

Woodside Care Home Care Home Service

Woodside Street
Coatbridge
ML5 5NJ

Telephone: 01236442000

Type of inspection:
Unannounced

Completed on:
31 October 2023

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. At the time of inspection there were 66 people living in the home.

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 their own furnishings to personalise their bedrooms. 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 which took place on 25 and 26 October 2023. 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 10 people using the service and two of their family members
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- people were treated kindly with dignity and respect
- staff were highly thought of by people we spoke with
- there was a vast improvement in the variety of activities on offer
- the dining experience must be reviewed
- we were concerned about the high turnover of staff and nursing arrangements

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? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 3 - Adequate |
| How well is our care and support planned? | 4 - Good |

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

How well do we support people's wellbeing?

3 - Adequate

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

We observed some lovely interactions as staff treated people kindly, with dignity and respect. We did not observe people being rushed as they were given the time they needed to move around or eat their meal.

People we spoke with told us:

'staff are good to me, look after me well'

'my relative is well taken care of'

'from what I see they are well taken care of'

'staff are always attentive, take care of my relative'

A new activity co-ordinator had joined the team and had made vast improvements to the variety of activities on offer. For example, a sensory room had been refurbished and decorated to provide a sensory experience to people who may be in distress or would benefit from a quiet space. People had opportunities to go out and about in their local community and we were pleased to hear of plans for future outings.

Resident meetings provided opportunities for people to give their views about activities and what they would like to do. This was a chance to also ask people about other areas of the home, such as the food or the environment that was lost. Ensuring people can participate in giving their views is an important way to ensure they can raise issues with the care and support they receive.

There were some gaps in recordings of 'as and when required' (PRN) medications which meant the reasons for administering the medicine and the effect it had were unknown.

As a result there was no evidence the medication was administered appropriately with the expected results.
(area for improvement 1)

The dining experience in the downstairs unit was calm, relaxed and unhurried with choices offered including visual choices. The food looked nice and people were enjoying it.

However this was not the experience of people in the upstairs units. On the first day of inspection, people were still eating in the dining room and having breakfast delivered to their bedroom at 11.30. As lunch was at 12.30 this could effect the amount of food people ate at lunch as they may not be hungry after a late breakfast. It is also a considerable time to wait for people who may have been awake for a long time and had not eaten since the night before.

We observed lunch and teatime meals. We concluded there was not enough staff to offer the assistance people needed to ensure a positive dining experience.

We have asked the provider to review the dining experience across the home and to send the results and actions to be taken to the lead inspector.

(requirement 1)

Requirements

1. By 13 December 2023 the provider must review the dining experience and take appropriate steps to improve this.

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)

Areas for improvement

1. To support people's health and well-being the provider should ensure recordings of 'as and when required' medications are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

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.

There was a clear overview of what was happening in the home with health needs, such as falls and wounds. This meant actions could be taken to try to prevent further deterioration or change in someone's health.

Accidents and incidents were well recorded. These were broken down monthly to look at what had happened, any possible reasons and what steps could be taken to try to prevent further accidents/incidents. This contributed to keeping people safe.

There were clear actions identified to improve the service. Action plans were detailed with timescales for actions to be completed. However there were a number of overdue audits which meant there was no evidence the improvements had been made.

(area for improvement 1)

We were concerned about the high turnover of staff. As leaving staff had not been consistently asked their reasons for leaving through exit interviews we did not have a clear picture of why so many, some long term workers, were choosing to leave. There should now be a focus on retention of staff. Constant changes are unsettling for current staff and people living in the home as many will be losing staff they have built relationships with. New staff depending on their previous jobs, may not have the experience and skills to simply start offering care and support which means there may be shortages of key skills and knowledge in the units which has to be managed effectively. In addition there may be agency staff who have not worked in the home before and do not know the needs of the people living here.

We were also concerned about the nurse arrangements across Woodside and its sister home Millbrae. We have asked the provider to submit a report detailing how this is currently working in practice to the lead inspector. This was agreed.

Areas for improvement

1. To support continuous improvement the provider should ensure audits are up to date.

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

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We sampled recruitment records for some new staff and found these fully completed. This meant the service was following safer recruitment guidelines.

Mandatory training had a very high level of completion. This provided staff with opportunities to gain the knowledge and skills necessary to offer safe care and support. There was evidence of on-going training to ensure staff continued to develop in their roles.

Staff were supported through 1-1 time with their line manager. This gave both the staff member and their line manager opportunities to discuss training, development and any issues the staff member may have.

We observed staff worked well together, they were supportive of each other and worked hard to try to provide good care and support to the people living there.

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.

Most of the current refurbishment plan had been completed and the new plan for continued improvement of the environment will be available soon.

The garden and outside space was a good area for people to sit or walk around, we could see doors open to enable people to go out if they wanted.

Some areas of the home looked comfortable, bright and welcoming. Other areas appeared tired and in need of attention, such as Thistle unit hallways/walkways to peoples' rooms.

Each unit had a maintenance book where staff logged repairs. However, as we walked about we noted some repairs that had not been logged such as broken door handles and bulbs that needed replaced. It is important that things that need repaired or replaced are reported to ensure the home maintains a quality environment.

Signage was at an appropriate height throughout the home. However signage on bedroom doors were confusing as this contained the name of the unit and number of the door.

We suggested the service complete The Kings Fund environmental assessment tool. This is a tool that can be used to assess how dementia friendly a home is and includes areas such as eating and drinking, promoting well-being and orientation. The results could be used to support environmental improvements which would be helpful to people living with dementia.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans sampled had a good level of information and person centred detail around how to support the person in the way they preferred.

Assessments covered all areas of support that were offered. These were detailed and provided important information that was then used to develop an individualised care plan.

We could see plans were reviewed monthly and updated if any changes needed. This ensured the plan continued to meet people's changing needs.

Risks were evaluated and steps put in place to try to mitigate further risks for people. This was important for people with health issues such as poor nutrition or skin integrity as it meant they were monitored with input from health professionals if appropriate.

Inventories were in place for some people, but not everyone. Ones sampled only had details of people's clothing and did not log other belongings like jewellery. There was no evidence that inventories had been reviewed to ensure that they were accurate and correct. People living in the home and some of their relatives told us that personal items such as slippers, glasses and jewellery had gone missing. Inventories should note people's belongings on admission to the home and should be updated as items are added or thrown away. This would ensure a clear record of the person's current belongings.

(area for improvement 1)

We found some reviews out of date although only a few days. However there was no clear plan to get these completed. When we raised this a plan to hold outstanding reviews was quickly put in place with family members contacted and dates and times agreed. Review dates should be monitored as there were some due in November that should already be planned but were not.

Review meeting documentation could be better recorded as some were not detailed enough. This document should record the person's life over the last six months and identify what they want to do and need support for over the next six months. This would ensure the home continued to meet the person's needs.

(are for improvement 2)

Areas for improvement

1. To support people's health and well-being the provider should ensure recordings of people's belongings are fully completed and updated.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

2. To support people's health and wellbeing the provider should ensure six monthly reviews of the service take place.

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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To provide staff with the necessary skills to support people, the provider must ensure they provide relevant training.

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

This area for improvement was made on 17 October 2022.

Action taken since then

This area for improvement was in relation to dementia skilled level training. Although this had started for a limited number of staff there was a need to roll this out quicker across the team. We expect staff working on a daily basis with people living with dementia to be trained to at least skilled level. This will give them additional knowledge and skills to offer appropriate support.

This has not been met and will be repeated.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure daily health charts are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 17 October 2022.

Action taken since then

We continued to find gaps in daily charts such as oral care and personal care. This meant there was no evidence these daily living tasks had been supported.

This has not been met and will be repeated.

Previous area for improvement 3

This area for improvement was made as the result of an upheld complaint.

To ensure good outcomes for people experiencing care, the manager should ensure that, when necessary for the health, safety and wellbeing of people experiencing care, referrals to external professionals are submitted and tracked. This should include, but is not limited to, ensuring records are kept to identify when and why referrals were made, any communication with external professionals regarding referrals, the impact of the advice and treatment had on the care and support for the person.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 2 June 2023.

Action taken since then

We could see from care plans that referrals were made to external professionals if appropriate. Records showed why the referral had been made and we could see where guidance or advice had been given these were used in the care plan to ensure the health, safety and wellbeing of people experiencing care.

This has been met.

Previous area for improvement 4

This area for improvement was made as the result of an upheld complaint.

To ensure good outcomes for people experiencing, the manager should ensure that concerns raised about people's care and support are followed up. This should include, but is not limited to, ensuring that concerns and actions taken to address concerns are recorded, and people and their representatives are appropriately updated.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 2 June 2023.

Action taken since then

There were now clear recordings of concerns or complaints made to the service. Actions taken were recorded and reviewed by the service manager. This will ensure people feel listened to when they raise issues with the service.

This has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

| | |
|--|--------------|
| How well do we support people's wellbeing? | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect | 4 - Good |
| 1.2 People get the most out of life | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |

| | |
|---|--------------|
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

| | |
|---|----------|
| How good is our staff team? | 4 - Good |
| 3.1 Staff have been recruited well | 4 - Good |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 4 - Good |

| | |
|---|--------------|
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |

| | |
|--|----------|
| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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