

Woodside Care Home Care Home Service

Woodside Street
Coatbridge
ML5 5NJ

Telephone: 01236442000

Type of inspection:
Unannounced

Completed on:
17 December 2025

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 37 people living in the home.

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. Only two units were in operation. 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 inspection which took place on 16 December 2025, between 10:00 and 15:30. The inspection was carried out by two inspectors from the Care Inspectorate. The purpose of this inspection was to follow up on a requirement and areas for improvement following a complaint investigation.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with and spent time with two people using the service and a relative
- spoke with four staff and two members of management
- observed practice and daily life
- reviewed documents.

Key messages

- There were improvements in relation to record keeping and documentation.
- Care and support was reviewed on a regular basis.
- People living in the home and staff benefitted from a comprehensive training programme.
- A unit had been closed to support refurbishment and improvements in the environment for people using the service.

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 is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

3 - Adequate

Please refer to the section titled "What the service has done to meet any requirements we made at or since the last inspection".

The service had made improvements in relation to care planning and record keeping therefore we have re-evaluated this key question from weak to adequate, where strengths only just outweighed weaknesses.

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

Requirements

Requirement 1

By 26 September 2025, the provider must demonstrate that written information is recorded, is accurate and up to date.

In order to achieve this, the provider must, as a minimum:

- a) provide training to staff to ensure they are aware of their responsibility in maintaining accurate records when using the electronic system, and using this information to take appropriate action to ensure good outcomes for people
- b) ensure information is reflective of how people's needs are being met
- c) demonstrate that staff follow policy and best practice about record-keeping and documentation
- d) ensure that quality assurance systems are assessing and monitoring the quality and accuracy of records
- e) ensure that the information is reviewed, evaluated and used to inform an overview, and what action requires to be taken to minimise risks to people and providing good outcomes.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210).

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

The timescale to meet this requirement was extended to 12 December 2025.

This requirement was made on 15 July 2025.

Action taken on previous requirement

This requirement was made following a visit to the service in relation to a complaint investigation. The provider submitted an action plan which detailed how the requirement would be met to ensure positive outcomes for people experiencing care.

Improvements had been made in relation to record keeping. Staff training had been completed and there was improved processes to provide appropriate guidance to staff.

Care plans were found to be comprehensive in content and person centred. Associated documents such as food and fluid records were completed with evidence of appropriate evaluation taken. This supported ensuring appropriate actions were taken when required.

There were systems in place to evaluate records and implement actions required to support people's health and wellbeing. Any outstanding actions were regularly discussed at daily meetings. There were quality assurance processes in place to review records staff practice in relation to record keeping and recorded

information. Where required actions were taken to address any concerns highlighted.

The leadership team were committed to providing on going staff training to support improvements in staff knowledge and skills related to record keeping and care planning.

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

A person centred approach in continence promotion should be implemented in the service, which would help to assist in maintaining people's continence and ensuring their dignity.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

This area for improvement was made on 4 June 2025.

Action taken since then

Staff told us they had completed continence care training to ensure people's dignity was respected. The staff we spoke with were positive about this training and other training they had completed. The service has utilised external health professionals to assist with the roll out of this training.

Continence care plans were in place and these were reviewed on a regular basis.

The service has implemented clinical management meetings to ensure a robust management oversight across the home to support people's continence care needs.

This area for improvement has been met.

Previous area for improvement 2

To ensure staff have the skills and knowledge to support all people with health conditions the provider should ensure additional training is available.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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 16 April 2025.

Action taken since then

Staff completed additional training for people living with specific health conditions for example those living with diabetes. Staff were confident if they identified additional training needs the management team would be responsive to requests for additional training and learning opportunities to support positive outcomes for people.

This area for improvement has been met.

Previous area for improvement 3

To ensure there is a safe, homely, well maintained environment across the home the provider should fully implement their refurbishment plan.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.18)

This area for improvement was made on 16 April 2025.

Action taken since then

Improvements had made to the home around some re-decoration, and one unit remained closed to complete further refurbishment. A refurbishment plan had been developed by the provider and work continued to enhance the environment for people in the home.

This area for improvement has been met.

Previous area for improvement 4

To ensure care plans are relevant and up-to-date the provider should ensure six monthly reviews are held.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 16 April 2025.

Action taken since then

Six monthly reviews had taken place for people. A review matrix has been implemented to ensure on going reviews are were completed within required timeframes.

This area for improvement has been met.

Previous area for improvement 5

People living with dementia and their families should be confident that they are being cared for and supported by staff who have the appropriate skills and knowledge in dementia care. The provider should be providing all care staff with advanced dementia training, which enhances their skills and knowledge in dementia care, and promotes good outcomes for people living with dementia.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

This area for improvement was made on 26 July 2024.

Action taken since then

The service had accessed additional dementia care training from external services and providers to enhance the skills and knowledge of staff. We saw quality assurance systems were in place to monitor staff completion of training.

However, there remained an outstanding number of staff who had yet to complete advanced dementia training. We were informed that steps were being taken to support this for staff.

This area for improvement has not been met.

Previous area for improvement 6

The provider should be assessing staff skills, knowledge and competencies after training has been undertaken, and be providing additional support and more advanced training where this is needed.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 26 July 2024.

Action taken since then

There were improved processes in place to assess staff knowledge and skills following training. Practice observations and competency checks were undertaken to determine if training was effective. Staff also completed reflective accounts of their learning to identify how they would implement this in practice. Supervision had been completed with staff, this provided opportunity for identifying further areas of development and providing constructive feedback.

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.

Detailed evaluations

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

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