



Inspection Report on

Woodland Lodge

Blackwood

Date Inspection Completed

31/01/2023

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About Woodland Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cartrefi Cwtch Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection of the service since registration.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Care staff treat people with respect and dignity. Care staff have a very good knowledge of people they support. Personal plans detailing the care and support required and how this will be provided was not available for every person receiving a service. The Responsible Individual (RI) visits the service on a regular basis. Arrangements are in place to monitor and assess the quality of services; these need a more robust application. People have access to recreational activities which helps to promote their feelings of well-being. People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. Care staff are provided with the necessary support and development to perform their role. Policies and procedures require review and updating. The provider continues to invest in the decoration and development of the physical environment. People have their own rooms, which are personal to them and contain their own belongings.

Well-being

People are treated with dignity and respect. Care staff are available to provide support when needed and their approach is kind and caring. Staff are sensitive to the needs of people and provide support and encouragement in an unhurried manner. We saw staff support people when required, engage them in conversation and encourage them to socialise and join in. Staff know the people they are supporting well and recognise and respond to people's emotional needs, so people experience enhanced well-being. However, personal plans detailing the care and support required and how this will be provided was not available for every person receiving a service.

People are encouraged and assisted by care staff to be as healthy as they can be. We observed people being supported and encouraged throughout our inspection visit. Records show referrals are made to health professionals when necessary. An activity co-ordinator plans and facilitates events and activities in and out of the home to enhance well-being. People's individual dietary needs are considered. Safe storage and administration of medication is in place.

People receiving a service are not always safeguarded from harm. There are systems in place to record accidents and incidents, these require better oversight. When individual risks to people are identified they are not always assessed comprehensively to ensure mitigation of risk. Staff files and training records show care staff, receive training to ensure people's safety; this includes training in safeguarding, medication, moving and handling. A safeguarding policy is in place, which requires updating to reflect current best practice and guidance in Wales. The service has a robust recruitment system to ensure staff are suitable to work with vulnerable people.

Care and Support

There is an established team of care staff providing consistency and reassurance. The staff team are supportive of each other and know people living at the service well. Care staff are attentive and respond to people's diverse needs with appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. We saw staff sitting with people, and heard them engaging individuals in conversation, using humour and encouraging others to join in.

Personal plans are not available for every person receiving care and support at the service. Personal plans should cover key areas of people's care and support needs and set out how care staff can meet these. Two people did not have personal plans available for staff to refer to on the day of inspection. The manager provided a copy for one person. However, a personal plan had not been developed for the other person. Staff are relying on out of date and possibly inaccurate information provided by other agencies. Identified risks do not always have comprehensive assessments, mitigation, and guidance for staff to follow. For example, an increase in the number of falls for one person did not result in a falls risk assessment being completed. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The manager undertakes monthly quality assurance monitoring. This includes reviewing daily records for each person receiving a service and their personal plan. Better evidence of analysis and review to identify any resulting remedial action is required. Alongside better evidence to demonstrate that plans have been formally reviewed and remain up to date and relevant is required.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if people's needs change. A range of activities and positive relationships with care staff helps to support people's emotional health; the rapport between care staff and people is fun filled and respectfully familiar. Medication arrangements at the service are effective and all medication is stored securely to ensure people's safety is maximised. Care staff receive appropriate training in medication management. The medication policy requires updating to include guidance on the administration of 'as required' and covert medication. Medication administration records (MAR) are reflective of the medication prescribed for each person. Care staff sign when medication has been provided.

Environment

The design and size of the premises are as described in the statement of purpose. The home is on one level, and includes communal areas, access to outdoor space and people have individual rooms. During our visit, we found the environment to be clean, but would benefit from cosmetic redecoration for example, in the lounge. People appear comfortable and content in their environment. The provider continues to invest in the service and its development. Individual rooms are decorated to people's preferences. People are surrounded by their personal items and belongings which reflect their likes, different interests and lifestyles.

The service has systems in place to identify and reduce risks to resident's health and safety. A range of health and safety documentation was examined and evidenced routine completion of utilities testing. Regular servicing of equipment such as hoists and slings take place. Appropriate weekly and annual fire safety checks have been completed and recorded. Regular evacuations of the home are completed. Personal emergency evacuation plans are in place for each person guiding staff on how to evacuate people in the event of an emergency.

The service has a food hygiene rating of 3 which means hygiene standards are generally satisfactory. The last inspection completed by the Food Standards Agency found deficits in the environment and temperature checks. We saw improvements have been made including regular checks for food temperatures, the fridge and freezer temperatures.

Leadership and Management

The RI conducts regular visits to the service and completes required reports, showing oversight and some areas for improvement. Governance arrangements are in place that support the operation of the service on a day-to-day basis but require a more robust application. Monthly monitoring and auditing of key areas of care delivery are in place. These need to be further developed to show how monitoring is analysed and used to set quality standards and improve service delivery. For example, the previous months monitoring of daily records for one person clearly identified a number of falls have been recorded yet a falls risk assessment has not been completed.

We looked at a selection of policies, including complaints, medication, admissions and safeguarding. We were told they had recently been reviewed and no changes made. The policies and procedures do not provide clear guidance and expectations on care staff. For example, the safeguarding policy does not reference Welsh legislation or agreed safeguarding procedures. The medication policy does not provide clear procedures for staff to follow when administering medication, including guidance in relation to 'as required' and covert medication. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People can be assured they are supported by staff who are safely recruited. We examined a selection of staff personnel files and were able to see that pre-employment checks including references and DBS certificates are applied for prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. We noted two files were missing an additional form of identification and brought this to the attention of the manager.

A staff supervision matrix shows staff are receiving regular formal supervision with their line manager. This formal supervision provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. A staff training plan shows training completed during 2022 and planned training for 2023, including core training, refresher and specialist training. Care staff have the opportunity to attend team meetings to discuss the operation of the service and progress of the people they support. Staff told us they feel valued and supported in their roles.

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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15	A personal plan including risk assessments had not been produced for an individual receiving a service.	New
79	Policies require revision to reflect Welsh legislation and guidance, and further addition of procedures for staff to follow.	New

Date Published 03/03/2023