



Inspection Report on

Woodside House Residential Home

**Woodside House Nursing & Residential Home
Penrhiwgoch Baglan
Port Talbot
SA12 8LN**

Date Inspection Completed

25/05/2023

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About Woodside House Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mishael Care Home Ltd
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Woodside House Care Home is situated in a detached house in a residential area of Baglan, Port Talbot. People and their relatives are happy with the care and support provided at Woodside House Care Home. They live in a homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. People have detailed personal plans in place and these are written with clear goals and timescales. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care workers receive appropriate support and development. Staff supervision and appraisal meet regulatory requirements. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The management team have put checks and processes in place to keep service delivery under constant review.

Improvement is needed with staff records and training as well as opportunities for people to take part in activities at home and in the community.

Well-being

People and their relatives are happy with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, "*The staff here are really good to me, they care.*" A relative commented "*The service is excellent, outstanding.*" Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them and this is supported in records seen by us.

People are protected from abuse and harm. Woodside House Care Home has a safeguarding policy in place and most staff receive training in the safeguarding of adults at risk of abuse. The Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Woodside House Care Home.

Improvement is needed for people to do the things that matter to them when they want to do them. We saw there are a limited range of activities available which are meaningful to people. During our visit we observed some activities taking place facilitated by an activity's coordinator supported by care workers. People told us they enjoy taking part in a variety of activities such as singing and music, ball games and throwing, and quiz. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records and limited photographic evidence was seen around the home. People have limited opportunity to engage and make a contribution to their community. Records show that there have been limited opportunities for people to have easy access the local community and relevant facilities.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is mostly well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as practically possible.

Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

People are provided with the care and support they need. We examined a sample of care files, which contained initial assessments and personal plans which are regularly reviewed. There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Person centred information is in place and referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities is in place with information available to staff. However, we discussed with the manager that there is a need to ensure people's care files contained information regarding monitoring and recording of their weight. The manager agreed to address this.

Improvement is needed for people to do the things that matter to them when they want to do them. We saw there is a limited range of activities available which are meaningful to people. Activities include pamper sessions such as painting people's fingernails, Bingo and music and board games. People told us they enjoy taking part in activities. Records show people have limited access to local community facilities and activities. The provider was unable to show that people are regularly consulted about what activities they would like. However, we discussed with the manager, the need to ensure the weekly plan of activities is reviewed regularly having consulted with people living at the care home. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Mealtimes are mostly a positive experience. Healthy choices of food and drinks are mostly available. The mealtime observed by us had a sense of mealtimes being a good dining experience which can help enhance social interaction, build a sense of community and increase nutritional intake. However, we discussed with the RI the need to ensure meals offered and promoted included a balanced nutritional content. We discussed this matter with the RI who agreed to address this.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate. We saw medication was kept in a secure locked cabinet in a locked room. A record is kept of the temperature and is monitored to ensure safe storage of medication.

Environment

The accommodation is homely, comfortable and benefits from sufficient quality decor and furnishings. We observed the environment to be free of clutter throughout the home. We saw people sitting in the lounge on the ground floor and sitting in the comfort of their bedrooms which were personalised to their tastes. We observed that some bedroom doors had locks on their doors which were not working. We discussed with the manager the need to ensure these are reviewed and repaired. We also noted that the colour of handrails should be reviewed to ensure that these are in contrasting colours so that people can see them, even if their eyesight is poor.

The outside areas around the home such as the sun terrace and rear pathway and retaining wall continue to be improved with documentary evidence to show planned works have been scheduled.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the maintenance staff at the home under the guidance of the RI. The sample of the bedrooms viewed had facilities and equipment that is suitable for the individuals.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible. However, health and safety checks records need organising to ensure all available information is accessible when needed to be scrutinised by external agencies.

Appropriate laundry systems are in place and all laundry equipment is in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm has improved and was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated. However, the written guide which is available to individuals which provides information about the service needs to be reviewed and updated. We discussed this with the RI who agreed to do this.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which included people's feedback from consultation. We saw evidence the RI has oversight of the service and the service manager conducts a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *"We are purchasing new bedroom furniture for some of the bedrooms and updating the décor in some bedrooms along with replacing carpet with flooring."*

Improvement is needed with supporting and developing staff with training. We found that staff were not always provided with training appropriate to the work to be performed by them. Improvement is also needed with staff records as these were incomplete in the sample viewed by us. We discussed with the RI the need to ensure staff's fitness with a complete record for each of the staff who are caring for people at all times. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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21	People are not always supported to join in with community activities and to fulfil their potential and do things that matter to them and make them happy. Ensure individuals are supported to fulfil their potential and do things that matter to them and make them happy.	New
35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people at all times.	New
36	Not all staff receive core training appropriate to the work to be performed by them. Ensure staff receive training appropriate to the work performed by them.	New
57	The service provider is not compliant as substances which have the potential to cause harm were not locked away securely; guttering around the roof of the home was blocked and overgrown, the veranda sheets were broken with no shelter provided and the rear of the property was unsafe and needed maintenance such as the steps, path and retaining wall.	Achieved

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