

# Woodside Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
16 April 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 59 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 14 April 2025 from 07:30-15:00 and 15 April 2025 from 08:30-15:30. Feedback was provided 16 April 2025.

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:

- spoke with several people using the service and two of their family members
- spoke with 19 staff and management
- observed practice and daily life
- reviewed documents
- contacted health professionals for feedback.

## Key messages

- The service had met three of the six areas of improvement from the last inspection.
- Staff were highly thought of
- We observed good interaction between staff and people living there
- Some improvements are needed to create a warm, welcoming environment for everyone
- Some training figures should be better
- All six monthly reviews should be held.

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

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

We sent out Care Inspectorate surveys before inspection to give people an opportunity to give their views on the quality of care and support in Woodside Care Home. We received two back from relatives. When asked if they were overall happy with the care their relative received, one strongly agreed and one agreed.

There were mixed comments:

'Not all staff achieve same results. I can tell which member of staff has been on by the way my relative is dressed and how clean they are.'

'staff are thoughtful, friendly and considerate.'

'Manager now more visible and approachable.'

There was a relative's meeting in February 2025. This addressed areas raised by relatives and feedback given to the home. Relatives have the option of attending open sessions to meet with the manager if they want to raise individual issues.

There should be regular, planned meetings, with clear actions and outcomes recorded and feedback provided. This would allow relatives to plan for the meeting to ensure they could attend.

People we spoke with as we walked around were positive about living in the home. We observed good interactions by staff and chat that showed staff knew the residents well.

There was a wide range of activities available for people to access. This extended to the local community and included local schools and entertainment. There was a plan to provide more appropriate activities for people with high levels of dementia. This would help provide a stimulating environment for all people in the home.

Daily health charts were overall well completed. However, there should be a focus on the completion of re-positioning and oral health charts as there were long gaps in recordings. This meant there was no evidence these important daily tasks were completed.

There was clear evidence health professionals were involved in people's care if there were any concerns. Their advice was noted in the care plan with staff following any guidance provided.

We discussed our observations around creating a warmer atmosphere in upstairs units with the management team as it was not as welcoming as downstairs. The team agreed with our findings and we were pleased to hear of their plans to improve and we were assured these changes would be made. These units supported people with high levels of dementia and stress and distress behaviours and during observations we were concerned staff had 'normalised' people's stress and distress.' Care plans sampled did not clearly reflect how to intervene with people when they were distressed which meant staff did not have appropriate guidance to provide consistent support. **(See Area for Improvement 1)**

## Areas for improvement

1. To ensure people live in a supportive environment that benefits their health and wellbeing the provider should make improvements to the unit.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'Your environment will enhance your quality of life and be a pleasant place to live.' (HSCS 4) and 'You are confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.' (HSCS 5.4)

### How good is our leadership?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

#### Quality Indicator: 2.2 Quality assurance and improvement is led well

The service had a well written improvement plan with actions gathered from audits, complaints and quality assurance. This was detailed and followed the Care Inspectorate Quality Framework. However, there was no evidence any of the actions had been completed as nothing was signed off. If actions are not met then the plan should note this, with reasons and extend the timescales. This would ensure the plan continued to be updated and relevant.

Accidents were well recorded with actions identified to try to prevent further falls for example. The management team monitored these to ensure any actions were taken.

The Operational compliance audits provided a detailed overview of what was happening in the home from the environment and accidents to weights and complaints. An action plan was generated for any areas that required improvement and we could see work being carried out to ensure the improvements were made.

Staffing levels/dependency assessments were completed monthly for each unit. Additional staff to provide extra support when needed, such as someone receiving palliative care was then added to ensure staffing was over what was needed. Which we found they were.

Other aspects of the safe staffing bill were not included such as feedback from people, the layout of the building and staff skills mix etc and these areas should now be considered. This would make sure the Safe Staffing Legislation was fully implemented.

The manager had been in post less than three months at this inspection. We were pleased to hear of good management support for her while she settled in and learnt the systems and ways of working. We heard from staff that they felt she was doing well in her role, she was approachable and staff told us things were getting better.

### 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.

**Quality Indicator: 3.2 Staff have the right knowledge, competence and development to care for and support people**

People could be assured staff were safely recruited as the provider had recruitment procedures in place. However, new staff inductions we sampled were not fully completed. Parts of the induction were not signed on completion nor dated which meant there was no evidence the full induction was finished before staff were supporting people.

As part of induction new staff should be observed to ensure they are putting their training into practice and they are competent. We were not provided with evidence of this. **(See Area for Improvement 1)**

We have asked the management team to develop a plan for more frequent team meetings. There should be consideration around how all staff can be involved by looking at times and days these are held, to have as many attend as possible. Minutes should be taken and made available so that staff who did not attend could see what had been discussed and agreed.

Training was overall at high numbers, however there were a small number of staff who had not completed their mandatory induction training despite their training being overdue. The manager had already recognised this but it was unclear what actions were being taken.

No staff had completed training around supporting someone with Parkinson's disease, yet there was someone in the home living with Parkinson's. We would question how staff will know how to support the person as their condition deteriorates without any training. We discussed this and were confident steps would be taken to ensure staff received training.

**(See Area for improvement 2)**

## Areas for improvement

1. To ensure new staff are fully trained and competent the provider should ensure new staff inductions are fully completed.

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.' (HSCS3.14)

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.' (HSCS3.14)

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

#### Quality Indicator: 4.1 People experience high quality facilities

The returned Care Inspectorate surveys had two comments around the environment:

'Some days room is not very clean and we have to ask for it to be cleaned. Cafe area needs a make over and a deep clean.'

'Environment is tranquil and appropriate.'

We were provided with evidence a cleaning schedule was in place with all areas in the schedule ticked as completed. However, it had only recently started to be used therefore there was no evidence what cleaning had taken place before this.

The service has completed a self-evaluation around the environment for people with dementia. The outcome of this self-evaluation highlighted areas of good practise that the service did well, such as signage directing people around and a good level of natural light. There were also some areas that could be developed further and these were being considered.

The improvement plan developed after the last inspection but was still a work in progress. We have already highlighted the units that need to be made more homely. There was such a difference between the floors, downstairs was bright and had lots of homely touches, pictures on the walls etc, but upstairs was bare and not welcoming.

There was a refurbishment plan which noted some areas the team wanted to focus on. Many had no timescales for completion. Some issues we had noted were not on this plan which meant they may not be actioned.

The sluice upstairs needed to be prioritised as it had now been in need of repair for at least a year. **(See Area for improvement 1)**

There is a lovely, safe, enclosed garden with lots of seating to support people who want to sit outside. We were told of activities that had taken place in the garden when the weather was nice, which was good to hear.

## Areas for improvement

1. 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: 'Your environment will enhance your quality of life and be a pleasant place to live.' (HSCS 4-your environment)

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

The quality and level of information across care plans was inconsistent. Some had a very good level of individual information whilst others did not.

Care plans for people with stress and distress need more detail around what the distress meant for that person and what tried and tested techniques staff should try to reduce this. Some plans had 'reassurance offered' but not what that was for that individual. This could mean staff make the situation worse by offering 'reassurance' that is inappropriate for that person. We would expect pain to be considered as a reason for someone being distressed but this did not happen.

There was evidence of a dietician involved with their advice noted in plans. Plans sampled had a good level of detail and noted if assistance was required when eating and if the person needed adapted cutlery. When weekly weights were to be recorded we could see these were being done.

There was no care plan for the person with Parkinson's disease and only one mention they had this disease in their plan. There should be a plan that explains how Parkinson's affects their daily life and how staff should support them especially as the Parkinson's progresses.

People were not assessed on admission to determine what level of support they needed when taking their medications. There was an assumption that no one would be able to administer their own medication but with an assessment some people may be able to administer some, or all of their medication with some support.

Six monthly review trackers were in place for each unit. Some of the reviews were out of date and should be completed as soon as possible. **(See Area for improvement 1)**

## Areas for improvement

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

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'During your first week in the home, and at least every six months after that, you will receive a full assessment to find out all your healthcare needs, and the staff will ensure that these needs are met. Staff will record all assessments and reviews of your healthcare needs.' (NSCS 14.3)



## 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 provide staff with the necessary skills to support people, the service should ensure they provide relevant training.

This is to ensure that care and support is consistent with the 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) and Scottish Social Services Council (SSSC) code 6 which state:

'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

This area for improvement was around the lack of staff training in supporting nutritional needs.

At the last inspection the training to give staff the skills and knowledge around supporting nutritional needs had been paused to enable the management team to improve the content of the workbook. We could now see nutritional training being rolled out with 79% of staff having completed the nutritional workbook training.

We could see enough improvement to meet this but the training should continue to be completed by all relevant care staff.

#### Previous area for improvement 2

This area for improvement was made as the result of an upheld complaint.

People should be confident that their falls risk assessment is reviewed frequently and when there are changes, and records are made when requested by a professional. A collaborative approach should be taken to minimise the risks and people kept safe as reasonably practicable.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: 'My care and support is consistent and stable because people work together well.'

**This area for improvement was made on 26 July 2024.**

#### Action taken since then

Care plans sampled had up-to-date falls risk assessments in place. Any falls were reviewed as part of the mobility and safe environment care plans with detailed actions to be taken around falls management.

This has been met.

## Previous area for improvement 3

This area for improvement was made as the result of an upheld complaint.

People should be confident they will receive a good standard of personal care as per their preferences. Specific strategies should be considered when people are non compliant in receiving personal support. This should be done where appropriate, in consultation with families and accurately recorded in people's care and support plans.

This is to ensure care and support is consistent with Health and Social Care Standard 1.20: 'I am in the right place to experience the care and support I need and want.'

**This area for improvement was made on 26 July 2024.**

### Action taken since then

We looked at plans for people with stress and distress during personal care. Hygiene charts did not show their personal care was being fully supported with one having an 11 day gap in showers and gaps in oral care. It was unclear why personal care had not taken place as the 'declined code' was only used once with no additional reasons noted. There was no specific strategy to support people and guide staff which had resulted in some people not being fully supported with their personal care.

This area for improvement has not been met and will be repeated.

## Previous area for improvement 4

This area for improvement was made as the result of an upheld complaint.

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

We were concerned about the low levels of completion of dementia training especially skilled level. The Dementia Skilled Practice Level describes the knowledge and skills required by all staff who have direct and/or substantial contact with people with dementia, their families and carers.

The completion of skilled level modules one and two was around 50% of the staff with modules three and four over 30%. These figures should be improved especially with the advanced level of dementia some people have and stress and distress which may be helped by appropriately skilled and knowledgeable staff.

This area for improvement has not been met and will be repeated.

### Previous area for improvement 5

This area for improvement was made as the result of an upheld complaint.

People should be confident that staff are skilled and knowledgeable in developing and implementing effective fall prevention plans. The provider should be providing advance training to staff which includes current good practice guidance.

This is to ensure care and support is consistent with Health and Social Care 14 of 15 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 26 July 2024.**

#### Action taken since then

Falls (preventing and management) training had been completed by 59% of staff.

This is an area that should improve with all staff having the skills and knowledge to try to prevent and manage falls.

When we looked at falls prevention plans they were effective and provided detail and guidance for staff to try to prevent further falls.

We could see enough improvement to meet this area for improvement but the training should continue to be completed by all relevant care staff.

### Previous area for improvement 6

This area for improvement was made as the result of an upheld complaint.

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 was no evidence that training was evaluated to give staff an opportunity to say what they thought of the training and if needed how it could be improved. Direct observations had only just started, therefore there was no evidence staff skills and knowledge was being assessed and they were considered competent.

This area for improvement has not been met and will be repeated.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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