

Woodside Care Home Care Home Service

Woodside Street
Coatbridge
ML5 5NJ

Telephone: 01236442000

Type of inspection:
Unannounced

Completed on:
17 April 2024

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 56 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 inspection which took place on 15-17 April 2024 between 09:15 and 16:30. The inspection was carried out by three 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:

- spent time with people using the service and spoke with eight of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals.

Key messages

- People living in the care home and their families were overall happy with the care and support.
- Activity staff ensured that people were supported to engage with their families and the local community.
- People's health needs were escalated to other health professionals when needed.
- Improvement was required to ensure that accidents and incidents were managed correctly to keep people safe.
- Improvement was required around the provider's quality assurance processes as these were currently ineffective.
- People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.
- Improvement was required to ensure that the service complied with fire safety regulations.
- Improvement was required to ensure that people benefitted from a safe and well maintained environment.
- Improvement was required to ensure that the service complied with infection prevention and control guidance.

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?	2 - Weak
How good is our staff team?	4 - Good
How good is our setting?	2 - Weak
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 evaluated quality indicator 1.3 as adequate. While the strengths had a positive impact, key areas need to improve.

People experienced warmth, kindness and compassion in how they were supported and cared for. The service was good at ensuring people maintained relationships with those important to them. Family and friends were made to feel welcome. One relative told us, "I'm invited to stay and have tea with my relative", whilst another said, "staff are all very friendly and approachable".

People living in the care home and their families were overall happy with the care and support. One person told us, "I feel that my relative is well looked after" whilst another said, "There's nothing that they could be doing differently and I can see my visitors anytime". People did mention a few aspects that could be improved around repairs, dignity at mealtimes and the staff not always responding to the call bell in a reasonable time.

Activity staff ensured that people were supported to engage with their families and the local community. Weekly plans included video calls with families, visits from the local church and links with a local nursery along with some walks or trips out.

People benefited from regular healthcare assessments, access to community healthcare and treatment from external healthcare professionals.

Improvement was needed to ensure that people were supported to maintain their oral care. This was inconsistently recorded and we were not assured this took place with any regularity as toothbrushes and toothpaste were not readily available to promote this (see area for improvement 1).

People benefited from access to a tasty, varied and well-balanced diet. They could choose from a variety of meals, snacks and drinks. One person said, "The meals here are nice", whilst another said, "If you don't like what's on they will make you something else".

Areas for improvement

1. The service should ensure that toothbrushes and toothpaste are readily available to allow staff to promote and support people with their oral care needs. Toothbrushes should be stored hygienically.

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

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. We have made two requirements.

The home manager was still relatively new in post and familiarising herself with the provider's policies and

procedures. Senior managers from the provider were available during the inspection to support the manager throughout the inspection process and accepted and responded to our concerns.

Staff told us that senior staff and management in the care home were supportive and approachable. The benefit of this was that felt able to discuss any ideas or issues they may have.

Improvement was required around the provider's quality assurance processes as these were currently ineffective. Whilst there were systems in place to monitor aspects of service delivery, there was confusion and a lack of clarity regarding roles and responsibilities. Quality assurance processes, including self-evaluation and improvement plans, were largely ineffective around health and safety, fire safety, and infection prevention and control. This put people at risk from harm (see requirement 1).

Improvements were required around accident/incident reporting and management to ensure the service followed the provider's own policy and procedure. There had been inconsistent reporting and oversight of accidents/incidents. This put people at risk from future re-occurrence of similar events and prevented accidents/incidents from being assessed and referred to other bodies, where necessary. Several events that should have been notified to us had not been. Similarly, events that should have been reported to North Lanarkshire Health and Social Care Partnership under adult support and protection legislation had been missed (see requirement 2).

Requirements

1. By 26 July 2024, the provider must ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed.

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

- a) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- b) Ensure that they adhere to the Adult Support and Protection (Scotland) Act 2007.
- b) Implement a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.

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

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. By 26 July 2024, the provider must ensure people are safe and receive care and support that meets their needs.

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

- a) make sure that systems of quality assurance and audits are consistently completed.
- b) detail actions taken to address any identified improvement, ensuring these are specific, measurable, achievable, realistic and timely (SMART).
- c) include an evaluation of progress made.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

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.

People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.

People could be assured that the numbers and skill mix of staff were determined by a process of continuous assessment. Work had recently commenced to widen the assessment tool to feature a range of measures as described under the newly enacted Health and Care (staffing)(Scotland) Act 2019.

Staff were not always clear about their roles and responsibilities when it came to aspects that were out with direct care for people. The provider agreed to refresh this with staff.

People living in the care home and their families were overall happy with the staffing arrangements. One person told us, "I get on well with staff" whilst another said, "most of the time, someone comes when I press (meaning the call bell), but there's the odd occasion it can be longer, usually when there are agency staff on".

The service tried, where possible, to ask for agency staff that had been to the care home before for continuity. However, where this could not be supported, agency staff were not given a printed overview of the residents to refer to. The provider agreed to implement this.

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. We have made three requirements.

Woodside Care Home has a lovely warm and friendly feel on arrival, which continues throughout the ground floor. However, this lessens as once you enter the top floor for people living with dementia. Whilst we appreciate that some aspects may need to be tweaked, improvements would make these units feel less functional.

A small café is available for families to share a coffee and home baking and we found this to be well used.

People were encouraged to personalise their bedrooms and some were lovely and homely. However, for some people their bedrooms were very sparse and cold looking. We asked the provider to look at improving this for people who may not have friends or family that can do this for them.

Improvement was required to ensure that the service complied with fire safety. During the inspection we became aware of issues around a top floor fire exit door. Staff told us this had been the case over several

days. Initially, it would not close and to mitigate the risk of people possibly accessing the stairwell they had been told to place a chair in front of it. Then, when maintenance had tried to repair the fire exit, they had been unable and it was now jammed closed. The manager had not been made aware of this and we were concerned as fire extinguishers and fire escape equipment was located behind this door. No alternative or risk assessment had been carried out. The provider repaired this before we left that day. Expected daily, weekly and monthly fire checks had not been taking place regularly (see requirement 1).

Improvement was required to ensure that people benefitted for a safe and well maintained environment. During the inspection there were many outstanding aspects around maintenance. This ranged from minor issue including ripped wallpaper, to more important issues including sockets hanging out of walls to more concerning issues. We were concerned about the lack of urgency to repairing broken sensor beams in bedrooms, nurse calls in two bedrooms, showers in three bedrooms, and weighing equipment for people. Expected daily, weekly and monthly checks had not been taking place regularly (see requirement 2).

Improvement was required to ensure that people are protected from the spread of infection because systems were not in place to support infection prevention and control (IPC). Some of the concerns around IPC were as a direct result of the lack of good maintenance, including missing bins or broken bins where they could no longer be operated by foot. Others were due to poor staff practice. This included toothbrushes not being stored hygienically, used linen gathered on a floor instead of using linen bags and items wrongly stored which blocked access to handwashing facilities. Personal protective equipment (PPE) not always located close to the point of use, stored to prevent contamination in a clean/dry area until required for use or disposed of after use into the correct waste stream See requirement 3).

Requirements

1. By 31 May 2024, the provider must ensure they keep people safe by ensuring that fire safety measures are properly managed.

To do this, the provider must, as a minimum:

- a) Comply with the Scottish Government 'Practical Fire Safety Guidance for Existing Care Homes' February 2022.
- a) Where any outstanding faults compromise the fire safety of the care home, they complete a risk assessment and share this people living, working and/or visiting during this time, whilst notifying relevant governing bodies.

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

This ensures care and support is consistent with the Health and Social Care Standards, which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

2. By 26 July 2024, the provider must ensure they keep people safe by ensuring that the premises are fit for the provision of the care delivered.

To do this, the provider must, as a minimum:

- a) Are suitable for the purpose of achieving the aims and objectives of the care service.
- b) Ensure that the premises are of sound construction and kept in a good state of repair externally and internally.
- c) Are decorated and maintained to a standard appropriate for the care service.

This is to comply with Regulation 10(2)(Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

3. By 26 July 2024, the provider must ensure they keep people safe by ensuring that infection prevention and control is properly managed.

To do this, the provider must, as a minimum:

- a) Comply with the NHS 'Care Home Infection prevention and Control Manual' updated 21 June 2023.
- b) Ensure that staff have received training on the content of the NHS 'Care Home Infection prevention and Control Manual' updated 21 June 2023.

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

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

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.

People could be assured that they had a care plan in place that included relevant risk assessments. There was a good level of detail within the care and support plan to guide staff around how best to care for and support each person. The care and support plan was evaluated monthly.

People had an anticipatory care plan (ACP) in place that reflected their wishes and where appropriate, those of their representatives.

People had a named visitor care plan to ensure that those who were important to them would remain in contact should the home have to restrict visitors in the future.

There were a few aspects that needed updated within care plans for people. including where their mobility had changed. Where completed risk assessments showed that a person was at risk, for example of skin

breakdown, then the care plan did not always clearly state the rationale for the next steps to be taken. The service were in a good place to build on their care plans to review these aspects.

Supporting legal documentation was in place to ensure people were protected and to uphold their rights.

An area for improvement was made at the previous inspection that the service should ensure daily health charts are fully completed. We sampled records for people and recordings were inconsistent - particularly around pressure area care and oral care. This area for improvement is repeated.

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 support people's health and well-being the service 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)

This area for improvement was made on 31 October 2023.

Action taken since then

The service were continuing to work through this with people and their families and as such, at the time of the inspection, was a work in progress.

This area for improvement was repeated.

Previous area for improvement 2

To provide staff with the necessary skills to support people, the service should 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 31 October 2023.

Action taken since then

The service were continuing to work through this with staff and as such, at the time of the inspection, was a work in progress.

This area for improvement was repeated.

Previous area for improvement 3

To support people's health and wellbeing, the service 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 31 October 2023.

Action taken since then

We sampled records for people and recordings were inconsistent - particularly around pressure area care and oral care.

This area for improvement was repeated.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
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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