

# Woodlands Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 May 2024

**Service provided by:**  
Priory CC3 Limited

**Service provider number:**  
SP2022000188

**Service no:**  
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 8 May 2024 between 09:30 and 13:00. A further visit took place on 9 May 2024 between 08:30 and 13:30. The inspection was carried out by one inspector from the Care Inspectorate.

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.

To inform our evaluations we:

- spoke with eight people using the service and four relatives who were visiting at the time of the inspection
- received 16 completed questionnaires from people using the service and 17 from relatives or families
- 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.
- The service had met the requirements and all but one of areas for improvements made since the last inspection.
- A new management team were in place.
- There was good oversight in the home, meaning people's needs were being addressed promptly or managed effectively.
- Communication with families was good.
- There was a stable staff team who were readily available to respond to people's requests and needs.
- There was a culture of trying to make people's life and experiences better.

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very 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. There were a number of important strengths which taken together clearly outweigh areas for improvement.

We received mainly very positive feedback about the service and carers. People told us, "(they) treat me very well and all are very nice" and "the care is excellent given by the staff and they support me". However, some concerns were raised regarding activities, the laundry process and staff being too busy.

There was an extensive range of activities, entertainment and events planned and organised, by the wellbeing team. The manager's philosophy was that 'nothing is impossible, anything can be arranged'. Most people were empowered and positive about how they spent their days because their views and skills were utilised. The staff were involving people in the life of the care home in ways which were meaningful to them, such as helping greet visitors at the front door and delivering newspapers. People's skills and abilities were being valued. We received feedback that people who did not wish to participate or were unable to participate in these planned activities spend periods of time lonely or bored. Relatives said, "perhaps more one to one time with carers or wellbeing staff, although we appreciate that this is very difficult to do, and the home does its best" and "I enjoy a walk outside when offered by staff, however, I don't like going outside by myself". Although staff were working with the best intentions and were aware that they also needed to interact and chat to residents who prefer to spend a lot of time in their bedrooms, this did not always come naturally. A previous area for improvement will be restated. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection'.)

There was a dedicated consistent team of Registered Nurses and Unit Leads. This had resulted in staff knowing people's health, care and support needs. The senior team had built good links with visiting professionals. Changes in people's health and wellbeing were identified promptly and addressed effectively. Information and advice obtained was being implemented into people's care and support. As a consequence, people were consistently receiving the care and support that was right for them.

People were very positive about the quality and choice of meals which were enjoyed in a pleasant, sociable environment. People were frequently given the opportunity to discuss their views on the meals, with suggestions fully considered and changes implemented. Staff formally monitored and recorded people's fluid intake, where appropriate, reducing the risk of weight loss for people. The number of people at risk of weight loss had reduced.

People were supported to maintain pride in their appearance and were well presented. People were supported to bathe or shower on a frequent basis. Any concerns in relation to personal hygiene and appearance were quickly addressed by the senior team.

The management and prevention of accidents, incidents and falls was good. Appropriate actions were taken immediately after a fall and there was ongoing follow up and a holistic review undertaken. The number of falls occurring had significantly reduced. People's quality of life was improved by the focus on raising staff awareness and enabling people to maintain their mobility and dexterity.

Staff had a crucial understanding of how to support people who may be stressed or distressed. Carers spoke about remaining calm and using distraction techniques. A relative said, "the greatest improvement has been in the vast reduction in her anxiety levels. She now appears very content and relaxed in her surroundings". People were consistently receiving the care and support that was right for them.

Anticipatory Care Planning (ACP) and Palliative and End Of Life Care (PEOLC) had been a focus of improvement within the service. People's individual wishes, thoughts and views were recorded in ACPs. People and their families were actively encouraged and supported to have open and honest discussions with each other and staff around end-of-life care. This meant that people and their loved ones had a better understanding around ACP and PEOLC.

The leadership team had good knowledge and understanding of the medication system and people's needs. Staff were using a computerised medications management system to record medication, which was providing good oversight, including pain management. Overall, medication was well managed, meaning people were receiving their medication as prescribed.

People were experiencing well-coordinated consistent care and support. Actions and advice were being implemented into the care and support provided. This meant that outcomes for people were positive. Relatives said, "any concerns regarding wellbeing is addressed with care and compassion by the majority of staff" and "she is looking a lot healthier as she is now eating properly, her appearance has improved as well thanks to regular haircuts". Information sharing was mainly by verbal handovers and open discussions throughout the shift. The more formal approaches in place, such as the handover sheets, were being completed to ensure that all staff had access to historical changes in care that may have occurred when they were not on shift. This ensured that all staff remained up to date with people's changing needs and care continued to remain consistent.

## How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a new stable management team in place who were visible and approachable to all. People and relatives spoke highly of the new management team saying, "There is a new manager in place and good changes are being implemented although this will take time to fully embed. The structure appears good, and they are all approachable and willing to listen and act when required". Staff spoke highly of the support given to them by the management team and the impact that this has had on developing a positive culture in the home. People's roles and responsibilities were clearly defined and the management team and staff were working well together. The management team were open, transparent and responsive and have worked hard to make improvements.

There was a culture of trying to make people's lives and experiences better. There were a range of quality assurance processes and audit tools that were used to inform the management team and senior staff, about how well the service was performing and gave a very good oversight of those people who were at risk or potential risk and of people's changing needs. Significant work had been undertaken to improve the health and wellbeing of people as well as improving how people experienced their care and support. A detailed service improvement plan was in place, based on on-going self-evaluation of people's experiences and changing needs. This document was supported by specific action plans, clinical risk meetings and evaluation of practice which all assisted in driving continuous improvement.

The admission process had been further developed and was more dynamic. The person and their family were fully involved to ensure that admission to Woodlands was the right placement for them. The person and their care and support needs were now at the centre of this process.

Systems and processes were in place to gain people's views, thoughts and ideas for future improvements that could be made to people's lives. Issues or concerns raised by people or relatives were addressed promptly, and concerns and complaints were fully investigated and addressed. The management team were working closely with families to build trust. This maintained the focus on improving people's experiences and life at Woodlands.

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a developing, enthusiastic staff team, which provided consistent care and support. Many of the new staff team had been in post less than a year. People and their families knew the staff well and this contributed to the high levels of satisfaction and confidence. However, we received some mixed feedback regarding the staff team. Relatives and people said that staff, "needed to be reminded to follow up on things. Staff are busy and can't always help when I need it" and the home was, "well-staffed". Although staff were available to attend to people's needs, they were not always visible. This had an impact on people's wellbeing. (See 'How well do we support people's wellbeing?')

Staff did not appear rushed and people were supported in a relaxed, unhurried manner. The management team were reviewing the staffing arrangements and had responded to people's changing needs. To ensure people were safe and well cared for, the service had further enhanced the staff availability at times where people needed more support. The management team should consider how they will formally evidence the decisions on staffing and how the home is staffed, to ensure they remain open and transparent to all. This should take into account the views of staff and people who use the service.

Staff were respectful of their colleagues. There was good team working. Staff felt the management were listening to their concerns regarding improving outcomes for people. The named nurse, key worker systems had begun to help build relationships with people and their families. Staff appreciated being able to meaningfully contribute to people's ongoing care reviews, ensuring they were detailed and informed.

Staff supervision, one to one support and team meetings were becoming established. The program of staff development included, the opportunity to demonstrate their learning and what still needs to improve at Woodlands. The management team had a good oversight of staff training with a mix of eLearning and face to face training. The manager was supporting and encouraging staff to further develop their careers. Staff competencies, monitoring of practice and sharing of learning had all taken place. Concerns were addressed where necessary through supervision, with a focus on developing a positive culture within the home. As a result, staff knowledge and understanding had improved. Staff were putting their learning and ethos into practice. This ensured that people were receiving the care that was right for them.

## How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home was friendly and welcoming. It was very clean, tidy and clutter free, with no unpleasant smells. Staff took pride in the service and appreciated that it was people's home. The home was well maintained and decorated to a very high standard. People said, "the setting is beautiful outside and in. Clean, bright, and welcoming surroundings with a high standard of decor and furnishings" and "nothing needs to be changed beautiful, clean". However, there was a concern that a person's bedroom was not being cleaned to a high standard. The manager had addressed this concern with the staff. The management team were continually reviewing the environment through their improvement plan, to ensure the home continued to enhance and promote a good quality of life for the people who live there.

There was good oversight by the maintenance team. Maintenance records were in good order, with a clear process for highlighting any required work. Therefore, the general environment was safe and secure.

People were supported and encouraged to move freely around the home. There were several communal areas that people and their families could choose to spend time in. Furniture was positioned to encourage socialising and there were plenty of places for people to sit and rest. The garden areas, which people could now easily independently access, were well used by people and their families. People were encouraged and supported to bring in their own bits and pieces to have around them, which promoted each person's experience, dignity and respect.

### How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

Assessments and care plans were held on a digital care planning system. The management team and staff were working 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 to ensure they were person centred. There was a focus on ensuring people and their families were fully involved in developing people's care plans. In the meantime, the care plans in place contained some very important person-centred information but the vast majority were task led. As a result, there were some areas in which the good practice and the many positive improvements and achievements in the residents' welfare and wellbeing, were not being fully documented. People said that they felt that the staff knew them very well and were given the care they wished. The quality of documentation and personal plans formed part of the management team's improvement plan. **(See Area for improvement 1)**

People and families were fully involved in reviewing their care and support. As part of the 'resident of the day' process there were opportunities for people and their families to inform staff what was working for them and what needed changed. The leadership staff and carers were involved in the review process meaning that, reviews were informed and meaningful.

## Areas for improvement

1. To ensure that resident's care plans provide robust details that provide staff with effective guidance on how to support residents, the provider should ensure that the written plan is person centred, clear and concise.

This is to ensure care and support is consistent with 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).



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

### Requirements

#### Requirement 1

By 15 April 2024, the provider must improve the admission process to ensure that proper provision for the health of new residents is made.

In order to do this you must:

- a) Ensure that the pre-admission/admission process includes a full assessment and demonstrates how needs will be met.
- b) Ensure that the setting meets the needs of the person being assessed.
- c) Ensure that people who use the service are provided with a choice in the ways in which the service is provided for them.
- d) Ensure that at all times suitably skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of people who use the service.
- e) Demonstrate that the needs of the people who use the service are regularly assessed and adequately met.

To be completed by: 15 April 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: 'I am assessed by a qualified person, who involves other people and professionals as required'.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 30 October 2023.**

#### Action taken on previous requirement

This requirement was met. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How good is our leadership?'

**Met - within timescales**

## Requirement 2

By 15 April 2024, the provider must ensure that resident's care plans provide robust details that have been fully assessed and provide staff with effective guidance on how to support residents.

In order to achieve this the provider must:

- a) Undertake a full assessment of needs, with the participation of service users and/or their representative.
- b) Ensure that the written plan is clear and concise.
- c) Ensure that the written plan is legible and understood by staff.
- d) Ensure that the written plan has supporting evaluation documentation that will evidence staff practice.
- e) Ensure that planned support is fully implemented when people have specific health needs including, moving and positioning, pain and end of life care.
- f) Ensure that the written plan is being effectively monitored and audited.

To be completed by: 15 April 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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'.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 30 October 2023.**

### Action taken on previous requirement

This requirement was met. The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. We have therefore made an area for improvement. See 'How well is our care and support planned?'

**Met - within timescales**

## Requirement 3

By 15 April 2024, the provider must be able to demonstrate that where a service user is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded that will also demonstrate the effectiveness of managing pain.

To be completed by: 15 April 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

This is in order to comply with: 23 of 24 Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 30 October 2023.**

#### Action taken on previous requirement

This requirement was met. The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How well do we support people's wellbeing?'

**Met - within timescales**

## 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

The service should ensure that residents, families and visitors know how to make a complaint. Staff awareness should be developed, to ensure that complaints are recognised and addressed appropriately.

This is to ensure care and support is consistent with Health and Social Care Standard 4.4: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions'.

**This area for improvement was made on 30 October 2023.**

#### Action taken since then

**This area for improvement was met.**

The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How good is our leadership?'

#### Previous area for improvement 2

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).

**This area for improvement was made on 27 June 2023.**

### Action taken since then

**This area for improvement was not met and will be restated.**

See 'How well do we support people's wellbeing?'

### Previous area for improvement 3

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).

**This area for improvement was made on 27 June 2023.**

### Action taken since then

**This area for improvement was met.**

The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How well do we support people's wellbeing?'

### Previous area for improvement 4

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).

**This area for improvement was made on 27 June 2023.**

### Action taken since then

**This area for improvement was met.**

The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How well do we support people's wellbeing?'

### Previous area for improvement 5

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).

**This area for improvement was made on 27 June 2023.**

#### Action taken since then

**This area for improvement was met.**

The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How good is our leadership?'

### Previous area for improvement 6

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).

**This area for improvement was made on 27 June 2023.**

#### Action taken since then

**This area for improvement was met.**

The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How good is our leadership?'

### Previous area for improvement 7

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).

**This area for improvement was made on 27 June 2023.**

## Action taken since then

**This area for improvement was met.**

The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How good is our setting?'

## Previous area for improvement 8

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).

**This area for improvement was made on 27 June 2023.**

## Action taken since then

**This area for improvement was met.**

The service has made significant improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. See 'How well is our care and support planned?'

## Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	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	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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