



Inspection Report on

Woodcroft Care Home Ltd

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

Date Inspection Completed

19/06/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	2 May 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

The Responsible Individual (RI) visits the service regularly to maintain oversight of service. However, improvements are required to ensure the quality of care is effectively monitored and actions are taken promptly especially in relation to falls management, safeguarding training and care documentation. The RI and manager are well respected by people and staff. Care staff say they enjoy working at the service and feel supported and valued. There is a safe recruitment process that ensures care staff are suitable to work with vulnerable people. There is enough staff on duty.

People and their relatives are happy with the care and support provided at Woodcroft. People told us they feel happy and settled within the home. The environment is homely, well maintained, secure, and clean. An ongoing programme of maintenance and repair ensures the environment is safe. People can positively occupy their time and are encouraged to maintain contact with family and friends. There is a good choice of nutritious, homemade food and people with special dietary requirements are catered for. Most personal plans and risk assessments detail how people would like to receive support, but further oversight is required to ensure all assessments are in place and risks are mitigated in relation to falls.

Well-being

People have control over their day to day lives and are supported to maintain their emotional well-being. The manager and staff expressed genuine interest in the lives of people using the service, encouraging, and celebrating individual achievements and we saw people responding positively. People speak very highly of the care staff and look happy and relaxed in their company. They are supported by care staff who are kind and attentive and help people to do things important to them and which makes them happy. One person confirmed care staff are kind and gentle with them. An external crafts company visits the service weekly and provides an art workshop. People thoroughly enjoy this and are very proud of the work they have created and is displayed in the main corridor. 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.

Staff make referrals to other healthcare professionals as required. The manager and senior staff work collaboratively with health and social care professionals to ensure people remain as healthy as possible. People have regular access to GP's, dentistry, and podiatry when needed. Records show health appointments are recorded and people are supported by the district nursing team.

People live in a pleasant and homely environment. The service undertakes appropriate security and fire safety checks to make sure people remain as safe as possible. On arrival we found the entrance to the service secure. The environment is decorated to a high standard and maintained. There is an ongoing programme of maintenance and repairs to ensure the environment remains at a safe standard. 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.

People cannot always be assured they are protected from harm. Not all care staff are trained in safeguarding and the safeguarding policy and procedures to guide them is not relevant in Wales. Governance processes are insufficient in relation to accidents and falls and these have not been managed through the correct channels and action has not been taken to mitigate any further falls and accidents to protect people from harm. There are clear infection control measures in place. Care staff are recruited in a safe manner and supervision is offered on a regular basis. People who are unable to make their own decisions regarding care and where they live are subject to Deprivation of Liberty Safeguards (DoLS).

Care and Support

People can mainly feel confident the service provider up to date plan for how their care and support needs should be provided but improvements are still required. We advised at the last inspection many care files were missing care planning documentation, this included personal plans and individualised risk assessments in relation to people's needs. Personal plans seen at this inspection were person centred and contained detailed information such as favourite foods, clothes, personal preferences with personal care, hobbies, and television programmes. The plans discuss individual outcomes, likes and dislikes, and important people and places. However, improvements are still needed to ensure information is accurate and there is a personal plan place for people who are at risk of falling. This is still having an impact on people's health and well-being, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People's well-being is promoted but further consistency is needed around care documentation and risk assessments. At the last inspection we found personal plans were not reviewed regularly or when people's needs had changed. At this inspection we continue find improvements are required. Mobility personal plans and risk assessments in relation to falls management require improvement as they are not updated after a person has fallen. This is having an impact on people's health and well-being, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People are well cared for and are supported in a kind, dignified and respectful way by caring staff. It was evident people like the staff who support them and speak highly of the care they receive. People told us they are extremely happy living in Woodcroft and could not fault the care they receive from staff and the management. One person told us the staff are their friends and a visitor could not praise the staff and management team enough for the care and compassion they all provide. A wide range of activities is provided, in groups and individually. A small sample of activities on offer include reminiscence therapy, quizzes, exercise sessions, word search. External entertainers regularly visit and 'Sparkles' the pony had visited recently which the residents thoroughly enjoyed. We saw numerous thank you cards and correspondence praising the staff for their dedication, hard work, and support.

The service needs to improve some of the practices used to protect people from abuse and neglect. Not all care staff have completed safeguarding training, so they are not aware of their safeguarding responsibilities. Potential safeguarding incidents are not shared with external agencies. The safeguarding policy is available to guide staff, but this requires updating in line with the 'All Wales Safeguarding' measures. This is having an impact on people's health and well-being, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

People are valued and their needs are being met as they are cared for in a safe, clean and secure environment. There is a pleasant outdoor area for people to enjoy time outside with good quality seating areas and raised planters for people to sit and enjoy. The area provided people with a safe and secure space and an opportunity to socialise or enjoy privacy. Thought has been given to ensure this area is tranquil as there is a water feature and an array of plants such as lavender which provide a multi-sensory aspect for people with dementia. One person said they love sitting outside listening to the birds and how the gardener involves them when they attend to the garden and how important this makes them feel. People's bedrooms have vibrant, brightly coloured doors which reflect front doors. Personal memory boxes are placed on walls next to people's rooms to further assist them in recognising their environment. People's rooms contain personal belongings such as photographs and ornaments. The provider continues to invest in the environment to keep standards high; the roof has recently been replaced and plans are in place to further develop the outside area and flooring in the lower corridor.

People can be confident the premises and equipment is safe because maintenance, testing and servicing of appliances and equipment is kept up to date. We found evidence of this in the sample of records we looked at. This included the fire safety system and equipment. We also saw personal emergency evacuation plans had been completed. The home's fire risk assessment had been reviewed within the last 12 months and records show staff have received training in fire safety. We noted that the home had been awarded a score of 5 (very good) for safe food handling. We were unable to gain entry into the building without ringing the bell which was answered by staff. We were asked for proof of identity and encouraged to sign our name and our time of arrival and departure in the visitor's book. We saw that people's personal information is kept securely.

Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service. The Responsible Individual (RI) visits the service regularly and considers the effectiveness of different aspects of the service in their official three-monthly visit. On a six-monthly basis a quality-of-care report is produced, the most recent report is in the process of being completed. Many returned questionnaires from residents, staff and relatives which will inform the quality care review provided a very positive response about the service, and an action plan has been created to address any suggestions. However, we found this arrangement is not fully effective as the RI has not identified some checks and measures need improving such as falls management, safeguarding concerns, and some outstanding training. This is an area for improvement, and we expect the service provider to take action. We will follow this up at our next inspection.

Staff are recruited safely receive regular supervision meetings, but some training aspects require improving. Pre-employment checks including DBS certificates and references are applied for prior to employment commencing. All staff have the appropriate and current registration with Social Care Wales. Care staff receive regular one to one supervision with their line manager. We reviewed training records and saw many care workers had completed mandatory and service specific training but not all staff had attended training in in safeguarding, emergency first aid, health and safety and food hygiene.

Systems are in place to support the daily management of the home. Staffing rota's show there is sufficient care staff in place to provide the right level of care and support. Staffing levels were sufficient on the day of our inspection to meet peoples care needs. The manager stated the service undertakes regular team meetings. Staff are motivated and told us they are proud to work in the service. All staff we spoke with told us the management team actively listens to them and involves them in making decisions in the home. All residents and staff said all they have to do ask for something and the provider actions their request immediately, and the provider invests financially back into 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
26	The safeguarding policy in place is not up to date with current legislation and safeguarding reports are not always made to the local authority when required. Ensure the safeguarding policy is in line with the current legislation and safeguarding reports are made to the local authority when required	New
15	Personal plans do not contain all of the information necessary to support people to achieve good outcomes. The provider needs to ensure that personal plans fully detail people's personal outcomes, identified risks and associated actions.	Not Achieved
16	Personal plans and risk assessments are not updated following significant events. Ensure all personal plans, including appropriate risk assessment documentation are reviewed after an accident.	Not Achieved

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
66	The Responsible Individual (RI) does not have sufficient systems and processes in place to enable sufficient oversight of the service. The RI must demonstrate adequate oversight of the service provided.	New

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 12/08/2024