

Woodlands Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
27 June 2023

Service provided by:
Priory CC3 Limited

Service provider number:
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CS2022000280

About the service

Woodlands Care Home is a two-storey purpose-built care home located in Aberdeen. The service is operated by Priory CC3 Limited, who are part of the Care Concern Group. The service is registered to provide a care service for up to 81 older people over the age of 65 years. The service provides long-term and interim care.

All bedrooms have en suite facilities which include a toilet and wash hand basin and fully accessible shower. Each floor has ample social spaces which includes lounges and dining areas. The service also benefits from a hairdresser and treatment salon, sensory room, library, cinema and bar area.

The home is set in spacious grounds with patio areas and an enclosed intergenerational garden, which is easily accessible to all.

About the inspection

This was an unannounced inspection which took place on 22 June 2023 between 09:00 and 15:30. Further visits took place on 23 June 2023 between 10:15 and 14:30 and 26 June 2023 between 14:00 and 15:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for this inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 10 people using the service
- contacted and spoke to 18 relatives or guardians of people who stay at Woodlands Care Home
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were welcoming, warm and working hard to meet people's needs.
- A new management structure was now in place who were responsive and have worked hard to make improvements.
- Staffing levels and how staff were deployed had been reviewed to ensure they were visible and readily available to respond to people's requests and needs.
- People, staff and families were starting to become involved in making improvements.
- The quality assurance system needs to link directly to and improve the outcomes and experiences for people.
- People and their families should be more involved in planning and reviewing their care.

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?	4 - Good
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?

4 - Good

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

There was a warm, welcoming feeling within the home. The staff were happy and friendly, and this was having an impact on the welfare of people. Staff were attentive to people's needs and took time to chat with them. People were being empowered to make choices and take responsibilities about their everyday life. As a consequence, people felt valued, and their life skills respected. These interactions at times were fun and greeted with smiles. People had begun to form positive relationships. As a result, this helped create a warm and friendly feeling in the service.

We received mostly, very positive feedback about the service and carers. People said that "the services and folks at Woodlands are fantastic" and "all in all I would say it is a lovely friendly home with good care". However, some concerns were raised regarding how people were being supported with personal care and how people were supported to have a meaningful life.

People were well presented. However, relatives raised some concern regarding personal care, specifically nail care. Relatives were concerned that staff did not offer enough encouragement or support, especially to those people with dementia, to maintain a standard of personal hygiene that was right for them. Clear strategies need to be developed for people who may be distressed or anxious, specifically in relation to personal care. This would support both staff and the person to receive the care and support that was right for them.

There was an extensive variety of events and activities planned and organised. People and families were fully aware of the activities on offer. People were looking forward to being supported and encouraged to join in. There was lots of laughter and fun from the people involved in the bowling. People enjoyed the 'Ascot' event which was organised in the cinema room. Relatives said "the activities co-ordinator, is wonderful with the residents and encourages them to take part in the activities she has arranged - anything music related is always popular and enjoyed by all." However, concerns were highlighted that people who do not want to or are unable to take part in the planned activities are not always supported to have a meaningful life. The role of care staff should be further expanded to ensure everyone is supported to get the most out of life in a way that is meaningful to them. **(See area for improvement 1.)**

A significant amount of work had been undertaken to ensure people were encouraged and supported to eat and drink. People spoke highly of the quality of the food. The timing of the evening meal should be reviewed as some people felt it was too early and made the evenings long. Staff had a good understanding of nutrition. The advice from visiting professionals, around altered textured diets had been fully implemented into people's 'nutritional passports'. Staff also supported and encouraged people with offering a choice of hot and cold drinks and snacks. Staff formally monitored and recorded people's fluid intake, where appropriate. As a result, there was improved consistency in the care and support provided to people.

The written strategies in place to support people who were distressed or anxious, were not fully complete. The documentation did not always consider background influences that may be factors in the support people required. Staff were acting with the best intentions to support people, and for those who knew the person well, care and support was consistent. However, there was a risk that inexperienced staff, or staff who did not know the person well may not provide the same consistency. Information and advice from

families and healthcare professionals had been sought to support better outcomes for people. However, this was not always being used effectively to reduced distress or anxiety. As a consequence, people were not always receiving the care and support that was right for them. **(See 'How well is our care and support planned' and area for improvement 2.)**

Links with external visiting professionals were very good. Staff were prompt in requesting assistance and support when there had been a change in a person's needs. People's changing needs were monitored closely and appropriate action taken promptly. As a result, people received prompt medical support, advice, and assistance. Communication with families could be further developed. A relative said "we get very little feedback on how mum is doing in the home. No-one has contacted at all to say how she settled-in if she engages with staff and other residents and what she does during the day". The management team were developing an admission framework for interim admissions, in partnership with the NHS and the Health and Social Care Partnership (HSCP). However, the management team need to fully consider the outcomes and experiences of people and their families in the service, especially those admitted for a period of interim care.

People's personal wishes and thoughts around death and dying, had not been fully discussed or captured. At times there was confusion over families understanding and expectations around death and dying. As a result, although staff were working with the best intention to support people and their families, there was the potential that people's wishes may not be fully respected. Basic information was in place regarding anticipatory care. For example, if someone did not wish to be admitted to the hospital or actively resuscitated. However, the staff need to consider how to capture people and their family's thoughts and wishes in a meaningful way, especially those admitted for a period of interim care. **(See 'How well is our care and support planned' and area for improvement 3.)**

Medication practices were in line with best practice. The service was using an electronic medication recording system. People were receiving their medication as prescribed. Concerns or errors identified around the management or administration of medications were promptly addressed. However, protocols to share good practice and learning could be further developed.

The management team and staff have been working closely with the HSCP to improve the infection prevention and control practices (IPC). Previous concerns have been addressed. The service had enhanced their (IPC) practices. We found the home and equipment to be clean and in a good state of repair. The housekeeping staff were knowledgeable about the cleaning products and the schedules for using them. Care staff also had a good knowledge of what they could do to minimise risk. A few minor issues were discussed with the manager and resolved, promptly. As a result, this helped reduce the spread of infection which, helped to keep people safe.

Areas for improvement

1. To ensure that people get the most out of life, the provider should ensure that people's individual aspirations are taken into account and there is a clear outline of the holistic support that will be provided to help them to achieve this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6); and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

2. To ensure people who become distressed or anxious are supported in a manner that promotes positive wellbeing, the provider should ensure the detailed stress and distress strategies are developed in conjunction with appropriate professionals. These strategies should be implemented by staff and reviewed on an ongoing basis.

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); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6).

3. To ensure that people's wishes and thoughts around death and dying are respected, the provider should ensure that staff capture people and their family's thoughts and wishes in a meaningful way and there is a clear outline of the holistic support that will be provided to help them to achieve this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

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.

The service has had a difficult start with a number of concerns. However, feedback from relatives reflects the improvements made over the past few months. A new management structure was now in place, which senior management were aiming to expand on. People's roles and responsibilities were clearly defined, and the management team were working well together. The management team were responsive and have worked hard to make improvements. Relatives said "Initially, when Mum first moved in, there were periods when the home felt understaffed, and we were concerned there were not enough carers on the floor. However, as you will be aware, there have been a number of management and staffing changes and it seems like the current team are making ongoing positive changes," and "We had many concerns and problems early in her residency there, however, since the manager took over, there has been a marked improvement in her daily care". All the suggestions we made throughout the inspection process were promptly addressed or appropriate steps were taken to implement. A culture of continuous improvement had started to be developed with the aim of improving people's experience of care. People, staff, and families have all been involved in making improvements to how people experience life at Woodlands. As a result, people's experience of care was improving.

There was a range of quality assurance tools that were used to inform the senior management and manager about how well the service was performing. The management team should review the service's aims and

objectives to reflect the arrangements in place around interim care. A detailed service improvement plan was in the process of being developed to support the main action plan that was in place to drive improvement. The management team's focus had been on reducing the risk to people and ensuring people's care remained safe. The quality assurance system was focused on processes and performance. As a result, improvements were not always linked to people's experiences or outcomes. **(See area for improvement 1.)**

Some routine audits were not undertaken consistently, fully completed, or used to their full capacity. For example, the medication audits and the pressure ulcer safety cross. The management team and the quality team need to ensure that actions identified as part of these specific audits are fully addressed. Unresolved or recurring issues should link directly into the service improvement plan, by doing so a culture of continuous improvement will be developed. **(See are for improvement 2.)**

People and families were being encouraged and supported to become involved in how the service develops. People's views had been sought on the new sensory garden and suggestions responded to through the 'you said, we did' board. However, specific issues highlighted by families were not always fully or promptly addressed. As a result, people and families experience of care did not always meet their expectations.

Concerns and complaints were investigated and addressed. The management team were working closely with families to build trust. A relative said "the improvement has happened since the manager arrived and has really stepped up to make improvements". As a result, communication and trust with some families had improved.

Areas for improvement

1. To improve and support better outcomes for people, the provider should ensure the quality assurance system links directly to and improves the outcomes and experiences for people.

This is to ensure 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 processes' (HSCS 4.19).

2. To ensure people benefit from a culture of continuous improvement, the provider must ensure the auditing process is used effectively and actions identified are addressed promptly.

This is to ensure 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 processes' (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.

The service was staffed primarily by their own care staff. Regular agency registered nurses were used when

required. This ensured people were cared for by people who knew them. Staff were attentive, engaging and they appeared to have the time to see to people's needs. Staff spoke positively about working at Woodlands. Initial concerns regarding staffing levels have been addressed. Relatives said "Since opening there has been a high turnover of staff (very good ones left within the initial six months). We feel that the home has not been staffed to the levels required to provide a good standard of care. It is only recently that there has been a visible increase in the number of staff on the floor. We have had several discussions in the past regarding the lack of intermediate or senior carers or nurses who can provide supervision and cascade training to junior staff." The staffing rota and how staff were being deployed were under constant review. A new clinical lead was in post, this gave support to staff and a greater oversight and role modelling on the floor. This aimed to ensure that people were being cared for by staff with the right skills, knowledge, and experience.

Staff group supervision, one to one support and team meetings had begun. This remained a work in progress as not all staff had received one to one support. The management team had a good oversight of staff training. There had been a focus on staff training, with a mix of eLearning and face to face taking place. Staff competencies and monitoring of practice continued. Specific concerns were addressed where necessary through supervision. The management team need to develop a process to share good practice and learn from incidents with the staff group. This will assist in developing and improving staff knowledge and understanding.

How good is our setting?

4 - Good

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

The home was friendly and welcoming. The home was decorated to a very high standard and well maintained. Staff took pride in Woodlands and clearly saw it as people's home. There were a number of communal areas that people and their families could choose to spend time in. Furniture had been laid out in communal areas in a way that encouraged socialising. There was a large enclosed fully accessible garden with patios and intergenerational play equipment. This area was very popular with people and their families. The home was clean and tidy. People's rooms were personalised which promoted each person's experience, dignity, and respect.

Staff had begun to take into account the best practice guidance for people with dementia. However, more could be done to improve the environment for people. The signage and visual markers could be reviewed, to enable people to move more easily and independently around the home. The sound from the call system was intrusive and potentially disruptive. The management team need to continually review the environment, through their improvement plan, to ensure the space enhances and promotes a good quality of life for the people who live there. **(See area for improvement 1.)**

Areas for improvement

1. To ensure people have a nice place to stay that is suitable to meet their needs, the provider must:
 - a) ensure the environment is reassessed in line with the best practice guidance of 'Is your care home dementia friendly?'
 - b) take appropriate action to address any concerns or improvements identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

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.

Assessments, care plans, and monitoring records were held on a digital care planning system. The management team and staff have worked hard to ensure people's care and support plans fully meet their needs. Progress continued to be made to further develop people's personal plans. These were used as working documents by the staff team to actively direct people's individual support. However, these interactions or 'tasks', such as positional changes, need to be more targeted to people's specific needs. Care and support plans held some very detailed, person-centred care information. However, there remained some gaps within some people's plans. Specifically, around strategies to support people who may become distressed or anxious and palliative end of life care. The management team need to ensure the care and support plans provided a more holistic, joined up approach to care. This would ensure people receive consistent care that is right for them.

Communication with families, and Power of Attorneys (POA) needs to improve. People were not always fully involved in developing or reviewing their personal plans. This should set out how a person's assessed needs will be met, as well as their wishes and choices'. Families said, "It would be good to initiate meetings with the family on a more personal basis, this would be to discuss Mum's care/health/meals/general concerns," and "Would like to see the care plans but we were advised that these are currently being updated". By supporting and encouraging people to be meaningfully involved in 'what matters' to them will ensure that their care is right for them. **(See area for improvement 1.)**

Areas for improvement

1. To support positive outcomes for people who use this service, the provider should support and encourage people and their families, where appropriate, to be meaningfully involved in planning and reviewing their care.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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