

## Woodhurst Care Centre Care Home Service

Old Bridgend  
Carluke  
ML8 4HN

Telephone: 01555 772 164

**Type of inspection:**  
Unannounced

**Completed on:**  
27 March 2024

**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 30 people living in the home at the time of the inspection.

## About the inspection

This was an unannounced full inspection which took place on 25 March until 27 March 2024. 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 people using the service, their family and friends,
- spoke with staff and management,
- observed practice and daily life,
- reviewed documents and spoke with visiting professionals.

## Key messages

- Staff knew people well and treated them with kindness and respect
- The service needs to operate in line with the conditions of registration
- The service would benefit from robust self-evaluation and improvement planning
- The service should develop and comprehensive refurbishment plan
- Staff should be supported to ensure that they know and practice good infection control practices
- Care plans should be updated to reflected any changes in health and care needs.

## 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?	4 - Good
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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

### 1.1: People experience compassion, dignity and respect

People experienced care and support with compassion as we observed there was warm and encouraging positive relationships between staff and people living in the care home. People were supported by staff who clearly knew them well, people told us that these relationships were important to them. People told us the staff worked hard and they felt cared for. We observed these positive connections with all of the staff roles and the people living in the home.

Families offered some positive feedback on the care provided to their family members "likes routine and staff give that extra attention to meet his needs as even the smallest of changes can upset him."

People were treated as individuals with staff using their preferred names and supporting people with their preference on how they spent their day. Some people chose to spend more time in their room or indicate what lounge in the home they wished to spend time in.

There was a complaint made to the Care Inspectorate which was upheld, regarding the management of people's laundry. It was clear that this has improved with the use of dedicated laundry staff and more robust methods being used to identify the residents' clothing. However, during the inspection we observed that one of the washing machines was broken. The service was seeking to resolve the issues. Therefore, whilst we note the progress made, we will assess at the next inspection. (See repeated Area of Improvement 1).

### 1.2: People get the most out of life

Since January 2024 the care home has recruited a full-time activity coordinator who plans a range of activities for throughout the week. During the inspection we observed a visit from a music therapist which people appeared to enjoy. The service plans to arrange this now on a weekly basis.

The service recently arranged for Irish dancers and an accordion player to visit the home. People told us they very much enjoyed this day and looked forward to more themed days with entertainment. The service told us themed days were very popular and they looked to plan more of these.

People told us the activity coordinator had taken the time to get to know them well. They had spent time with people knitting, crocheting, pamper sessions and arts and crafts. We observed ongoing reviews of activities in a group or one-to-one setting with new activities being tried regularly. This allowed for an ongoing response to evaluations from people and their feedback being respected. The service should ensure the update to activities enjoyed by people were in their personal plan.

The service should take steps to look at ways to provide more one-to-one support with activities or interaction for people who preferred to spend the day in their room. There were no plans at present for outings, which is something the service said they would include in future planning.

It was not clear where the activities coordinator was not present, in the home or providing one-to-one support, how people were supported to engage with meaningful activities.

The dining experience was relaxed and unhurried for people. There was open time for breakfast every morning which allowed people the time to get ready and have this when they preferred. People could choose to eat their meals in the communal dining room, lounges, or in their own room. People living in the service spoke positively about the food available and we observed people enjoying their dining experience.

The service should ensure it is all staffs' responsibility to engage in activities and social engagement in the service and on outings. We encouraged the management to review how the communal spaces are arranged and to give consideration as to how they could facilitate more everyday meaningful activities for the people living there. Therefore, this area for improvement will remain. (See repeated Area for Improvement 2).

### **1.3: People's health and wellbeing benefits from their care and support**

People's health and wellbeing benefited from completion of daily care records that had been monitored regularly and people were referred to other health professionals as needed.

People's rights were respected, and legal arrangements were clearly documented to ensure all staff were aware and followed any guidance relevant to each person. People's pain management had been recorded and reviewed regularly and we saw referrals and changes in pain management to reflect these reviews.

The service had a process for special diets and the cook within the service knew people well allowing them to offer further choice to people where requested. We observed people being provided nutritional home cooked meal choices and gentle encouragement throughout. There were snacks and fluids readily available throughout the day for all people in communal areas and in their own rooms.

There was evidence of ongoing regular communication with people's families in relation to people's health and details of these relationships were held in personal plans. People would benefit from having detail in their care plan of how they maintain relationships.

We sampled medication recording systems and protocols and found that people were receiving the support to take their medication as prescribed. Protocols gave detailed personalised information for staff to follow to ensure safe administration of as required medication.

The service used recordings systems that allowed for stock to be reviewed on each administration. We sampled that there were missing written submissions on recording forms for some as required medications. Medication audits had been carried out in the service and the service should ensure they move forward with actions points identified.

### **Areas 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I experience care and support where all people are respected and valued" (HSCS 4.3).

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 individual's preferences, which provide stimulation and validation;
- c) Measurement of the efficacy of activities offered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

### 2.2 Quality assurance and improvement is led well

The registered manager left the service last year and the provider has to date been unable to recruit a new manager, therefore a temporary manager is in place. Whilst the temporary manager has had a positive impact within the service, senior management have confirmed that they will continue to actively recruit for a full-time manager for the service.

There have been a number of changes in the staff team and some vacancies remain, therefore the service does need to use agency staff. The management seek to obtain regular agency staff to improve consistency for the people living in the home.

The service is not operating in line with the conditions of registrations therefore are required to submit a variation. (See Requirement 1).

There was a schedule of audits to be carried out in respect of all aspects of clinical, environmental and staff practice. Where issues were identified these were not always actioned. The service would benefit from a more robust approach to self-evaluation which aligns with the quality framework for care homes for older people. Consideration should be given to how best to involve the people living in the service and their families in assessing the quality of the service. These audits, actions plans, self-evaluation and feedback should feed into an improvement plan which identifies and demonstrates the plans to improve this service. (See Area for Improvement 1).

## Requirements

1. By 1 May 2024, the service provider, must ensure that the service is operating in line with the conditions of registration. In order to do this, it must submit a variation of conditions of registration.

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

## Areas for improvement

1. People experiencing care should have confidence the service received by them has a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This includes a schedule of audits, effective action plans, feedback from people living in the service and their representatives and other stakeholders and developing an improvement plan which is regularly reviewed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCP4.19).

### How good is our staff team?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

#### 3.1: Staff have been recruited well

We examined a sample of employee files and were confident that safer recruitment procedures were being followed. This provides assurances to the people living in the service and their families that the staff have been properly selected for their roles based on their knowledge, skills and values.

New employees to the service completed an induction period. We spoke with staff and reviewed documentation who confirmed this. The management should ensure that all new staff are given the supports and training required to undertake their roles. Observations of practice and opportunity to share knowledge and reflect on practice should be encouraged. This is necessary to be assured of staff competency levels and improve outcomes for people living in the service.

### How good is our setting?

**3 - Adequate**

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

#### 4.1 People experience high quality facilities

The management and maintenance team undertake a range of safety checks to increase the safety levels for the people living in the home. There are a number of rooms within the building that have been recently painted and we were reassured that there is a clear process for staff to identify maintenance problems.

The home is not a purpose built building and the majority of the bedrooms do not benefit from en-suite facilities, therefore there are shared bathroom and shower facilities. However, it was clear that improvements are needed in the repair and refurbishment of the fabric of the building and its furnishings.

We saw some environmental audits had been carried out, however there was a need for a clear and comprehensive refurbishment programme, outlining the priority areas and timescales to repair and upgrade of the premises and furnishings. (See Area for Improvement 1).

The home provides bedrooms and communal areas over two floors. There is a lift in place, however it had been out of operation for a couple of months which prevented the majority of the people living upstairs from accessing the downstairs or to leave the building. Given the age of the lift, repair works were delayed therefore in the event that the lift was to break down in the future, this would most likely lead to a similar experience for the people living in the home. Therefore, this needs to form part of the refurbishment plan. (See Area for Improvement 1).

During the inspection we inspected the communal spaces and bedrooms and also examined a sample of some equipment and furnishings to ensure that they were clean and fit for purpose. We found the majority of bedrooms were clean and tidy and had been nicely personalised. However, we did find a number of communal seats which were contaminated. The management removed these immediately. However, this does highlight the need for effective auditing of the environment. (See Area for Improvement 2).

There were adequate supplies of PPE and alcohol-based hand rub (ABHR) available throughout the home. We did observe some infection control practices which were not in line with best practice and brought these to the attention of the management. Staff should be familiar with the NIPCM (National Infection Prevention Control Manual) and know and understand the cleaning process for cleaning commode pots and the protocols for cleaning up following a spillage of bodily fluids. (See repeated Area for Improvement 3).

## Areas for improvement

1. In order to improve the experience of people living in the service, the service should develop a clear refurbishment plan for the upgrading of the premises.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My environment is secure and safe.' (HSCS 5.17).

2. In order to ensure that the people living in the service are living in an environment that is clean and fit for purpose, the management should ensure that regular checks and audits are carried out of the environment, equipment, furniture and furnishings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24).

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24).



**How well is our care and support planned?****4 - Good**

We made an evaluation of good for this key question, as several important strengths clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

**5.1: Assessment and personal planning reflects people's outcomes and wishes**

People's personal plans provided a good level of detail to guide staff on getting to know someone well and support them safely. People's life story, passions, interests, and outcomes for their care were well documented which allowed for meaningful interaction for people.

People had risk assessments relevant to their needs which were regularly reviewed to ensure people were safe and not unnecessarily restricted. Peoples' stress and distress plans were personalised to their needs and allowed staff to follow strategies that supported a person's wellbeing.

Reviews were held regularly and where people were unable to participate, their representatives helped share their preferences to shape their support. Resident of the day reviews took place daily to ensure all areas of a person's care had been reviewed and any changes actioned. The service should ensure any changes are reflected throughout the personal plan for people to ensure consistency in their care and support. (See repeated Area for Improvement 1).

The service had recently started to review and implement new anticipatory care plans and had a tracking system to ensure representatives' input had been included.

In talking with staff, it was clear that although they knew people well, they were not routinely accessing care plans. We would look for the service to visit how staff are given opportunity to read care plans regularly and provide their feedback for updates.

**Areas for improvement**

1. The service 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.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "My care and support meets my needs and is right for me." (HSCS 1.19).

## 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I experience care and support where all people are respected and valued" (HSCS 4.3).

**This area for improvement was made on 17 May 2023.**

#### Action taken since then

See 'Key Question 1: How well do we support people's wellbeing' for more information.

Area for improvement Not fully Met.

#### Previous area for improvement 2

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24)

**This area for improvement was made on 30 October 2023.**

#### Action taken since then

See 'Key Question 4: How good is our setting for more information.

Area for improvement Not fully Met.

#### Previous area for improvement 3

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.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.24).

This area for improvement was made on 30 October 2023.

#### Action taken since then

See 'Key Question 5: How well is our care and support planned' for more information.

Area for improvement Not fully Met.

#### Previous area for improvement 4

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 17 May 2023.

#### Action taken since then

See 'Key Question 1: How well do we support people's wellbeing' for more information.

Area for improvement Not fully Met.

## Complaints

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

## Detailed evaluations

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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.