

Woodside Court Nursing Home Care Home Service

Woodside Way
Glenrothes
KY7 5RW

Telephone: 01592 754 497

Type of inspection:
Unannounced

Completed on:
29 July 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300791

About the service

Woodside Court Nursing Home is registered to accommodate 60 people, including older people and people with physical disabilities. The service is provided by HC-One Ltd.

The building is set within extensive garden grounds, with easy to access parking facilities to the front of the property. Residents have the choice of a range of seating areas and quiet rooms which they can use for meeting with other residents, family members and friends. The service has good access to local facilities and transport links.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 25 July 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 13 people using the service and seven of their family and friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People were cared for by staff who were warm and compassionate.
 The manager was recently promoted to post but had made good progress with the service.
 Staffing was not always providing care which met people's needs in a timely manner.
 The environment was bright and attractive but required further cleaning.
 Care plans contained a good level of detail with which to guide care.
 As part of this inspection we assessed the service's evaluation of key areas. We found that the service had made positive progress in completing their self evaluation. The service should continue to develop this approach to support improvement.

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?	4 - Good
How good is our staff team?	3 - Adequate
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 evaluated this key question as 'adequate', where strengths just outweigh weaknesses. The service should build on key strengths and address any elements which are not contributing to positive experiences for people.

People's health should benefit from their care and support. The service offers full time nursing care from a dedicated team. Registered nurses were supported by both senior carers and nursing assistants. This enabled people's health care needs to be monitored in a consistent and comprehensive way throughout the week. Overall people were happy with their care saying, 'this is a good place' and 'I'm glad I'm here'.

The service benefitted from an activities coordinator who provided a programme of organised events over five days of the week. These activities were very much enjoyed by those taking part. People were encouraged by the positive atmosphere which was created during the activities and many people spoke fondly of the staff member involved. Comments included, 'he's very, very patient', 'that's been another great morning' and 'he's really good, he gets the men involved'. The service is currently trying to recruit another staff member to provide additional support in this area. The manager recognised that there could be limited opportunities for people to have a meaningful day when the activities coordinator was absent.

Feedback around the meals provided by the service was mixed. Whilst some people were happy with the quality and choice on offer others felt that things could improve. Observations of the mealtime experience were also mixed. People did confirm that they had been given the opportunity to give feedback and that their comments and suggestions had started to be taken onboard. This gave confidence that the service was aware of the issues in this area and had begun to take steps to address them.

Although the service was meeting the staffing numbers indicated by their dependency tool, there were aspects of care which appeared to be negatively impacted by the staffing levels or deployment of staff. People reported long waits for the toilet and for other aspects of care. One person said, 'I don't think my buzzer is a priority for them', another said, 'the staff are nice, but you don't see much of them'. Both staff and people living in the service confirmed that they did not always get the chance for a hot drink mid-morning as staff were too busy. An area for improvement is made. See area for improvement 1. People were also concerned overnight, one person said, 'I'm scared at night - they don't come when I call'. This was a concern, and we passed on this feedback to the manager during the inspection. Overall there were concerns about people's needs being met in a timely manner. A requirement is made. See requirement 1.

Requirements

1. By 14 October 2024, the provider must ensure that people's care and support needs are met effectively and that staffing arrangements are safe.

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

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements

c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

Areas for improvement

1. To promote people's choice and ensure that their hydration needs are met the service should ensure that access to hot and cold drinks is available throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where strengths outweigh areas for improvement.

Quality assurance should be well led and drive improvement within the care service. The manager at Woodside Court had been relatively recently promoted to the post and was being supported by senior staff from the provider organisation. The organisation had comprehensive and robust quality assurance processes in place which provided reassurance during this period of transition.

Evaluation and analysis of the data collected during quality assurance had begun and was contributing to discussion around falls prevention and nutrition. This gave confidence that the management team were able to use information in order to reflect on and improve the service. A deputy manager had been recruited from within the organisation to provide further support to the service but was not yet in post.

Environmental audits were not fully effective in ensuring that the dinette areas were totally clean. This aspect of quality assurance required further attention to ensure that the service achieved a good standard. Please see key question three for further details.

Staff generally found the management team to be accessible and supportive, but not all staff were confident to raise their concerns. Further work to ensure that supervisions are regularly completed should help staff to be able to share their thoughts and concerns.

How good is our staff team?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths but these just outweigh weaknesses. Improvements should be made by building on strengths and addressing issues which do not contribute to positive outcomes for people.

Staffing arrangements should be right and staff work well together. We found that although the service had paid good attention to the skill mix of staff and were meeting the staffing levels indicated by their dependency tool, there were still some issues with staffing. People did not always feel that their basic needs were being promptly met. One person said, 'I do get what I need, eventually'.

This caused concern as it was impacting on people's wellbeing in a negative way.

People talked fondly about individual staff members, saying, 'they're lovely, and 'they're brilliant'. A number of very warm and caring interactions were observed between staff and people living in the service. This gave confidence that people were being cared for in a kind way. Further work to develop the staff team and consider the way that staff were deployed within each unit of the home might improve people's experience of prompt and attentive care.

Although the staff team felt that the management team were visible and accessible some staff were less confident about reporting issues and incidents. This meant that at least one incident had not been reported, and this caused concern. Further development of the staff team was required in order to ensure that consistently high standards of care are achieved.

A staff supervision schedule had been put in place to provide support for staff and focus on development needs, however this was not fully met. Staff commented that the training provided by the organisation was very good, however without a full supervision process, it was difficult to see the assessment of how training had been put into practice. The manager was aware of the need to focus on this area in order to continue to improve the service. A requirement is made. See requirement 1.

Requirements

1. By 14 October 2024, the provider must support good outcomes for people by implementing a system of regular formal staff supervision.

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

- a) ensure that learning needs are assessed, reviewed and addressed;
- b) ensure that observations of practice are undertaken and discussed; and
- c) ensure that staff have the opportunity to formally discuss their views.

This is to comply with Section 7(1)(a), (b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)).

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 is in order to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state 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).

How good is our setting?

3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses.

People should benefit from high quality facilities which are well maintained.

The service was undergoing some redecoration throughout the inspection and it was clear that there was a commitment to ensuring communal areas were fresh and bright. The home benefits from a number of attractive lounges and diners which were clearly enjoyed by people living in the service. Some reconsideration of the way spaces are used on the ground floor might encourage more social time for those who are currently slightly isolated.

The environment should also help promote people's independence. We saw that drinks dispensers were available for cold drinks and tea and coffee making facilities were available in the dinettes. Ensuring that cups and crockery were also available would make these areas more useable and reduce the burden on staff of searching for key items during busy periods. Some people were capable of accessing drinks and snacks throughout the day, but it was not clear that this was being encouraged.

The cleanliness of the dinette areas was not of the expected standard during the first day of the inspection. Areas had been overlooked and had not been cleaned for a period of time. This caused concern as it created a risk of contamination during food service. The manager was made aware of the issue and cleaning took place to address these concerns. Further attention to quality assurance should ensure that any future issues are promptly identified. An area for improvement is made. See area for improvement 1.

Areas for improvement

1. To support people's wellbeing, the provider should ensure systems are in place which check and identify when environmental cleanliness is not of an acceptable standard. Adequate provision should be made to address issues promptly as they arise.

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 5.22).

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there are important strengths which clearly outweigh weaknesses.

Assessment and care planning should reflect people's needs and wishes and be regularly updated. Care plans within the service contained a good level of detail to guide staff in their care. People had been well involved in contributing to their care plans and, when this was not possible, family members had been included. Plans were individual and reflected people's choices and preferences.

Reviews of people's care plans were regular and contributions from family members were sought. People were given the opportunity to comment on individual staff members whom they felt had made a positive impact on their lives. This ensured that the service kept people's thoughts and feedback central to care.

Some handwritten plans were very difficult to read and this was a concern. Where key information is held it is important that it is accessible and clear. Other plans were clear but had some elements missing from them. Where there were missing plans this created the opportunity for inconsistent care. Further quality assurance of care plans is required in order to ensure that plans are complete and of the same standard of detail.

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 to get the most out of life, the provider should review people's outcomes and weekly activities so that they are able to keep and develop important relationships and have a range of activities they enjoy. This will support their motivation, wellbeing, interests and abilities.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25) and 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing'. (HSCS 2.18)

This area for improvement was made on 7 July 2023.

This area for improvement was made on 7 July 2023.

Action taken since then

The service benefitted from a dedicated activity coordinator who was well liked and respected. People enjoyed a range of group activities and spoke keenly of how they looked forward to these. People were fully engaged with these events during the inspection. The service are currently recruiting an additional staff member to enhance their provision. Further work on 1-1 sessions would add value to the current programme. This area for improvement is 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 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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