

Woodhurst Care Centre Care Home Service

Old Bridgend
Carluke
ML8 4HN

Telephone: 01555 772 164

Type of inspection:
Unannounced

Completed on:
30 October 2023

Service provided by:
Canterbury Care Homes Limited

Service provider number:
SP2005007835

Service no:
CS2006131737

About the service

Woodhurst Care Centre is a care home service in the town of Carluke in South Lanarkshire. The home is set back from the main road in an enclosed wooded area, with gardens to the front and side. The home is built on two levels with a passenger lift between floors. There are three lounges, a dining area and an enclosed roof top garden for residents and their visitors to use.

The home is registered to provide care to a maximum of 34 older people. There were 32 people living in the home at the time of the inspection.

About the inspection

This was an unannounced follow up inspection which took place on 30 October 2023. The inspection was carried out by one inspector from the Care Inspectorate Complaints team. This follow up inspection was undertaken to review the progress of the requirements made at the complaint investigation visit on 17 May 2023 and continued from a follow up inspection completed in 18 September 2023.

To prepare for the inspection we reviewed the two previous reports and one action plan. We spoke with the case holding inspector and reviewed any intelligence received since our last visit.

In making our evaluations of the service we spoke with the management team and staff, observed the environment and reviewed documentation. We passed the time of day with people living in the home as we walked around the premises.

Key messages

We saw good progress with both of the requirements made in May 2023.

The environment was cleaner and there was more awareness of IPC expectations and how to maintain these.

The care plans had been reviewed and offered good insight into the assessed needs and any associated risks for people living in the home.

How good is our setting?

During our visit we saw that the premises were cleaner and systems and processes to support good IPC had been initiated. These processes needed to be embedded to support ongoing IPC practice and staff needed to be confident in their practice.

Areas for improvement

1. The provider should ensure that the systems and processes recently put in place continue to support sustained, safe IPC practice.

How well is our care and support planned?

We found the personal plans to be improved from our previous visit. Information and risk assessments had been updated to reflect the current needs of each person. The plans now need to be developed to ensure they are person led and reflective of their choices, wishes and preferences. Staff need to be confident when writing a personal plan and any improvements to the personal plan process needs to be sustained.

Areas for improvement

1. The provider should ensure that the personal plans are developed to reflect people's personal preferences, choices and aspirations. Staff need to ensure that the personal plans continue to be reflective of the needs of each person.

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 people who use the service have a detailed personal plan which sets out how all their care and support needs will be met. To do this, the provider must, at a minimum:

- a) Undertake an assessment of the person's physical and emotional health, wellbeing, strengths, interests, and views;
- b) Undertake a comprehensive falls prevention risk assessment, which includes the nurse call alarm and any other assistive technology, to develop an appropriate plan of support;
- c) Carry out an assessment of each person's continence care needs, and develop an appropriate plan of support;
- d) Involve the person and/ or their representative in developing the plans;
- e) Review each section of the plan, in accordance with the service's care documentation user guide.

This requirement was made on 17 May 2023.

Action taken on previous requirement

We were told that every personal plan had been reviewed and updated as required. The corresponding risk assessments had also been updated. The external manager had audited the plans to ensure they complied with the expectations of the provider.

We sampled personal plans for people who were at risk of falls and who were being supported with their continence needs. We found the personal plans to be improved from our last visit. We could see that each assessed need for a person had been reviewed and updated to ensure the information was relevant to their current needs. The risk assessments guided staff on what they needed to be aware of to keep the person safe. We could see that during the review of the personal plans, consideration had been given to referring people to other services such as the dietitian, if required.

The external manager we spoke with stated that the personal plans 'were still a work in progress' but that 'staff were now on board.' Each personal plan would be reviewed and updated on a monthly basis by the nursing team. A six month review had been arranged for each person to ensure that their care was discussed regularly.

The personal plans would benefit from a more person led approach as they were still clinical in tone and information. Staff should spend time with the person and their representative while writing the personal plan to ensure that their wishes, choices and preferences are reflected in their plan. This will be an area for improvement.

Met - outwith timescales

Requirement 2

The provider must ensure that the home's environment is clean and good infection prevention, protection, and control practices are being followed. To do this, the provider must, at a minimum:

a) Implement an effective quality assurance system, to maintain the cleanliness of the home, and minimise the presence of malodours.

This requirement was made on 17 May 2023.

Action taken on previous requirement

In discussions with the management team, we were told that, in their opinion, the home was cleaner and potential IPC concerns had been minimised. A full audit of the environment had taken place and an action plan was drawn up to address the deficits identified.

The home had been supported by the Care Home Support Team who had visited weekly. The team had offered guidance on expected IPC standards and offered training to increase staff knowledge.

When we walked around the home, we found the environment to be cleaner than at our previous visit. Some equipment had been replaced and any malodours were being addressed. Whilst the home would benefit from a programme of refurbishment, the day to day cleanliness of the home had improved. House keeping staff were being recruited as there was still a reliance on agency staff however the staff we spoke with were knowledgeable about IPC and their responsibilities. Staff were completing daily cleaning schedules which were submitted to the management team for auditing and quality assurance purposes. This meant that any housekeeping or cleanliness issues were picked up quickly for the safety and wellbeing of people living in the home.

Whilst we saw improvement in the cleanliness in the home, there were areas that required 'attention to detail'. The systems and processes put in place, to support good, safe IPC practice, were still new to the staff team and had been initiated by the management team. The staff team needed to become familiar with these systems and processes to support the ongoing IPC practice within the home and for good IPC practice to be sustained. This will be an area for improvement.

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

People should be confident that their personal clothing items will be laundered and returned. The service should ensure all residents' clothes are identifiable to prevent items being lost, or misplaced.

This area for improvement was made on 17 May 2023.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 2

To support better outcomes for individuals linked to choices and preferences, the service provider should enhance the provision of activities throughout the home. This should include but is not limited to:

- a) Equitable access for all those who live in Woodhurst Care Centre;
- b) Activities linked to individuals' preferences, which provide stimulation and validation;
- c) Measurement of the efficacy of activities offered.

This area for improvement was made on 17 May 2023.

Action taken since then

This area for improvement was not assessed at this inspection.

Complaints

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

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