



# Inspection Report on

**Woodfield Care Home (Nursing)**

**Woodfield  
Narberth  
SA67 8EH**

## **Date Inspection Completed**

18 July 2022

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## About Woodfield Care Home (Nursing)

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Woodhill Care Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People who have made Woodfield their home are cared for by staff who are friendly; caring and motivated to provide people with person centred and individualised care.

Relatives are wholly complimentary about the care people receive and some staff are proud of the care they offer people.

Staff have a good knowledge of the people they care for, and are supported by a manager who is actively involved in the day to day running of the service.

Additional staff would enable people to do more things that are important to them.

People's physical health needs are met, but records do not always provide evidence care is offered in line with their care plans.

The service is generally clean but more housekeeping time would enhance the environment, as would improvements to the décor and general maintenance.

There are some governance arrangements in place to monitor quality but these do not always meet regulatory requirements. Staff feel they have a good team and work well together, and whilst some feel valued by their senior managers, others do not. Most training is up to date, but the provider is required to make sure all staff have the training and supervision needed to enable them to safely and effectively carry out their duties.

## Well-being

People are safe and protected from harm and abuse. Care workers know their responsibilities to report any safeguarding concerns and are confident their manager would take the action necessary to make sure people are properly safeguarded.

The physical environment contributes to some degree to people's well-being as some bedrooms have items of personal value to them. Some parts of the home and gardens would benefit from additional cleaning; maintenance and repair.

Staff describe feeling part of a good team where they feel valued by their colleagues and managers, but some do not always feel valued or supported by their managers. Despite this, they remain committed to the people they support, with one worker telling us "*I have made bonds with people*" and another said "*we all love them*" when discussing their work.

Opportunities to do things are limited. An entertainer visits the service and there is a cupboard containing a range of activities, but care workers have little time to do activities with people, either in groups or individually. Relatives we spoke to are wholly satisfied with the care at Woodfield. One told us "*X isn't able to join in, but does like the choirs*" and another said they did not know how many activities took place, but that "*Y is always active*".

Some of the governance arrangements and oversight of the home lack rigor. The quality report does not contain the information necessary and the manager agreed to review this following the inspection. Some care workers work more than their contracted hours, and some shifts do not always have the right number of staff on duty, which has some impact on staff and ultimately people living in the service.

## Care and Support

Opportunities to do meaningful things are limited. Staff said an entertainer comes in sometimes and there are games and activities available, but staffing levels mean activities cannot take place on a regular and frequent basis. Some relatives feel people may not be able to participate and another told us one person was “*always on the go*”. One care worker said they try and spend time chatting with people and feel they have a good knowledge of the people they care for because of the time spent with them. Care records do not provide evidence people participate in meaningful activities. This is an area for improvement and will be followed up at the next inspection.

Care records are held electronically. Some people have a helpful personal profile and we have asked the provider to consider this for each person. The manager confirmed applications for a Deprivation of Liberty Safeguards (DoLS) assessment are sent for people at the time they move into the service to ensure any restrictions placed on people are both proportionate and lawful. Care plans are available for a range of areas including oral care and mobility. Some assessments are not yet completed. The language used does not always reflect person centred care. For example, staff referred to assisting people with meals as “feeding” and those who require assistance with repositioning as “turning”. We have asked the provider to consider the use of language.

Care workers know people well; find the records helpful and have time to read them. However, they do not always provide evidence that care is offered in line with the care plans. For example, records do not always show people assessed as needing repositioning every two hours have this care. We discussed this with the manager who considers this is a recording error. No one in the home has developed any pressure damage and therefore we have identified this as an area for improvement and will be followed up at the next inspection.

Relatives are wholly complimentary about the care people receive from the team at Woodfield. One described the staff as “lovely” and another told us “*They (the staff) are excellent. I am lucky*”. One relative told us that before becoming unwell, the person always took pride in their appearance, and now care staff took similar time to ensure the person’s appearance was as good as possible, One relative described “*laughter and banter*” in the home and all those we spoke with are confident they made the right decision in trusting Woodfield to care for their relatives when they were no longer able to do so.

There is an understanding of the importance of good nutrition. Most meals are made using fresh ingredients which are bought from a local butchers and greengrocers. The chef has a good knowledge of people’s likes and dislikes. Special events are celebrated with homemade cakes. Meals are fortified to increase their calorific value. There is no menu and no choice of meal but alternatives are offered if people do not like the main meal. The main dining room has room for six people and there is another dining table which could be used

in another part of the home. Some staff say people are unable to use the dining room because of staffing levels. Some people need assistance and one care worker told us this assistance should be offered at "*head height*" to enable people to have eye contact with the person they are assisting. However, we did observe some staff assisting people whilst standing up. We have asked the provider to review the current practices around meal times; choice and whether more people could use the dining room as a way of enhancing their dining experience. The manager informed us this has already been identified and they are encouraging staff to assist people to the dining room.

## Environment

People live in a home which is suitable for their needs. People have ornaments and photographs to personalise their bedrooms. Some bedrooms have ensuite facilities. Bedrooms are on the ground and first floor of the home and people have use of a lift.

The home retains some attractive original features but parts would benefit from refurbishment and repair. Carpets are worn and staff said they have been asking for them to be replaced for some time. The tiles in the hallway appear in good condition but staff said they are not suitable for people living with dementia due to their colour and pattern. Improved signage could be beneficial for people. There is a lot of outside space and the lawns are in good order but other areas would benefit from redecoration and maintenance. There is an enclosed courtyard which is overgrown, but this is kept locked and used just by staff.

Access to the home is controlled by staff, and visitors are required to sign into a visitors book and show evidence of a current and negative lateral flow test (LFD). Parts of the home are segregated using coded locks and we have asked the provider to ensure the use of these locks is proportionate and lawful. There is a shortage of adequate storage which means staff are required to store equipment in the bathroom. As a result, staff have to remove all the items to be able to support people to use the bathroom.

The kitchen has been awarded a rating of three by the Food Standard's Agency which means the facilities are generally satisfactory. Some repairs and redecoration are needed to improve the rating. The chef is satisfied they have all the equipment they need and it was being cleaned during the course of the inspection.

There are no malodours but some additional cleaning and attention to detail would enhance the environment. Some high dusting is needed and some windows need cleaning. Workers consider additional cleaning staff are needed. On the first day of the inspection, there was no housekeeper on duty, and this means care workers are required to carry out some housekeeping duties. Some of the curtains are flimsy and not always hung correctly.

People can spend time in their rooms or in one of the lounge areas. There is an attractive dining room but this only has the capacity for six people. Most people do not use the dining room, but have their meals in the lounge areas or their bedrooms.

There are procedures in place to ensure equipment and services are safe. Staff say they have enough moving and handling equipment and records show some equipment is serviced in line with requirements

## Leadership and Management

There are some governance arrangements in place to monitor quality and the RI visits the service in line with their regulatory duties. A Quality Review document sets out how the service is to be provided, but does not provide evidence of people; their relatives and staff have been consulted. This is an Area for Improvement and will be followed up at the next inspection.

The training matrix shows most staff are up to date with their training, although some told us they do not have up to date moving and handling training. The responsible individual (RI) said moving and handling training is taking place during the next week. Staff are confident they have the training needed to enable them to safely carry out their duties.

The training matrix states no staff have completed training in safe holding, a form of physical intervention training. Some staff said they do use this type of restraint but others said this is not used in the home. The provider is required to ensure all staff understand what constitutes restraint and ensure that this is carried out lawfully and by suitably trained staff.

There is no supervision matrix to demonstrate supervision is carried out in accordance with regulations, and some staff said they do have some feedback about their work but others said they have not had supervision or appraisal. This is an Area for Improvement and will be followed up at the next inspection.

Staffing levels are a concern for those working in the home. Some staff are working in excess of their contracted hours and one told us *"it can be tough"*. New staff are due to start work imminently which will result in existing staff working fewer hours. On the first day of the inspection there was no housekeeper on duty and the impact of this was that care staff were required to carry out some housekeeping duties which leads to delays in people receiving their care. Some staff said people are not always able to use the dining room for their meals due to staffing levels. This is an Area for Improvement and will be followed up at the next inspection.

Staff files are in the process of being reviewed. They currently contain a lot of old and out of date information and are not always easy to navigate. Most files contain the information needed including evidence of DBS checks, but only one reference was available in one file and not all files contain photographic identification. The RI said photographic identification is available on the electronic staff management system but the provider is required to ensure all information set out as a regulatory requirement is available in the files.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
80	A quality report was made available but this does not provide any specific information about the service. It does not set out details of engagement with people; relatives; other stakeholders and staff. It does not consider training and other quality metrics such as	New



	incidents and complaints.	
36	Care workers are not receiving supervision in accordance with regulation.	New
34	Some shifts do not have the required number of staff working. People are not able to use the dining room. Activities are limited. Staff are working in excess of their contracted hours. Staff are required to carry out additional duties.	New
21	People are not able to take part in activities which are meaningful to them.	New
21	Records do not provide evidence people are receiving their care as set out as needed in the care plans.	New

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