

# Woodside Court Nursing Home Care Home Service

Woodside Way  
Glenrothes  
KY7 5RW

Telephone: 01592 754 497

**Type of inspection:**  
Unannounced

**Completed on:**  
4 June 2025

**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 older people. The service is provided by HC-One Ltd.

The building is set within attractive garden grounds which are well maintained. There is adequate parking facilities to the front of the property. Accommodation is provided across two floors. A variety of large and small dining and lounge areas are available for communal use. The service has good access to local facilities and transport links.

## About the inspection

This was an unannounced inspection which took place on 26 and 27 May, and 3 June 2025. 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 eleven people using the service and six of their family and friends
- spoke with thirteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

People were looked after by a team who knew them well.  
 Personal care required some further attention.  
 The temporary leadership arrangements provided assurance and oversight.  
 Staffing levels were right and staff were well trained.  
 The environment was clean but some further attention to bedding was needed.  
 Care plans were adequate but required further attention.

## 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?	4 - Good
How good is our setting?	4 - Good
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?

## 3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses. Improvements should be made by building on strengths and addressing elements which are not contributing to positive experiences for people.

People living in the service were generally happy and satisfied with their care and support. One person said, 'it's a nice place,' 'I like the people' and 'I like the view.' Others found that, at times, staff had a lot of demands on their time, saying 'it's not bad - the staff are very busy.' People were, however, able to name individual staff who they liked and felt supported by.

People should get the most out of life and be supported to spend a meaningful day. Two activity staff were available within the service and provided a range of activity and engagement. This was supplemented by visiting entertainment. On one day of the inspection people were observed to enjoy an interactive visit from some small animals. This was very much enjoyed, with one person saying, 'that was absolutely fabulous.' Activity staff were establishing themselves within the service. Further development to help people achieve individual goals and outcomes would be beneficial. The service could also consider how activities are planned and evaluated to ensure that people's views and wishes are fully represented. An area for improvement is made. See area for improvement one.

Clinical oversight of the service was good, with clear systems and processes in place to monitor people's healthcare needs. There was good analysis of issues such as weight loss, falls and infections. This gave confidence that people's changing needs would be noticed and considered.

People had an inconsistent mealtime experience. There were, at times, missed opportunities for staff to engage with people and respond to their requests. A lack of organisation meant that one mealtime was rushed, and people struggled to access their food, due to not being placed close enough to the tables. Opportunities to gain maximum nutrition were missed. This caused concern. An area for improvement is made. See area for improvement two.

We found that there were times when personal care was not attended to promptly. This meant that one unit in particular had a strong malodour. This had also been identified in more than one environmental audit completed by the service. Families reported that they had been concerned, at times, about their loved one's personal care. This caused concern. People should be clean and well presented in order to support their dignity and to maintain good skin health. A requirement is made. See requirement 1.

Overall staff had good relationships with those that they cared for. People were spoken to respectfully and a number of staff were especially well liked by those living in the home. Some standards of care had not been consistently maintained recently; however, the leadership team was very aware of the support and supervision required to address these issues.

### Requirements

1. By 8 August 2025, the provider must protect the health, wellbeing and dignity of people using the service. In particular you must ensure personal care needs are met in a timely manner and people's personal presentation is clean and dignified.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4 (1)(c), (welfare of users) and 9, (2)(b)(fitness of employees) 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 states that: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

### Areas for improvement

1. In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their individual outcomes.

This is 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).

2. To promote people's nutritional health, the provider should regularly review the mealtime experience to ensure that people's social and nutritional needs are being met. Staff should be skilled and knowledgeable in supporting people with additional needs.

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?

#### 4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which outweigh areas for improvement.

Quality assurance and improvement should be well led, with systems in place to plan actions to drive improvement. The service was in a period of transition with the leadership team. The manager had recently left and leadership was being provided by the deputy manager, area manager and the manager of another service within the provider group. This provided reassurance that there was sufficient oversight to maintain standards and keep people safe.

Clinical oversight of the home was evident, and a variety of tools were being used to monitor health concerns. Systems within the provider group allowed information to be analysed and fed back to the service for action. Further development of these processes would allow the service to explore individual situations in more depth.

The daily walk around checks undertaken by the service were comprehensive and it was clear that they identified issues, both environmental and care related. At times the same issues were identified repeatedly and this caused concern that effective action was not being taken to address them. The interim manager was aware of this and understood the need for positive change within the service.

Leadership within the staff team was inconsistent. This affected the organisation of the shift and the deployment of staff. As a result, people's needs were less effectively met at times.

Supervisions, appraisals and team meetings would benefit from further development in order that the staff team are fully engaged in the improvements required within the service. The thoughts and wishes of those living in the service should also be central to this process.

## How good is our staff team?

4 - Good

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

Staff should have the right knowledge and competence to care for and support people. We found that staff training provision was plentiful and comprehensive. Staff were observed to be undertaking face to face training during the inspection. Oversight of training achievement was clear, and the leadership team could support people to ensure that they completed all required training. There had been a small amount of slippage during the recent period of change, but overall training levels were good. Where individual staff were not completing training to the required level, this was beginning to be addressed.

Staff should be well supported and have the opportunity for one-to-one time with their superior. It was not clear whether this had been available to all staff over the recent period. The service would benefit from a cohesive approach to supervision, appraisal and staff engagement. This would provide the opportunity for staff to identify any training needs and for the leadership team to communicate standards and expectations over time. An area for improvement is made. See area for improvement 1.

Staffing arrangements should be right, and staff work well together. We found that there were sufficient staff during the inspection. Staff reported that recent changes meant that they had an extra staff member in one unit, which was making a positive difference. The layout of the ground floor of the service created some challenges for staffing, especially at night. Further consideration of the number and deployment of staff would be worthwhile to ensure that there is a consistent standard of care throughout the service.

There were a number of missed opportunities for staff to engage with people during the inspection. We could also see that the service had identified a lack of engagement at times within their own audits. The manager was aware of the need to develop some staff's confidence in participating in care which extended beyond personal care tasks. This would have a beneficial effect on people's wellbeing and contribute to them experiencing a meaningful day.

## Areas for improvement

1. Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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).

## How good is our setting?

4 - Good

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

People should experience high quality facilities which meet their needs. We found the environment to be generally clean and fresh. The home was attractively decorated and well kept, with a number of large and small spaces where people could spend their time. Large and well-maintained garden grounds are accessible from the ground floor, and we observed people using these during the inspection. Upstairs, two balcony areas are currently not in use. People spoke about how being able to access these areas would benefit their well-being. One person said that the veranda would give them 'more freedom.' The service is working on developing these areas to make them safe and accessible in the near future.

A comprehensive environmental audit and daily walkaround were in place and captured issues of concern each day. This gave confidence that there was good oversight and that multiple aspects of the environment were being considered. We were concerned however, that issues were repeated over time, which meant that actions were either not taken or were ineffective.

A housekeeping audit appeared to be well completed, and actions taken accordingly. Communal spaces, dinettes and corridors were clean and clear of clutter. Private bedrooms were personalised and well cared for, however there were some issues with mattresses and bedding. These were not always at the high standard we would expect. 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 identify when bedding is no longer of an acceptable standard and allow for its timely replacement.

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?

### 3 - Adequate

We evaluated this key question as 'adequate' where there are some strengths which just outweigh weaknesses.

We sampled support plans throughout the service and found the quality of these was inconsistent. Some plans included good detail about people's wishes and personal preferences, however lacked basic information.

Plans associated with engagement and communication, including needs associated with hearing and sight were limited. We spoke with staff, some of whom had a good knowledge of how to best communicate with people. However, other staff lacked this knowledge. Improved detail in support plans would support a consistent approach toward communication from all staff. As a result, we made an area for improvement (see area for improvement 1).

Where people experience stress and distress plans should be in place to guide staff practice. We observed inconsistent responses to people experiencing distress. Feedback from relatives about staff approach was also mixed. Plans we sampled did not include sufficient detail to guide effective and consistent staff practice (see area for improvement 1).

We reviewed other aspects of support planning including pain management and end of life care. Plans we sampled were inconsistent in quality. Some plans included sufficient guidance where others were minimal.

We asked the service to review plans to ensure they include sufficient, person-centred detail to guide consistent practice (see area for improvement 1).

We sampled plans associated with support people's physical health. The quality of these was inconsistent. Some plans included detailed information about diet, including whether someone should have intake and weight monitored, how often and why. Other plans we sampled were basic and generic. We sampled charts associated with food and fluid across the service which were, at times, completed sporadically. Where some people had an identified need for food and fluid monitoring there were significant gaps in recording. Where people had no identified need for monitoring in their support plan, food and fluid was being recorded. It was evident that practice was inconsistent. Plans did not clearly reflect people's assessed care and support needs, and expected charts were not being consistently completed. Therefore, we could not be confident people's physical health was being adequately supported. As a result, we made a requirement (see requirement 1).

## Requirements

1. By 18 August 2025 the provider must ensure service users receive the care and support they need to achieve good health, wellbeing, and quality of life outcomes. To do this the provider must, at a minimum:

- a) ensure plans associated with food, fluid and weight monitoring are sufficiently detailed to guide safe and consistent practice
- b) where a need for health monitoring is identified, charts are consistently completed, reviewed and used to inform future support planning.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) and 9, (2)(b) (fitness of employees) 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 the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan), is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

## Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place. These should provide guidance which is sufficiently detailed to allow staff to provide consistent, good quality care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).



## 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?	3 - Adequate
1.2 People get the most out of life	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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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