



Inspection Report on

Woodcroft Care Home Ltd

**Woodcroft Care Home
216 Abergele Road Old Colwyn
Colwyn Bay
LL29 8AS**

Date Inspection Completed

2 May 2023

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About Woodcroft Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	WOODCROFT CARE HOME LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	3 September 2021
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 are encouraged to participate in person-centred activities as well as group activities within the service. Care staff are dedicated, respectful and caring. They receive ongoing training and are supported by a management team who are visible in the service daily. The Responsible Individual (RI) visits the service regularly and has good oversight of the service. Staff feel supported by the manager and responsible individual. Staff follow a recruitment process including all the necessary checks. Relatives are extremely satisfied with the way care and support is provided by staff and the way the home is managed. There are good infection prevention and control measures in place. People feel safe in the home. The environment is designed to meet the needs of the people that live there and to maintain their wellbeing outcomes. We have issued a Priority Action Notice regarding personal plans and an Area for Improvement regarding reviewing of personal plans.

Well-being

People have control over most aspects of their day-to-day life. There are general group activities available for residents as well as person centred activities for individuals if they wish. Care staff are attentive and person-centred, they know people well and consider their views, wishes and feelings. Staff interact with people in a warm, caring, and respectful manner. We saw staff communicating with people in ways they understood. People's dietary and hydration needs are regularly monitored. The home offers people a choice of home cooked meals and a different choice of meal if they do not like what is on the menu. Most people enjoy their mealtime experience. On the day of inspection, we saw some people waiting for their meals for some time.

Care staff promote people's physical and mental health and arrange appointments with health professionals when needed. We saw that the majority of care files were missing care planning documentation, which meant that people's needs were not accurately reflected and risk management plans were not in place. Care staff did not have clear instruction of how to meet people's needs and there is a risk of harm to people as a result.

Staff protect people from abuse as they know what to look out for and how to raise concerns if they suspect somebody is at risk or experiencing abuse. Care staff are trained and have clear policies and procedures to guide them. People who are unable to make their own decisions regarding care and where they live are subject to Deprivation of Liberty Safeguards (DoLS).

The accommodation, décor and furnishings are designed with the residents and their needs in mind and this helps them to achieve positive outcomes. The rooms are clean, fresh and bright. People's rooms are personalised and reflect their different tastes and interests. Communal areas are homely, and people have certain places where they like to sit and relax.

The RI visit report demonstrates an overview of the home, and the service people receive. Notifications to Care Inspectorate Wales (CIW) are appropriate and timely.

Care and Support

Staff consider a range of information about residents before they come to live at the home, information from people and their relatives inform the care planning documentation that is completed. Activities are available for people to take part in. We heard that person-centred activities have been arranged for residents, such as visits to the local theatre and dog walking. People have choices about menu options and there are menus created for special days. On the day of inspection, we saw a menu planned for the forthcoming King's Coronation.

Care staff keep people safe by following clear policies and procedures that are in place. Records show the manager deals promptly and appropriately with incidents affecting people's well-being and ensures restrictions are only placed on a person's liberty when it is in their best interest.

People cannot always feel confident the service provider has an accurate and up to date plan for how their care is provided. On the day of inspection, we saw the majority of care files were missing care planning documentation, this included personal plans and individualised risk assessments in relation to people's needs. The service advised us that, due to a system error, the records have been lost and will need to be re-written as a result. This means important information about people's needs, outcomes, and any associated risks are not available to ensure people receive the correct care and support. We saw some evidence of person-centred care plans, and provision of clear direction to staff on how to meet people's needs in these plans. However, we saw evidence of contradictory and lacking information in some of the care files viewed, which would make it difficult for care staff to support people to meet their personal outcomes. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We saw that care plans were lacking evidence of regular reviews. We also saw that there was no evidence of involvement of the people living at the service, or their relatives as part of the review, or details of actions taken after. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Medication is dealt with in a safe way. Care staff record that medication has been administered. We saw staff carry out regular reviews of stocks, records and storage.

Environment

People live in an environment that is suitable to their needs. The home is warm, welcoming, and decorated well throughout. There is space for people to choose where they want to spend their time. During the inspection we saw people sat in both lounge areas, their rooms, and the dining area. We viewed a selection of bedrooms and saw they are warm, clean and personalised. The environment is dementia friendly. We saw written signs and posters which help people to orientate themselves to time and place. We saw different coloured bedroom doors with numbers and knockers on the door to give a sense of ownership and familiarity to rooms. People and their relatives told us they are happy living at the home. We observed daily cleaning being undertaken by the domestic staff; we found the home to be clean on the day of inspection. Communal areas were hazard free to ensure people's safety. We saw people can walk around the home as they choose, freely and securely. There is an ongoing plan for works being completed at the home. Planned works consider the people living in the home and how their well-being can be improved. We saw bathrooms with sensory lighting and relaxing music which were designed with the residents in mind.

Good arrangements are in place to ensure risks to people's health and safety are identified and mitigated. We saw evidence appropriate checks are being undertaken for visitors upon arrival. Call bells are used so people can let staff know when they need support. We saw maintenance records which show audits of the environment are conducted to identify and address any problems. Maintenance processes are in place for staff to notify of any issues within the home and they are addressed in a timely way. Servicing and testing of equipment is carried out regularly. People have their own toiletries and grooming products.

Leadership and Management

Individuals are supported by a service that provides appropriate numbers of staff. Staff have the knowledge, skills and qualifications to provide the levels of care and support people need to achieve their personal outcomes. We saw managers carry out the required checks before staff are employed. Training records show care workers are equipped with the knowledge they need to meet people's outcomes, such as first aid, manual handling and safeguarding. People and relatives of people we spoke to confirmed people get the care and support they require. Care staff and people we spoke with confirmed there are enough staff on duty. Staff told us their managers are approachable and take issues seriously. Care workers receive supervision and appraisals in line with regulation to support them in their role.

Arrangements are in place for the effective oversight of the service. Quality assurance reviews are completed which consider the views of people and their relatives to check they are satisfied with the service they receive. We saw clear reports that capture resident and staff views and an action-based plan detailing what actions have or will take place in response. We saw the RI undertakes their three-monthly reviews of the service appropriately and produces a detailed report on the outcome of the reviews. There are a range of policies, such as safeguarding, falls and behaviour that challenges in place, which ensure the service is run safely.

All staff we spoke with told us they are happy working at Woodcroft Care Home, some having worked there for nearly twenty years. Staff told us they feel confident raising any issues they have with the management team and are confident issues will be taken seriously. We saw clear reports that capture feedback from staff, and an action-based plan detailing what actions have or will take place in response. Staff are happy with the leadership and management within the home.

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
15	The majority of people did not have personal plans on file detailing how to meet their needs on a day to day basis, what their personal outcomes are and how any risks to their wellbeing will be mitigated. Files that were case tracked were found to be lacking in information and contradictory in places, making it difficult for support staff to know how to meet people's needs. Ensure all residents have personal plans on file, including appropriate risk assessment documentation. These are to be clear and easy for support staff to follow and accurately reflect people's needs.	New

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
16	Reviews of care files are not taking place every three months. There is no evidence of involvement of the person or their relatives in their reviews, nor actions taken as a result of reviews. Reviews must be completed at least every three months. Reviews will involve the people and/or their relatives.	New

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