



# Inspection Report on

**Woodcroft**

**Woodcroft Care Home  
Abergele Road  
Rumney  
Cardiff  
CF3 1RS**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

29/09/2023

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## About Woodcroft

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	60
Language of the service	Both
Previous Care Inspectorate Wales inspection	5 <sup>th</sup> April 2023
Does this service promote Welsh language and culture?	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 families are happy with the service and get along well with the care staff. Care staff know people well and are responsive to their needs. People are offered choice on a regular basis and can regularly feedback to the service. There are systems in place to monitor and record people's health and well-being. However, records in general need to be improved in their accuracy and effectiveness, such as personal plans, medication, wound management and accidents and incidents. The Responsible Individual (RI) has oversight of the service and has taken action to implement interim and specialist managers to aid in improving the service. However, we found some areas had not been properly monitored and improved. People are happy with their environment. We saw work has been completed to update the services decoration and interior. Action is being taken to recruit a full team of domestic and laundry staff to ensure that the cleanliness, hygiene and infection control within the home is well managed.

## Well-being

People have control over their day-to-day lives. People can choose what they want to wear, eat and do during the day. Most people told us they are happy when relaxing and watching the television. Although people have access to a range of activities. We saw people enthusiastically engage in different activities during the inspection.

Care staff approach people with kindness and we saw lots of positive interaction. People have the opportunity to attend meetings and complete surveys where they can share their feedback. People's individual circumstances are considered. These could be better documented to ensure care staff are up to date. People and their families are involved in the service. We saw feedback is listened to and information is regularly shared.

Care staff know people very well and are responsive to their needs. We saw appointments are arranged when needed with professionals. People's health is regularly monitored and systems are being implemented to maintain better oversight of this. People told us they receive good care and are happy.

People feel confident raising issues with care staff and management. People are given the opportunity to raise any complaints or concerns formally and informally. Care staff are appropriately vetted, receive training and know how to report concerns. There is a safeguarding policy in place and safeguarding's and incidents are recorded.

People are happy in their home. People and loved ones said that they are happy with the recent redecoration of the home. Rooms are personalised and nicely decorated. People have their own ensuite and shower facilities and have access to a bath if they choose. There are a range of spaces available for people to enjoy including an outdoor area. Systems are being implemented to ensure the service maintains good levels of safety, cleanliness and infection control.

## Care and Support

People and their loved ones told us they are very happy at the service. We saw care staff know people extremely well and identify the smallest of changes in their health needs. A detailed and informative communication book is in place where staff can share updates and important information about the people they support. Personal plans are reviewed and updated by care staff. The service needs to ensure that these are updated in a timely manner to guarantee people's current health needs are reflected. We saw a lot of new records are being implemented to ensure matters such as skin integrity and nutrition are clearly recorded, reviewed and audited. People and relatives told us they are involved in care planning and reviews but we did not see any evidence of this. The service is updating records to enable people and/or their representatives to sign documentation to evidence their involvement.

People have the opportunity to participate in activities throughout the week. The service has employed a new activities lead who will be able to ensure the consistency and availability of activities. Activities such as 'Knit and Natter', crafts, exercise games and a walking club are available. On the day of inspection we saw lots of people and their families enjoy a charitable coffee morning. In the afternoon lots of people took part in a singing activity which people appeared to enjoy and engage in. We heard plans for Christmas parties, games and pantomimes. People told us they are happy with the activities available to them.

Health records show most people's nutrition and health is monitored. We saw evidence to show people regularly see health professionals, such as the district nurse or physiotherapist. People are supported to take their medication by trained care staff. We saw the majority of Medication Administration Records are completed appropriately and medication is organised. Temperatures of fridges and of the medication rooms are not consistently recorded. We also found some prescribed lotions not being stored appropriately. Managers at the service took action to address this. There is a clinical manager in place who is maintaining oversight of medication and of clinical matters. We saw good systems being implemented to maintain people's safety and support their health and well-being.

People and their families have the opportunity to provide feedback regarding the service. We saw open and honest conversations within meetings for people and representatives. People and their families feel confident raising concerns with staff and managers. We also saw that surveys are carried out. The majority of feedback is positive. People said they are happy with the improvements in relation to the new decoration within the home. Families are very complimentary and say that care staff are "*excellent*". People told us they "*get along with everybody*".

## Environment

People's bedrooms are clean and personalised. Each room has its own ensuite and shower room. There are also baths available in the shared bathrooms. Outside space is available. People have access to a courtyard style garden and balconies on the upper floors. We saw some redecoration and renovation has been completed and there is Welsh signage throughout the building. Some areas of the home have had a new carpet and painting work has also been completed. People and their families said they are happy with the changes made to the environment. There is a maintenance person in place who keeps detailed records regarding servicing and maintenance to meet compliance.

On the first day of inspection we found several areas that needed to be addressed. Doors that should have been closed or locked were open, such as cleaning rooms and storage. There were items of clothing and equipment such as medication pots and a temperature thermometer left in communal areas and lots of unnecessary items left outside people's rooms and in the corridors. A laundry storage room was unlocked and full of bags of clothes that needed to be washed in the appropriate way. Staff and managers told us they had had staffing issues in relation to the domestic team and are working hard to resolve this. On the second day of inspection we found there to be a huge improvement made. Additional domestic staff and a senior housekeeper had been brought to the home to help. We could see a thorough clean had been carried out and there was a member of staff managing the laundry. The manager told us there is ongoing recruitment and additional staff have been trained to manage the laundry to cover any sickness or annual leave. We found all the appropriate doors to be locked and action taken to allow some doors such as offices to be safely kept open. Managers walk around the home twice a day ensure this is maintained.

Audits regarding Health and Safety are completed. We saw plans in place to implement a range of audits and checks. Moving and handling equipment is serviced by professionals, but the service need to identify a system which ensures equipment is clearly labelled as safe to use and in date. We saw fire equipment is available and has been inspected by a professional. Records show the service keep a schedule to tell them when external contractors are due. The RI also completes thorough observations and checks on the environment during visits to the service.

## Leadership and Management

There is an operational manager and an interim manager in place to maintain oversight of the service. Staff told us there has been an increase in staff moral and the team work well together. We saw a lot of work go into developing and improving the service. Such as planned training, new auditing systems and an online system to manage care planning. The RI visits the service on a regular basis and completes a detailed report gaining feedback from people and staff highlighting improvements. This document includes information and feedback from professionals.

The RI has oversight of complaints, safeguarding's, staff training and recruitment. The RI also completes a Quality of Care review. These documents could be strengthened by including an analysis of the information to identify patterns and trends and set clear goals for the service on how improvement will be achieved. There are missed opportunities to look at why accidents and incidents happen and ways to minimise the risk of reoccurrence. We found that issues identified at the RI's visits were still current at the time of our inspection, doors unlocked, people's involvement in reviews and required temperatures. While no immediate action is required this is an area for improvement and we expect the provider to take action.

The service produces a 'You said We did' document to inform people and their families on what changes they have made since receiving their feedback. For example, people and their families wanted more notice on when certain events and activities were on. This information is available in the home, but the service now sends a newsletter which includes this information on a regular basis.

Staff are appropriately vetted prior to employment. We saw that relevant checks are made in relation to identity, work references and Disclosure Barring Service checks. Staff files are in place but these need to be organised and reflect the checks that have been conducted. This will aid the service in managing individual staff members performance and development. Staff meetings provide updates on changes and the opportunity for staff to raise concerns. Most staff have received a recent supervision. The service needs to ensure that these are consistently three monthly to ensure staff can discuss their development and any issues. Care staff receive training but more commitment is required to ensure everyone is up to date, specifically with relevant training. Care staff told us they are happy in their roles and feel confident raising concerns with management team. People told us the care staff are '*wonderful*'.

There are documents in place which record people's health, care and well-being. However, we found some records did not accurately reflect the persons current needs and there is a lack of oversight and analysis of this information. Managers told us systems are being put in place to manage this. Managers will check records weekly to ensure the appropriate actions have been taken. We found records in general need to be improved. While no immediate action is required this is an area for improvement and we expect the provider to take action.

### 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
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59	Records relating to some personal plans, medication and key events are not being sufficiently maintained by the service.	New
8	We found a lack of systems in place to monitor and analyse the information recorded at the service in order to identify areas of improvement	New

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