



Inspection Report on

Woodside House Residential Home

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

Date Inspection Completed

09/10/2022

06 & 10 October 2022

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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	02 February 2022
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

People and their relatives are happy with the care and support provided at Woodside House. They live in a homely environment that is warm and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers to provide support to people. Care workers receive appropriate training, support and staff supervision and appraisal meets 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. There are some opportunities for people to take part in activities.

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

Improvements have been made to medication administration, referrals to health professionals, access to nurse call alarms and staff records. Also staffing levels, accuracy of the statement of purpose (SoP) and quality of care reviews have improved.

Improvement is needed to improve the external areas of the home and internal environment.

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 are kind to me and I like them all.*" A relative commented "*they are excellent*" and another commented "*they go the extra mile.*" 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.

People are protected from abuse and harm. Woodside House has a safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service 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. Recording of monitoring of care activities is in place.

People can mostly do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to the residents. Throughout our visits on both days, we observed activities taking place facilitated by a newly appointed full-time activities coordinator. People told us they enjoy taking part in a variety of activities such as quizzes, arts and having a singalong. 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.

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 requires some remedial maintenance work which is discussed later in this report and safety checks are completed when required. The environment is clutter free.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

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 mostly clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. However, we observed some carpets needed cleaning. This was confirmed by a relative who commented "*the carpets could do with a deep clean.*" Oversight and auditing of infection control measures are in place.

People are provided with the care and support they need. We examined a sample of care files, which contained initial assessments and care plans which were regularly reviewed. There is a care planning system in place providing support plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Referrals for advice and professional help regarding health services are sought as needed. A relative confirmed this, "*Mum gets the right help when she needs it from outside professionals.*" Monitoring of activities was sufficient with good information available to staff.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assist people in a relaxed and dignified way. Most people ate their meals at dining tables which had placemats, cutlery, and condiments in place. Some people ate their meal at cantilever tables by their chair. Staff assist residents in a respectful and dignified way and are aware the people's dietary requirements. There was a menu displayed for people to choose what to eat but were verbally told what was on the menu and where people do not like what is on the menu, an alternative is offered. One resident commented "*They've got good choice here.*" Where people wish to dine alone or eat in their rooms this is respected and facilitated by the staff.

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 are accurate. We saw that medication was kept in secure cabinet in a locked room. As and when required medication (PRN) was appropriately self-administered in line with instructions. To ensure medication is stored at the correct temperature, medication room temperatures are checked and recorded daily.

Environment

The accommodation is comfortable and benefits from sufficient quality decor and furnishings. We observed that the carpet in various areas throughout the property needs cleaning or replacing. The home is calm, informal, and relaxed. We saw people sitting in the lounge and the dining room on the ground floor, sitting in the comfort of their bedrooms, relaxing or asleep in bed. The environment supports people to achieve their personal outcomes.

The RI told us about work planned to renew the covering around the external façade of the home which had been wind damaged. External work was also planned to clean out the guttering around the property and to improve the path around the back of the property, retaining wall and steps. Improvement work is being carried out to the side garden area which is nearing completion. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The storage of substances which have the potential to cause harm was insufficient because we found that materials used for cleaning were stored in an unlocked cupboard. We discussed this matter with the manager who agreed to address it as a priority. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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 effectively managed by the maintenance officer at the home. Records of these were difficult to review and would benefit from organising for ease of review.

Entry to the home is safe and documents are stored securely. Visiting professionals are requested to have their temperature taken and sign into a visitors' book on arrival, ensuring people's safety is maintained. Visitors are also required to follow the home's infection control procedures in relation to COVID-19. Information is stored securely in locked offices and care documentation is treated sensitively ensuring people's privacy is upheld.

The laundry room is organised and has a single entry and exit. Appropriate systems are in place and all laundry equipment is in working order. There is a basement area with cupboards with shelving for linen storage in place and ironing facilities. There is an organised storage area for household waste and clinical waste bins.

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 updated Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated.

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 residents and staff. We viewed the latest quality monitoring report, which shows the provider asked for people's feedback and that recommendations for improvements were implemented. We saw evidence that the RI has oversight of the service, and the service manager conducts comprehensive quality assurance system of audits to ensure quality care. 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 plans to renovate the lounge, replace carpets and updating furniture and décor in some of the bedrooms.

There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and mostly new staff available, and this was seen during our visit. People living at the home told us *"They're a good bunch"* and *"I can get help if I need it."* A relative commented *"they are very good"* and another commented, *"they can't do enough for you."*

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

The sample of staff supervision and appraisal records seen were carried out at the required frequency and staff files are well organised and contained all the required documentation. We were shown a training matrix, which includes mandatory courses as well as other courses. The staff training matrix is in the developmental process of being updated to ensure staff were completing all the training required which was acknowledged by the RI and manager.

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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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.	New
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