficulties. Consultations should cover a wider range of areas and there should be clear evidence of their involvement, actions planned and what has been achieved.

This is consistent with the Health and Social Care Standards which state "I am recognised as an expert in my own experiences, needs and wishes" (1.9) and "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (4.7).

How good is our leadership? 2 - Weak

The service continues to have a stable management team. The service users, family members and staff spoke positively about them and we were shown examples of positive feedback from family members recieved in recent months. We heard consistently from people that the management team are available, supportive and responsive.

During this inspection we focussed on how quality assurance and improvement was being led.

We looked at a range of audits being completed in the service and found that these were mainly completed effectively. We highlighted where the way in which these were being completed could be further improved such as the care plan audits. We reminded the management of the importance of ensuring that all involved in such activity do so efficiently. The service is transferring to an online recording system and we would hope that this will provide a clearer overview for the management team in key areas.

We looked at how the management team are recording, monitoring and auditing accidents and incidents within the home. We found discrepancies within these and were concerned that the management team did not have a clear overview of this and therefore the auditing of this was not as effective as it should be. We asked that management ensure that the whole staff team are clear on when such events should be reported to them to ensure appropriate actions could be taken to ensure the needs of residents were being considered and met after such events with care plans being updated to provide clear guidance to all staff. (see requirement 1)

It is a legal requirement for care services to notify the Care Inspectorate of specific events and circumstances. We raised concerns during the last inspection and have found that there continues to be discrepancies and omissions in the reporting which has been completed. We have reminded the management of the importance of the whole leadership and management team understanding the responsibilities of the service to report such events and to support the management team to do so. We were assured that further development would be undertaken with the team to ensure improvements in this area were achieved. (see requirement 2)

We looked at examples of completed daily observation of staff practice. We fed back positively on these and encouraged that these continued to be used across the whole staff team as they enabled valuable supervision and feedback on practice to be provided to individual staff members.

We sampled staff recruitment files and found that there were a range of concerns within these all of which were fed back to the management. We highlighted what the possible outcomes could be for residents if staff are not safely recruited. We have asked that the recruitment processes be reviewed and those involved discuss the responsibilities each party has to ensure a safe and robust approach is always completed. (see requirement 3).

The service had introduced a new format for a service development plan. We were told that the layout of this was continuing to be developed to ensure it was closely aligned with the Health and Social Care Standards. This is something we encouraged the management team to continue with. We also reminded the management of the importance of engaging with residents, families and staff members when designing and agreeing the plan and we discussed some ways that this could be achieved. It is imperative that residents are actively encouraged to be involved in improving the service, in a spirit of genuine partnership.

Requirements

1. The provider must ensure that all staff are properly recording and reporting accidents and incidents which happen within the home. There must be a process in place to audit such events to ensure that each resident is having their health, safety and welfare needs met following such events. Any changes required in the care being delivered to the resident(s) must be clearly recorded within the care plans and associated documents.

This is to ensure the management and leadership is consistent with the Health and Social Care Standard 3.21 which states "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and well-being, that I may be unhappy or may be at risk of harm".

It is also necessary to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) and Regulation 19 (3) (d) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

Timescale: 3 October 2019.

2. The provider must ensure that notifications are made to the Care Inspectorate in line with the legislative requirements and the Care Inspectorate notification and record keeping guidance document.

This is to ensure the management and leadership is consistent with the Health and Social Care Standard 4.23 which states "I use a service which is well led and managed".

It is also necessary to comply with Regulations 21, 22, 23 and 24 of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

Timescale: 31 October 2019.

3. The provider must ensure that safe recruitment processes are in place and adhered to at all times.

This is to ensure the management and leadership is consistent with the Health and Social Care Standard 4.24 which states "I am confident that people who support and care for me have been appropriately and safely recruited".

It is also necessary to comply with Regulation 9 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

Timescale: 31 October 2019.

How good is our staff team? 4 - Good

The service continued to benefit from having a largely stable staff group. We saw during the inspection that staff worked well together as a team. Staffing levels were good across the units and we saw that the level of staffing within one of the units had been increased on a short term basis in response to some increased need for residents. This has ensured the staff group were able to continue to work effectively to meet the needs of the residents.

Residents have the right to experience consistency and continuity and to be supported and cared for by staff who know about their needs, choices and wishes. We were impressed by the willingness of staff to work in different units within the home to support their colleagues when required. Staff were aware of the importance of getting to know all of the residents in the home and they spoke consistently of the value of working in the various units as this had enabled them to build up relationships with them as well as gaining a knowledge of their needs and wishes.

In our observations we saw that staff were busy however they didn't come across as being hurried or harassed which is important for residents. As noted previously the time required for the various interactions with residents was made available. Staff shared with us that this is promoted within the service by the management team. The sense that they appreciate that they are working within the home of the residents and that they were their priority was evident in what we saw and what we were told.

A daily meeting involving the leads from each department in the home and the management team continues to be used as a effective communication forum and also as a method to ensure good team work across the departments was promoted.

The feedback we received from residents and families was very positive with the level of trust they had in staff coming across strongly. We heard from a number of family members that although the move into the home was not the easiest decision to make with their family member they now know it had been the correct one. They spoke of the feeling safe in the knowledge that their family member was safe, happy and cared for by the team.

The management team had been undertaking a variety of pieces of work to help the staff team to develop their knowledge of the health and social care standards which were to be used in services from April 2018. We concluded that some staff were not as knowledgeable or comfortable speaking about the standards as we expected them to be. We asked the management to continue to discuss the standards with the whole staff team

to help them to continue to develop their understanding of these and also their individual responsibility as health and social care professionals to be applying them to their everyday practice.

Management continue to promote opportunities for staff development and progression with some staff taking on new or more senior roles since our last inspection.

How good is our setting? 5 - Very Good

As with previous inspections we found that the home environment was warm, welcoming, very clean and had a positive atmosphere throughout. Each of the shared spaces had been laid out to encourage and enable residents to move around independently and without restriction.

One of the large sitting rooms on the first floor had been refurbished to have a more retro vibe and the garden area had been developed with more being planned to make best use of what is an easily accessible and valuable area for both residents and their families to spend time when the weather allows. We were told at the last inspection that a Namaste room would be introduced. Namaste programmes integrate compassionate care with individual meaningful activity for those living with an advanced dementia. Although this had not yet been created management shared that this is still something they planned on introducing.

There was good signage and orientation aids throughout the home to assist residents and visitors to navigate their way around. Various photographs and pictures are on the walls in the units which are representative of the local area and places of interest.

Individuals own bedrooms were found to continue to be personalised to them, with support being offered to achieve this from staff and their families.

Residents who were able to go out in the local community independently were encouraged to do so. Activity staff promoted physical activity by assisting residents to go out in the local community to places such as the local park.

We gave some examples of how the activity resources and also every day items could be used to provide opportunities for further stimulation and activity for residents.

There were a few areas in the home which were in the need of some redecoration. We were confident that the management already had a plan in place to upgrade these areas.

How well is our care and support planned? 3 - Adequate

A requirement to improve the quality of care plans was made following the last inspection.

Progress had been made in relation to this however we agreed with management that there was still further development required. Whilst waiting on moving to a new online model the decision had been taken to push on with developing the practices being undertaken in relation to this. We acknowledged the work that most of those who had led this activity had undertaken in a relatively short time.

We were encouraged to hear how the management team had been supporting those responsible and how they planned to continue to do so. All residents have the right to experience high quality care and support based on relevant evidence, guidance and best practice. We would therefore ask that all care plans are personalised, outcomes focussed and up to date. The attention to individual outcomes puts the person at the centre of their

care and support and ensures that services are focussed on the difference they make to people's lives as well as the activities undertaken. It is therefore a necessity that care plans are designed with the aim of being clear about what makes a difference to individuals and how the service is going to achieve this with and for the person.

We found examples of valuable information within care plans however we have emphasised the need for plans to be regularly updated and for the information to be easily located. We have also asked that the management consider how the care team can work more closely with the nurse team on designing and reviewing the care plans as they hold a lot of information and knowledge of the person and their care needs. We found that there continued to be a need to focus as much on the social care needs as the health care needs as these are of equal importance to the persons quality of life.

We sampled reviews and found that they were poorly completed. We discussed some ideas of how improvements could be made including better involvement of residents and their family members.

We have also asked that the standard of the recordings in terms of presentation be improved as many recorded entries were difficult to read and understand.

Requirements

1. The provider must demonstrate that all personal plans set out how residents health, welfare and safety needs, including the management of stress and distress, are to be met and are being implemented at all times. In particular you must have personal plans that:

(a) provide an insight into the person's life history where such information can be gathered.

(b) reflect an assessment of all current and known future needs and wishes as well as the plans to meet or achieve these.

(c) reflect a person led and outcomes focussed approach to assessment and review.

(d) evidence the involvement of residents and their representatives in their six monthly reviews with their views clearly noted or reasons why they were not involved recorded.

(e) all personal plans and reviews to be signed and dated by the resident and/or their representative as read and agreed.

(f) provide staff with the learning and development opportunities they require to undertake such practices.

This is to ensure the care and support is consistent with the Health and Social Care Standard 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me" and Standard 2.10 which states "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions".

It is also necessary to comply with Regulations 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

This requirement was made on 10 December 2018 and has been repeated.

Timescale: 31 December 2019.

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

Requirements

Requirement 1

The provider must demonstrate that all personal plans set out how residents health, welfare and safety needs, including the management of stress and distress, are to be met and are being implemented at all times. In particular you must have personal plans that:

(a) provide an insight into the person's life history where such information can be gathered.

(b) reflect an assessment of all current and known future needs and wishes as well as the plans to meet or achieve these.

(c) reflect a person led and outcomes focussed approach to assessment and review.

(d) evidence the involvement of residents and their representatives in their six monthly reviews with their views clearly noted or reasons why they were not involved recorded.

(e) all personal plans and reviews to be signed and dated by the resident and/or their representative as read and agreed.

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It is also necessary to comply with Regulations 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale: 31 May 2019

This requirement was made on 10 December 2018.

Action taken on previous requirement
We found that some progress had been made however significant improvements were still required. Please see "How well is our care and support planned" for more details. This requirement has not been met and has been repeated.

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

Management should consider how they further develop the methods of consultation and involvement used to gather the views, ideas and suggestions of residents, their families and representatives. Consideration should be given as to how to gain this from a greater volume of the residents and also those who have communication difficulties. Consultations should cover a wider range of areas and there should be clear evidence of their involvement, actions planned and what has been achieved.

This is consistent with the Health and Social Care Standards which state "I am recognised as an expert in my own experiences, needs and wishes" (1.9) and "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (4.7).

This area for improvement was made on 10 December 2018.

Action taken since then

The management had introduced a new questionnaire and this had been used successfully with a small number of residents. It was agreed that there continues to be a need to develop how the views of more people are actively sought covering a range of practice areas. Management also advised they are continuing to consider how to gather the views of those who have reduced communication and/or capacity. Please see "How well do we support people's well-being for more detail". This area for improvement has been repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	5 - Very Good
4.2 The setting promotes and enables people's independence	5 - Very Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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