

Woodside Care Home Care Home Service

Woodside Street
Coatbridge
ML5 5NJ

Telephone: 01236442000

Type of inspection:
Unannounced

Completed on:
21 August 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 45 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 21 August 2025. The inspection was carried out by one inspector from the Care Inspectorate. The purpose of this inspection was to follow up on one of the requirements which was made on the outcome of a complaint investigation (Ref: 2025139194). To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

We spoke with people using the service and two families. We spoke with some staff members and observed practice and daily life. We reviewed care and support plans and daily records.

Key messages

We observed a more organised approach in providing care to people experiencing care.

Management is now having an overview of how the staff are led and organised to ensure better outcomes for people.

There is a better continuity of staff, and communication has improved within the staff team. Additional training has been sourced to support staff in their learning and development and improving their skills.

People were being supported with personal care, and their preferences were being considered and recorded in their care and support plans.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 13 August 2025, the provider must ensure that people receiving care are supported to maintain a good standard of personal care and oral hygiene. To do this, the provider must, at a minimum:

- a) Ensure that each person receiving support has a personal plan that details what is required to maintain their oral hygiene and a good standard of personal care. This must include their preferences and be shared with care staff.
- b) An oral hygiene assessment must be undertaken to identify people's needs and to include regular oral health checks.
- c) Ensure that staff have received training on how to support people with their personal and oral care.
- d) Liaise with other health professionals, for example, Caring for Smiles Team, for advice and guidance where needed.

This requirement was made on 4 June 2025.

Action taken on previous requirement

The management team have provided support and guidance to the care staff to ensure they are led better and people experiencing care are receiving the assessed personal care support and their choices are being considered.

There is now a more consistent care staff team working in the service, and this has facilitated a more organised approach to ensure people's personal care is being provided as per their preferences. People were observed to be well presented, and records demonstrated people are being offered and supported with baths and showers more frequently.

Personal care support plans have been reviewed and are now providing more specific guidance to staff on any strategies which are required to be implemented if people become distressed and/or are reluctant to comply with personal care.

The Caring for Smiles team are due to deliver training to staff, and the aim is for this training to be delivered to all staff as a rolling programme.

The provision of oral hygiene and care was noted to be improved; however, there are still areas for improvement to be progressed and monitored.

Oral hygiene assessments have been undertaken, and this information is assisting in assessing people's

dental and oral hygiene needs.

A hairdresser has been appointed and will be visiting the service three times a week.

A personal care champion has been nominated, and the management team are now monitoring personal care records and outcomes to ensure a good standard of care is being delivered.

Sufficient improvements have been made to meet this requirement, and we have been assured by the management improvements in this area will continue.

Met - within timescales

Requirement 2

By 26 September 2025, the provider must ensure that the care service is led and managed in a manner that results in the health, safety and wellbeing needs of people experiencing care being met. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this, the provider must as a minimum:

- a) Ensure quality assurance processes focus on outcomes for people experiencing care, and an improvement plan is developed, detailing SMART objectives and timescales.
- b) Ensure there is sufficient numbers and skill mix of staff working in each area of the service.
- c) Ensure staff have the correct knowledge and skills in their designated roles to ensure good practice is being implemented and people are receiving the right care and support to meet their needs.
- d) Ensure people's needs and experiences are being assessed by knowledgeable and skilled staff in leadership roles, using a range of methods. This may include, but is not limited to, seeking the views of people experiencing care and observation of the care and support they receive.
- e) Ensure management have an overview of people's support and staff are effectively led, deployed and supervised to ensure good outcomes for people experiencing care.

This requirement was made on 4 June 2025.

Action taken on previous requirement

This requirement will be followed up at the next inspection, as the date given has not been exceeded.

Not assessed at this inspection

Requirement 3

By 26 September 2025, the provider must demonstrate that written information recorded is accurate and up to date. In order to achieve this, the provider must, as a minimum:

- a) Provide training to staff to ensure they are aware of their responsibility in maintaining accurate records when using the electronic system and using this information to take appropriate action to ensure good

outcomes for people.

- b) Ensure information is reflective of how people's needs are being met.
- c) Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- d) Ensure that quality assurance systems are assessing and monitoring the quality and accuracy of records.
- e) Ensure that the information is reviewed, evaluated and used to inform an overview, and what action requires to be taken to minimise risks to people and providing good outcomes.

This requirement was made on 4 June 2025.

Action taken on previous requirement

This requirement will be followed up at the next inspection, as the date given has not been exceeded.

Not assessed at this inspection

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

A person centred approach in continence promotion should be implemented in the service, which would help to assist in maintaining people's continence and ensuring their dignity.

This area for improvement was made on 4 June 2025.

Action taken since then

This area for improvement was not fully assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 2

The provider should be undertaking a daily analysis of people's fluid intake records to ensure accuracy and that targets are being met. If targets are not being met, details of the action which requires to be taken should be recorded to make improvements in people's daily fluid intake. This should be shared with care staff.

This area for improvement was made on 4 June 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 3

The provider should be informing all staff of the importance of following the organisation's safeguarding procedure, and all incidents must be reported in adherence to this policy.

This area for improvement was made on 4 June 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 4

Wound management records should be accurately completed at wound dressing changes, which will provide an overview if the treatment plan is being effective in promoting wound healing.

This area for improvement was made on 4 June 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 5

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

This area for improvement was made on 16 April 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 6

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

This area for improvement was made on 16 April 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 7

To ensure staff have the skills and knowledge to support all people with health conditions, the provider should ensure additional training is available.

This area for improvement was made on 16 April 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 8

To ensure there is a safe, homely, well maintained environment across the home, the provider should fully implement their refurbishment plan.

This area for improvement was made on 16 April 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 9

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

This area for improvement was made on 16 April 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 10

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 area for improvement was made on 26 July 2024.

Action taken since then

Please see the main body of the report. (Requirement 1)

Previous area for improvement 11

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 area for improvement was made on 26 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 12

People should be confident their concerns are processed as per the organisations complaints policy and escalated to management. The provider should be ensuring all staff are aware of this policy and management are made aware of any concerns raised.

This area for improvement was made on 4 June 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Previous area for improvement 13

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 area for improvement was made on 26 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection and will be undertaken at the next inspection.

Complaints

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

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