

# Woodside Care Home Care Home Service

Woodside Street  
Coatbridge  
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**Type of inspection:**  
Unannounced

**Completed on:**  
17 October 2022

**Service provided by:**  
Woodside Carehomes Ltd

**Service provider number:**  
SP2007009228

**Service no:**  
CS2007143254

## 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 centre 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 ensuite facilities and people are encouraged to bring in their own furnishings to personalise their rooms. Each unit has a communal lounge and dining area, 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.

## About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 October 2022. 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:

- Spoke with several people using the service and five of their family members;
- Spoke with 16 staff and management;
- Observed practice and daily life;
- Reviewed documents;
- Contacted professionals involved in the home.

## Key messages

- A new manager had taken up post in March 2022.
- Staff support should improve.
- Staff were working hard, they were friendly and treated people with dignity and respect.
- Medication management must be improved.
- There was a lack of activity and social outings.
- Care plans are poor and do not provide enough information.
- Six monthly reviews are out of date.

## 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 staff team?	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 made an evaluation of weak for this key question. We identified weaknesses that concerned the welfare and safety of people. We made two requirements and one area for improvement.

We observed staff offer choices, where appropriate. We saw lots of good interactions which were friendly and supportive. Staff were patient when offering support, which meant people were not rushed and could go at a pace that suited them. We observed people being treated with dignity and respect as they were assisted with their daily tasks.

We spoke with some family members who told us they were happy with visiting arrangements. The home was following the Scottish Government's 'Open with Care' guidance, which meant visitors were now free to visit when they wished. Family members spoke highly of the staff and the care they delivered, and told us they felt welcomed when they visited.

We were told of issues that could affect people's health and wellbeing, such as, missing hearing aids, glasses and dentures. These could prevent people from participating in activities or daily life and has the potential to increase feelings of isolation, risk of falls, inadequate nutritional intake and impact on dignity. The service were considering ways to try to prevent these happening again. (Area for improvement 1).

There was a need to improve the range and access to meaningful activities as people seemed to have little to do. There were currently two activity co-ordinators, however, we were told they helped out with caring tasks which meant they did not always have enough time to provide meaningful activities.

The lack of opportunities for people to move around throughout the day was a concern. We observed people sitting for long periods of time, only being supported to move for continence care. Regular movement and repositioning promotes healthy skin and retention of balance and strength, therefore, preventing falls risks and promoting good health and well-being.

To help give purpose to individual's days and support their mental and physical well-being, people should have opportunities to take part in activities they choose. An activity plan, developed from people's wishes and preferences, would provide opportunities to engage and help prevent isolation, however, there was no activity plan available.

People did not have enough opportunities to access their local community. Regular opportunities to be outside is good for people's mental health and wellbeing and should be encouraged. (Requirement 1).

The dining experience was good. People were offered choices of drinks, foods, and an alternative if they did not like what was on the menu. The meal was calm and unhurried and people seemed to enjoy it. Staff were patient and assisted residents at their own pace to ensure they had the time they needed.

Management of medication was a concern. We found episodes of out of stock medication and instances when the full prescribed daily doses were not administered. This has the potential to seriously impact someone's health and wellbeing. (Requirement 2).

There were sufficient hand sanitisers and PPE stations around the home. This gave staff opportunities to sanitise their hands to help prevent the spread of infections.

## Requirements

1. 1. By 31 January 2023, you, the provider, must provide a varied program of meaningful activities.

To do this, the provider must at a minimum provide:

- a) An activity plan developed from people's interests and hobbies.
- b) A range of meaningful activities for people living in the service.
- c) Opportunities for people to be out of the home.

This is to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19).

2.  
By 5 December 2022, you, the provider, must improve the management of medication. To do this, the provider must at a minimum provide:

- a) For the individual who had missed doses of medication as asleep, carry out monitoring at least once every 24 hours and record that check. Also, record any associated actions required if the issue continues. If not resolved within a week, arrange a review of that medication with GP.
- b) Carry out full audit of medication ordering system, to help identify any issues which could be contributing to lack of stock being received.
- c) Carry out an audit at time of delivery of next cycle, to help identify any deficits in supply, identify and address the cause.
- d) Develop a SMART action plan to address any issues that may contribute to deficit of stock received. This should detail, if needed, communication with GP, pharmacy and staff training on process.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19) and

In order to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. To support people's health and wellbeing, the provider should ensure people's communication aids are always available to them.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our leadership?

**3 - Adequate**

We made an evaluation of adequate for this key question. We identified some strengths that just outweighed weaknesses. We made one area for improvement.

Regular audits provided an overview of people's health such as falls risks. This ensured the team had a clear picture of what was happening in the home, and they could monitor any deterioration or change in someone's health. This provided the information to quality assure the service and deal with any risks with appropriate actions.

The manager has been in post since March 2022. Whilst generally described by staff team as approachable and supportive, the manager did describe plans to implement ideas regarding team building and managing change. She is aware that there requires to be further building and embedding of relationships in the team, including with herself.

We acknowledged there were challenges in the recruitment and retention of social care staff nationwide at the moment. Whilst the provider was recruiting for permanent staff, the high level of agency staff did not support a consistent staff team and put additional pressure on permanent staff. The skill mix and experience of staff should be carefully considered when allocating staff to a unit at the start of their shift, as this will contribute to keeping people safe. This is an area we will closely monitor.  
(Area for improvement 1)

## Areas for improvement

1.

There should be an improvement in communication and cohesion of the team, including existing and agency staff members to effect working together to support good outcomes for people.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that is well led.' (HSCS 4.23).

## How good is our staff team?

**3 - Adequate**

We made an evaluation of adequate for this key question. We identified some strengths that just outweighed weaknesses. We made two areas for improvement.

We sampled three files of recently recruited staff. We found all paperwork in place and everything as it should be. This meant the home followed safe recruitment procedures which should help keep vulnerable people safe.

Training was mainly up to date with a high compliance for mandatory training. There was some on-line training that should be monitored to ensure this compliance rate remained high. A high number of staff had completed dementia awareness training, but we would expect staff working daily with people living with dementia to be trained to skilled level, as described in the promoting excellence framework. This would give them the relevant level of additional knowledge and skills to safely support people living in the home. A plan to provide skilled level training was being rolled out, and we will monitor progress at the next inspection.

Staff need to support people experiencing stress and distress, yet had no specific training in how to provide this support. Training would ensure staff were skilled to avoid and respond to challenging situations, and would offer a consistent approach which could help reassure people and keep them feeling safe. (Area for improvement 1).

Staff would benefit from supervision sessions and team meetings that would provide opportunities to discuss issues, concerns and share good practice. We were told supervision sessions were being planned for all staff. It was agreed that each staff member has at least one session as soon as possible. This will give them an opportunity to feel more empowered to effectively carry out their role, and raise and discuss any issues they may have. There was now a plan for monthly team meetings. It is important to bring the team together to discuss what is happening in the home and how improvements can be made. (Area for improvement 2).

## Areas for improvement

1.  
To provide staff with the necessary skills to support people, the provider should provide relevant training.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) 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) and

Scottish Social Services Council (SSSC) code 6 which states 'as a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills'

2. To support staff, the provider should implement a plan of supervision and team meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and

Scottish Social Services Council (SSSC) code 2.2 which states 'as a social service employer you must effectively manage and supervise staff to support effective practice and good conduct and support staff to address deficiencies in their performance'

## How good is our setting?

### 3 - Adequate

We made an evaluation of adequate for this key question. We identified some strengths that just outweighed weaknesses. We made one area for improvement.

We identified some areas of the home that needed upgraded or refurbished, and we discussed our findings with the management team. We were provided with an action plan that the provider had already developed to ensure ongoing improvements to the environment. We were pleased to find the areas we identified were on this plan. We asked that improvements to the courtyard were added to the action plan and this was agreed. We were told by staff and some relatives that the courtyard was not being used as it needed some maintenance work. There were other garden areas available to use, but this work will ensure people have access to this additional outdoor space which is enclosed and safe.

(Area for improvement 1).

## Areas for improvement

1. To provide high quality facilities, the provider should carry out the identified improvements to the environment.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS5.22)

## How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. We identified weaknesses that concerned the welfare and safety of people. We made one requirement.

There were no stress and distress plans in the care plans we sampled. This was despite people being regularly distressed. We expected plans that gave clear guidance on steps staff should take, to try to avoid any distress or to calm a stressful situation. This would offer a consistent approach that may help keep the person and staff safe.

The home's own procedure is for a care plan to be developed in the first week of someone moving in, however, we found that one person had no care plan despite living in the home for three weeks. This meant there was no information or guidance for staff to safely support this person.

Oral health charts were poorly completed with long gaps in recordings. This meant it was unclear if someone had their teeth brushed. These records need to be accurate to reflect that people's health care needs are clearly recorded and addressed correctly, in order to keep people healthy and well.

Six monthly reviews check that people's care and support plan is still effective to meet their needs. The review meeting should bring together the people involved in the person's care to discuss if the plan needs updated to meet any changing needs. However, the majority of reviews were out of date., some by a long time. This could mean the plan was no longer relevant and did not reflect the person's current needs. (Requirement 1).

## Requirements

1. By 31 January 2023 , you, the provider, must ensure service users experience care and support which is consistent, safe, and meets their needs.

To do this, the provider must, at a minimum, ensure service users' personal plans:

- a) are comprehensive and current, accurate, reflect good practice in being person-centred, person-led and outcome focused;
- b) are reviewed at least six-monthly, measuring the impact of support given, involve the relevant people, and detail changes to improve outcomes;
- c) have sufficient detail in them to ensure people's individualised support needs and outcomes are met;
- d) are subject to regular evaluation , at least six monthly or sooner if there are changes, and audited to monitor quality and effectiveness.

This is to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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).

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

### Requirements

#### Requirement 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.

**This requirement was made on 29 May 2019.**

## Action taken on previous requirement

Accidents and incidents were recorded appropriately and these were audited monthly. Care plans were not always updated and this is part of a new requirement made at this inspection. Please see 'How well is our care and support planned?'

**Not met**

## Requirement 2

The provider must ensure that notifications are made to the Care Inspectorate in line with the legislative requirements, 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.

**This requirement was made on 29 May 2019.**

## Action taken on previous requirement

We were satisfied all required notifications were being made.

**Met - outwith timescales**

## Requirement 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.

**This requirement was made on 29 May 2019.**

## Action taken on previous requirement

We were satisfied safer recruitment processes were being followed.

**Met - outwith 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

To fully support people with their nutritional needs, the provider should ensure that the mealtime experience is developed into a more sociable event.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS1.34)

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS 1.35)

**This area for improvement was made on 20 May 2021.**

#### Action taken since then

We observed lunch time in two of the units and found these to be relaxed and sociable events. This has been met.

#### Previous area for improvement 2

The provider should ensure that staff follow current Infection Prevention and Control guidance regarding maintaining the cleanliness of shared equipment. This includes, but is not restricted to, moving, and assisting equipment.

This is to ensure care and support 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)

**This area for improvement was made on 20 May 2021.**

#### Action taken since then

We found current infection control guidance was in use and equipment we looked at was clean. This has been met.

#### Previous area for improvement 3

To enhance existing Infection Prevention and Control measures the provider should ensure the following,

- People living in the home are regularly supported to maintain a high standard of hygiene.
- There are sufficient PPE stations available at point of need.
- Pedal bins are used for the disposal of clinical waste bins.

- There are sufficient ABHR dispensers available, particularly at entrances and exits of units.
- Staff changing areas should be kept clutter free.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

**This area for improvement was made on 20 May 2021.**

### Action taken since then

There were sufficient PPE stations and hand cleaning areas available. Pedal bins were in use for disposal of clinical waste. ABHR dispensers were available.

At lunch time we did not see people given opportunities to clean their hands before eating. We asked the management team to remind staff of the importance of good hand hygiene and they agreed. This 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
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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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