

# Woodside Court Nursing Home Care Home Service

Woodside Way  
Glenrothes  
KY7 5RW

Telephone: 01592 754 497

**Type of inspection:**  
Unannounced

**Completed on:**  
25 February 2021

**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.

This was a focused inspection, to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate.

## What people told us

We spoke with people informally during the inspection, they told us they were being well looked after and that the staff were nice to them. We saw friendly and supportive interactions between staff and the people they were looking after.

We sought views from people who use the service and their families during the first inspection of this service, please see our inspection report dated 29 January 2021.

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

**3 - Adequate**

Our focus in this inspection was to establish if people's health and wellbeing benefited from their care and support in relation to the COVID-19 pandemic. We have made three visits to the service during this inspection process and this report should be read in conjunction with the report dated 29 January 2021. On conclusion of our inspection activity, we found some strengths that just outweighed weaknesses resulting in an evaluation of 'adequate' in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

Our main findings can be found in the 'What the service has done to meet any requirements made at or since the last inspection' and the 'What the service has done to meet any areas for improvement we made at or since the last inspection' sections of this report. The service had met each requirement imposed during the inspection process. Major improvements were noted and outcomes for people living in the service were better. One area for improvement regarding end of life care planning remains outstanding and will be

followed up at next inspection (**see area for improvement 1**). We have increased the grades of the service as a result.

## Areas for improvement

1. The service needs to complete the end of life care plans for all people in the service, to ensure their needs and wishes are respected should they become unwell.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

### Requirements

#### Requirement 1

In order that people's care and support is planned, regularly reviewed and updated when needs change, the provider must ensure by 19 February 2021, personal plans contain sufficient, clear up to date guidelines to inform staff practice.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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); and in order to comply with Regulation 5 - Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 29 January 2021.**

#### Action taken on previous requirement

At the previous inspection we found the quality and level of detail in care plans was not enough. At this inspection we found clear, detailed and up-to-date care plans were now in place to inform staff practice. The manager audits care plans routinely to ensure the improved standards are being maintained. This meant that the people's support plans contained the necessary information to guide staff how to support them to have their needs met in the way they wished.

**Met - within timescales**

#### Requirement 2

People experiencing care were not appropriately protected because there was not adequate cleaning of the care home. The provider must ensure by 19 February 2021 that people experience care in an environment that is safe, well maintained and minimises the risk of infection.

In particular you must:

- a) Ensure that the premises, furnishings and equipment are clean, tidy, and well- maintained.
- b) Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well maintained.
- c) Ensure that safe infection control practices are adhered to by all staff at all times. This includes the safe disposal of PPE.

This is in order to comply with Regulations 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 requirement was made on 29 January 2021.**

#### Action taken on previous requirement

At the previous inspection we saw that the staff and management had worked hard to ensure the environment and equipment was clean however we saw some areas which required further attention and wanted to be sure that the improvements made were sustained.

There was a continued focus on training and development for a consistent approach to infection control and cleanliness by all grades of staff within the home.

We found new systems in place, including a cleaning schedule which covered daily, weekly and monthly cleaning, as well as encouraging feedback from people and reporting issues to the maintenance. Staff appeared to be proactive in their approach and highlighted potential concerns to be dealt with, this meant concerns were dealt with quickly and people were safer because of this. The manager carried out assurance visits throughout the home.

We found an increase in domestic hours by 44 hours per week and this had helped to make and maintain the necessary improvements in the cleanliness of the home. This is welcomed as when the number of people living in the home increases again this would help to maintain the standard that staff have attained.

We found that public areas clutter free, clean and free of dust. There was one or two small areas in the domestic storage room and the Balgonie communal lounge upstairs where there was dust in an electrical cupboard, above the fire exit sign and a ventilation fan where there was dust. The carpet cleaner upstairs had not been cleaned after use. This was cleaned when highlighted to staff.

We noted that new cleaning trollies were in place, these have a locked area for cleaning fluids, and they were easier to keep clean. There were numerous cleaning products in use including detergent and chlorine-based solution. The correct use of cleaning products would help to reduce the risk of cross infection.

PPE stations were clean and well stocked. The COVID-19 information folder was visible and up-to-date.

Overall, the inspection showed a sustained improvement in the cleanliness of the home. Staff were clear in their responsibilities and there was an attention to detail, which had been lacking on previous visits.

There were systems in place to ensure oversight and assurance to maintain the required standards. We discussed the importance of the manager continuing to audit cleaning schedules to make sure that cleaning continues to protect people from infection.

The manager should acknowledge good infection control practice to encourage maintenance of good standards. This would help staff to recognise the difference good practice made in keeping everyone in the home safe and protected.

The maintenance of the improvements made in the cleanliness of the home will continue to be monitored as part of future inspections.

#### 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

The service needs to complete the end of life care plans for all people in the service, to ensure their needs and wishes are respected should they become unwell.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This area for improvement was made on 29 January 2021.**

#### Action taken since then

As detailed in the previous inspection report, although the service had end of life care plans in place, these continued to lack details of person-centred personal preferences. We raised the importance again of these being in place for everyone living in the home to make sure that staff know people's wishes regarding end of life care.

This area for improvement has not been met and will be followed up at the next inspection visit.

#### Previous area for improvement 2

To support staff wellbeing, the provider should review the resources and opportunities available to debrief, reflect and manage loss and grief during the pandemic.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 29 January 2021.**

#### Action taken since then

During our previous inspections it was evident that staff were working in challenging circumstances. The impact of loss and grief was significant. Staff told us about a lack of opportunity to debrief, reflect or manage loss, and further support was needed to improve staff wellbeing. For staff to be able to provide compassionate care, their own feelings needed to be acknowledged and they needed to be supported.

The manager advised that decompression sessions had been made available and some staff had attended these. Staff had also been given the numbers of independent counsellors so they could talk to people who were independent from the work place, the manager advised that it is hoped some staff would take advantage of these services and find them helpful like staff in some of the providers other care homes had. The manager should look out for staff and offer them individual support where required. This meant staff

were being supported to discuss their feelings and to develop strategies for coping, which allowed them to be able to support the residents better.

This area for improvement has been met.

### Previous area for improvement 3

In order to improve people's physical and mental wellbeing, the service provider should ensure the recently devised activities action plan is fully implemented and adhered to. This should focus on the quality and amount of physical and social activity made available for people.

**This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:**

'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).

**This area for improvement was made on 29 January 2021.**

#### Action taken since then

As detailed in the previous report, assessments had been carried out for each person living in the home to see what activities were meaningful to them. These included specific assessments for those who chose to stay in their bedrooms and took account of improving their environment. For example, bird feeders outside bedroom windows and flowers inside rooms. Activity planners had been devised to reflect people's interests and abilities. Interactive software exercise packages were being purchased to promote people's physical wellbeing.

During our visit we saw people joining in the activities on offer and all staff were interacting well with people. The activities coordinator had taken photographs of people joining in activities. These will be shared with relatives. One-to-one interaction was taking place with people who chose to be in their bedrooms.

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate



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