



Inspection Report on

Woffington House

**FORESTGATE HEALTHCARE LTD
REAR EARL STREET
TREDEGAR
NP22 3QW**

Date Inspection Completed

02 September 2021

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About Woffington House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Forest Gate Healthcare Ltd
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	26 April 2021
Does this service provide the Welsh Language active offer?	This was a focussed inspection; therefore, this area was not reviewed.

Summary

This was an unannounced inspection. People and their relatives are happy with the care and support they receive. Relatives and representatives are able to visit the home and feel welcome. Infection prevention and control procedures are strong and staff adhere to risk management plans in place. The environment is homely, clean and safe. Systems in place to ensure staff receive support and an appropriate induction have improved. Mechanisms in place to ensure staff are recruited safely and well trained in their role require strengthening. The Responsible Individual (RI) needs to ensure people and their representatives are given the opportunity to voice their opinions on service delivery, and record the consultations, including any action taken. Complaint processes need attention.

Well-being

The service provider promotes people's safety and well-being. People are content and comfortable and are supported to participate in activities of importance to them. Visiting arrangements have been reviewed further, and indoor visiting is now facilitated in line with guidance. External professionals' advice and support is sought where deemed necessary. The manager has good oversight of people's medication, including medication such as anti-psychotics that require regular review.

Risk assessments and personal plans are regularly reviewed, although further attention is needed to ensure information is accurate. Some staff have received enhanced training in falls assessment and appropriate staff induction is in place. However, training for staff in core areas pertinent to their role requires improvement. Disclosure and Barring Service (DBS) checks are completed prior to staff working independently. DBS checks completed by the service provider give extra reassurance to people when staff are working in the home.

Systems in place to ensure people's views are considered require strengthening. We note a residents meeting was held in June 2021 seeking people's views on what they would like to see in the home. Personal plan reviews do not always involve the person or their representative where appropriate. We found the most recent visit record completed by the RI does not consider people's views or that of their representatives on the quality of the service delivered. Complaints processes require strengthening and information available at the service needs to be updated.

The living accommodation supports people's well-being. We found the entrance to the service to be safe and secure, and coronavirus risk management strategies are in place. Infection prevention practices are in place with appropriate guidance displayed. Fire evacuation procedures require immediate attention and oversight.

Care and Support

The service provider supports and promotes people's emotional well-being. Activity and visiting provisions are in place to support people's overall well-being. Indoor visiting has been safely re-introduced so people are able to re-connect with their loved ones on a more personal level. We saw visits taking place and heard a relative requesting further visits. This was duly noted and facilitated by a staff member.

One relative told us, '*Communication has been good, we feel involved, and visit inside or outside the home, whatever we prefer.*' We spoke with an activity coordinator who informed us of recent events held in the home. We were shown photos of people enjoying themselves and having fun. We were unable to review records of activity engagement as we were told documentation is currently being developed. We recommend record keeping and the appropriate storage of photographs pertaining to activities is reviewed by the service provider.

Personal plans that record people's care needs are regularly reviewed. However, the accuracy of information needs specific attention. At the last inspection we issued a priority action notice in relation to a lack of revision of plans specifically linked to falls management. We saw during this inspection this area has shown some improvement, albeit further improvement is necessary. Personal plans are revised following a change in a person's needs, although risk assessments are not always accurate. We note a pre-admission assessment was recently completed and found crucial information has not been included in the plan for the individual. The manager has held meetings with senior care staff to support and coach them in relation to personal plan completion.

People receive the support they require to remain safe and healthy. Records reveal staff liaise with the GP and emergency services when required for advice and support. Some staff have received specialist training in falls management. One relative commented they had been contacted by the service in relation to a fall to consider safety measures in place. We observed safety equipment is in place where required. Personal plans reflect three-monthly reviews lack the involvement of the individual or their representative. We undertook a short observation whilst lunch was being served. Staff were in sufficient numbers to meet peoples' needs. We saw staff supporting people to eat, gently encouraging people, ensuring they have the time they require to eat their meal. We heard staff offer alternatives if people did not like the choice of meals available.

Environment

As this was a focused inspection, we have not considered this theme in full.

The accommodation is safe, clean and comfortable. Visitors sign in on arrival so that peoples' safety is maintained. A visiting policy/risk assessment is in place to ensure risks relating to coronavirus are fully considered. We observed people sitting in the lounge/dining areas or alternatively spending time in the comfort of their bedrooms watching television, reading or relaxing. Personal Protective Equipment (PPE) is readily available with staff observed to be wearing this appropriately. We saw information displayed to support staffs' knowledge and application of PPE. The décor in communal areas is being improved upon and we were told this is part of an ongoing re-decoration plan. Maintenance records reflect repairs are completed in a timely manner. The manager explained flooring within communal areas is to be replaced imminently, this includes the ground floor lounge/dining area. We considered personal products within peoples' bedrooms should be stored in a more dignified manner. Bathrooms are clean and tidy in appearance. The manager explained all staff are currently being supported and trained in fire evacuation procedures. We received information from the service provider following the inspection that indicates staff require further support to feel confident in this procedure. CIW were assured this would be acted upon immediately. This will be followed up at the next inspection.

Leadership and Management

The systems in place to record and monitor the quality of service require improvement. We note the most recent visit logged by the RI dated June 2021 does not detail conversations with people using the service or their representatives. The quality of care report dated March 2021 has not been improved upon and does not clearly evidence how the service provider intends to make improvements to the service. CIW requested the service providers complaints log and we were told by the manager no complaints have been recorded. CIW requested information from the RI on the outcome of a recent complaint made to CIW. The outcome of this complaint was not forthcoming. CIW reviewed the service provider's complaints policy that indicates all complaints dealt with should be kept and made available to the regulator. We note the complaints policy requires updating and is not reflective of current regulations. Information relating to complaints in the service user guide also requires updating. These matters will be followed up at the next inspection.

The arrangements for supporting and developing staff have shown improvement. The manager confirmed they have fully completed the required qualifications to register with Social Care Wales and are now awaiting their certificates to complete the process. Staff we spoke with told us they feel well trained and supported in their role. We viewed a supervision schedule indicating all staff have received supervision with their line manager in the last three-month period. Supervision records viewed on file reflect the details recorded on the schedule. We reviewed minutes of a care staff meeting held in March 2021. Regular care staff meetings will support communication and reflective practice.

We saw evidence staff are supported to complete the 'All Wales Induction Framework' (AWIF) as required by SCW. One member of staff told us they are being supported by the manager to complete their induction. Training statistics indicate most staff require refresher training in key areas, such as manual handling, dementia and safeguarding. This includes some care staff who have been in post for more than six months who have not completed core training. This will be followed up at the next inspection.

Recruitment practices require improvement. We viewed three staff personnel records. We note contracts of employment and job descriptions are present on file and DBS checks completed. However, we found not all of the legally required information was present. This includes incomplete employment histories, references linked to previous employment and identification. In order for the service provider to be able to demonstrate that a robust recruitment process is maintained, it must ensure all of the required information and/or documentation is present for all staff.

Areas for improvement and action at, or since, the previous inspection. Achieved

The service provider has not ensured that any person working at the service has received appropriate supervision.	Regulation 36(2)(c)
The service provider had not ensured personal plans are revised and updated as necessary.	Regulation 16(5)
The service provider had not ensured all staff where required receive an induction appropriate to their role in line with Social Care Wales (SCW) recommendations.	Regulation 36(2)(a)

Areas for improvement and action at, or since, the previous inspection. Not Achieved

The service provider had not ensured that any risks to the health and safety of individuals are identified and reduced as far as reasonably practicable. This includes complying with current legislation and national guidance in relation to fire safety, regular fire evacuation and recorded fire drills.	Regulation 57
The service provider had not ensured all staff receive appropriate refresher core training to the work they are to perform.	Regulation 36(2)(d)
The service provider had not ensured that personal plans are revised as necessary.	Regulation 16(5)
The service provider had not ensured the service manager is registered with Social Care Wales	Regulation 67(4)

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None	
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Areas where improvement is required

The Responsible Individual must ensure they meet with / talk with individuals and or their representatives using the service at least every three months and document this.	Regulation 73(1)(b)
Ensure the complaints policy is up to date and includes all the	Regulation 64(1)

correct information and the service is operated in accordance with the policy.	
Ensure the personal plan is revised as necessary.	Regulation 16(5)
Ensure when personal plans are reviewed on a three monthly basis the service provider involves the individual and any representative.	Regulation 16(4)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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