



Inspection Report on

Woodcroft Care Home

**Woodcroft
Abergele Road
Trowbridge
Cardiff
CF3 1RS**

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Description of the service

Woodcroft Care Home is situated in the Trowbridge area of Cardiff close to shops and other amenities. The home is registered with Care Inspectorate Wales (CIW) to provide personal care and accommodation for 60 adults over the age of 65 years, 51 people of whom may have a diagnosis of dementia. On the day of our visit we were told that there were a total of 46 people in residence at the home.

The home is operated by Hafod Care Association Limited (the 'registered provider'). A nominated person acts as the responsible individual (RI) to oversee the operation and management of the home on behalf of the registered provider. The registered manager, Elaine Mather, was present throughout the inspection visit.

Summary of our findings

1. Overall assessment

Woodcroft Care Home provides a high standard of care in a warm, welcoming and safe environment. People living at the home are content and happy. Care is delivered by a team of skilled, competent staff who are caring and compassionate. Staff are dedicated and committed to working at the home, and to making a positive contribution to the overall wellbeing of residents. People living at the home have opportunities to make decisions about their care, how they spend their time, and to influence the way the service is provided. The home benefits from the stability provided by an experienced, effective and well established management team who provide a visible presence. This is a service which sets high standards for itself and demonstrates a continuing commitment to quality assurance and to ongoing development and improvement.

2. Improvements

Since the last inspection improvements have been made following the identification of areas of non-compliance, and recommendations for improvement. These include:

- The service has undertaken the required action following the assessment regarding legionella.
- Weekly checks of fire systems are recorded.
- Quality monitoring visits have been undertaken quarterly by the registered persons, and the reports which follow these visits demonstrate that the opinions of residents and staff are sought.
- Improvements have been made to care planning documentation, and reviews.
- Improvements have been made to the home's environment in relation to the use of notices, closures on resident's bedroom doors, and the locking of sluice doors.

3. Requirements and recommendations

There were no non-compliance notices issued following this inspection. Section five of this report identifies our recommendations to further improve the service in relation to staff supervision and annual appraisals.

1. Well-being

Summary

Woodcroft Care Home has a welcoming and homely atmosphere, and people are satisfied with the standard of care and the level of support provided. People have good relationships with the staff who care for them, and they appear settled and content. Staff are kind and caring and treat people with respect. People are provided with opportunities to feel involved in life at the home to participate in social/recreational activities to enhance their overall well-being.

Our findings

People living at the home relate well and have good relationships with the staff that care for them, and are satisfied with the care they receive. During our visit we spent time on all three floors of the home. We observed staff interacting with people in a kind, caring, and respectful manner. People appeared to know the staff that cared for them and seemed comfortable, and at ease with them. We saw that staff spent most of their time with people. Staff were aware of people's individual needs and responded to people in a calm, unrushed manner. Some people had limited verbal ability to express themselves however we observed that staff were skilled at communicating with residents to meet their individual needs. There was laughter and people appeared content and settled at the home. People living at their home and their visitors were complimentary about the care they received, and were positive about their relationships with staff. Examples of what we were told are:

'It's nice here'

'I like it' '

'It's a good place to be'

'I feel safe'

'I feel settled here'

'Staff are nice'

'It's small and relaxed, I can approach staff' (Relative)

'X is settled and looked after' (Relative)

We conclude that people are happy and content living at the home and they have good relationships with the staff that care for them.

People are able to exercise some choice and control over their every-day lives. We observed from their interaction with people that staff were considerate, and respectful of their wishes, likes and dislikes. We examined care records and saw that peoples' individual likes and preferences were identified. We saw that people were able to choose where they wanted to spend their time, either privately in their bedroom, in one of the communal areas, or in the garden moving freely throughout the home. Throughout our inspection visit we observed staff asking people how they wished their individual care needs to be addressed, where they wanted to spend their time, and what they wanted to do. People told us that staff offered a choice of meals and we saw that staff asked people their preference of food and drink at lunch time. Therefore, people views and opinions are acknowledged promoting a sense of belonging and value.

People are able to choose and participate in activities, and have opportunities to socialise with others. People living at the home had access to a range of planned and ad hoc group

and individual social, recreational, and spiritual events, and activities coordinated by the home's activities coordinators. The home had a timetable of activities displayed in various areas of the home. Timetabled activities included music and dance exercise, baking, concerts, singing, and entertainers. Resident's individual interests and preferences, and their social contacts were documented in their care records, and their engagement in activities was documented. People told us that staff visited them in their rooms and chatted to them. Some people told us that they preferred not to take part in the home's arranged activities, but they told us about the things they enjoyed doing such as knitting and watching television. We saw that staff spoke to and engaged with people and gave them opportunities to be involved in activities. This meant that all residents had some social interaction to prevent them from feeling lonely or isolated. During our visit people engaged in a variety of group and individual activities for example catching a large inflatable ball, drawing, manicure, and engaging in conversations with staff and with fellow residents. We saw that people living in the home had access to a range of 'dementia friendly' sensory and activity items. This encourages a multisensory approach to interaction for people. There were books and games freely available. People living and working at the home told us that *'there's plenty to do'*. There were photographs chronicling the activities enjoyed by residents displayed at locations throughout the home. Relatives and friends who visited on the day of our visit were made very welcomed by staff. Visitors could make arrangements with the home's kitchen to have a meal with residents either in their room, or the home's pub should they wish. On the day of our visit one visitor had done so. This indicates that people are provided with sufficient opportunities to feel involved in life at the home through participation in social/recreational activities which enhance their overall well-being.

The home can provide some care to residents who speak languages other than English. The home's statement of purpose made its position clear with regard to its ability to meet the language needs of people who may choose to reside at Woodcroft in the future. We were told that there were staff working at the home who had language skills in French, Italian and Welsh. We were told that the service is actively working towards providing an "Active Offer" of the Welsh language. An 'Active Offer' of the Welsh Language means providing a service in Welsh without someone having to ask for it. We were informed that none of the residents currently living at the home spoke Welsh. The home had introduced measures to anticipate, identify and meet the Welsh language needs of people who intended to use the service such as bilingual signage, the introduction of telephone greetings in Welsh, and the availability of documentation in Welsh. We conclude that the home is working towards providing an "Active Offer" so that in the future people could receive a service in Welsh.

2. Care and Support

Summary

The home provides a consistently high standard of care. People benefit from care that is planned according to their individual needs and preferences. People, or where appropriate their representatives, have opportunities to influence how they are supported and how their care is delivered. Care planning is detailed and provides staff with information and guidance necessary to care for and support people. Staff are knowledgeable about people's individual needs, and how their needs should be met. People's nutritional needs are met, and mealtimes are a positive and sociable occasion.

Our findings

People are as safe and as well as they can be because they receive proactive care and their care needs are anticipated. We found that residents appeared relaxed, content and well cared for. We examined four care files for residents. We found that these contained information and guidance pertinent to the care and support of individual residents. We saw that care files were detailed and clear about people's identified needs and how these were to be met. Care planning documentation contained personal histories which provided valuable insight into matters such as a person's past life, likes and preferences. Care plans were individualised, relevant, and detailed the support staff should provide to people in order to meet people's physical and emotional health needs. Falls risk assessments were undertaken and care plans included measures to maintain the safety of people at high risk of falls such as care with mobility aids. Records reviewed evidenced that actions undertaken in relation to people's behaviour and the outcome were recorded in behavioural charts to inform how future care is delivered. A daily record detailed the care and support provided to people as well as any changes in people's physical, emotional and psychological wellbeing. We found that referrals are made in a timely way to relevant health and social care professionals. We saw from individual care records that people were referred to healthcare professionals for treatment when required such as specialist and general medical and nursing services, chiropody and optician. There was a monthly clinic held at the home where residents' health and wellbeing was reviewed by a multidisciplinary team which included a consultant and a pharmacist. This ensured that people's needs were anticipated. We saw that the care records we examined were reviewed and updated regularly. It was apparent from care records that people and/or their representatives had some involvement in contributing to care planning and reviews. This was evidenced by entries in care records. The home reviewed all aspects of a person's care and support needs as part of 'resident of the day' which included communication with resident's representatives/ relatives. People were 'resident of the day' once every month. This showed that people are involved in the way their care is being delivered. We conclude therefore that people receive the right care, at the right time in the way they want it.

People's medication is managed safely. Medicines were stored securely and daily fridge and room temperature checks were undertaken to ensure that temperatures were within a satisfactory range for the safe storage of medication. Medicine bottles were clearly labelled with the date of opening. We reviewed a sample of residents' medication administration records and we looked at a sample of the home's records for the storage and administration of medications controlled under the misuse of drugs legislation. We found that they had been completed correctly. We saw that resident's medication records include a recent

photograph. We observed staff administering medication to residents safely. We saw that monthly medications audits were undertaken which evidenced good practice. This indicated that staff followed safe medication administration practice. Therefore, people are safeguarded by the home's medication procedures.

People are offered healthy nutritious meals. We observed lunch being served and found it to be a calm, relaxed and sociable occasion. One dining area had music playing gently, another was quieter. However, in both areas, staff sat with and chatted to people, and some residents engaged in conversation with each other. People seemed to be enjoying themselves, and were smiling and laughing with each other and with staff. We saw that most people were encouraged to have meals at the dining tables in the dining areas which contributed to a positive dining experience. Tables were laid attractively which was a positive contribution to the overall dining experience. We observed that people were supported according to their needs in a dignified manner. There was a pictorial menu available to assist people with meal choices. Lunch was appetisingly presented, and was enjoyed by people. People had a choice of meals, and refreshments. There were hot and cold drinks freely available throughout the day, and snacks including cakes and biscuits. People were complimentary about the food options offered at the home. Comments included '*I have a choice of food*' and, more than one person told us that '*the food is very nice*'. We were told that the home had a four weekly seasonal menu plan, and that people were involved in menu selection through the residents' meeting. The home had recently, in April 2018, been inspected by the Food Standards Agency and had been awarded a food hygiene rating of five which is 'very good'. We conclude that mealtimes are a positive experience, and that peoples' nutritional needs are being met.

3. Environment

Summary

Woodcroft Care Home is bright, airy and welcoming and it provides a clean, comfortable environment for people. The home is purpose built and the layout and facilities are accessible so that people living at the home are able to do things for themselves. Residents and their visitors have access to safe, interesting and pleasant outside areas. The home is well maintained and the décor is homely. There is ample communal space on each of the floors and units of the home for people to spend time together or on their own. People living at the home have opportunities to be involved and have influence on matters related to the home's décor and facilities. People are safeguarded by the health and safety checks and measures at the home.

Our findings

People feel uplifted and valued because they are cared for in a comfortable, clean and homely environment. The home provided accommodation over three floors, and there were two units in each floor. This meant that people were cared for in a small and homely environment. One unit on the top floor was not in use. We saw that each unit of the home had sufficient communal areas which comprised a lounge and dining area with kitchen facilities. There were other communal areas on each floor; the café area in the foyer on the ground floor where residents and their visitors could meet for refreshments; a cinema area on the landing on the middle floor with a large screen television; and a piano area on the landing area of the top floor. The home also had a hairdressing salon/ wellbeing room equipped with sensory equipment; a reminiscence room which was furnished and decorated in a style reminiscent of bygone times, and a pub with a bar, tables and chairs, and a dart board. The pub's name had been chosen by the residents, and it had recently been opened by the mayor. This meant there was ample space for people to spend time communally or on their own if they wished. There was ambient music playing throughout the home. The décor in the communal areas was very homely and welcoming, and the home was observed to be well maintained. There were interesting features such as artwork, ornaments, and some reminiscent pictures on the walls of the corridors and in the communal areas of the home.

Each unit of the home had been designed and decorated with the individual needs of the residents at the fore front. Following the last inspection it had been recommended that notices regarding individual needs and instruction should not be visible on communal doors. We did not see any such notices during this inspection. The corridors in the home were wide and long which meant that people who wished to, could walk around safely. There were seating areas at various points along the corridors so that people could sit and rest if they wanted. There were accessible and safe outdoor areas on each floor. There were two garden areas on the ground floor, both of which were courtyard style with seating. There were large balcony areas on the middle and top floors which were decorated with planters, and had seating areas. During our visit we saw people freely enjoying the home's indoor and outdoor facilities. All bedrooms in the home were single and each had en suite shower rooms. There were accessible bathrooms with specialist baths on each floor, and sufficient toilet facilities for people living in and working at the home. People had personalised their bedrooms with photographs, pictures, ornaments and furniture of their choosing. People's bedroom doors were fitted with door closures to allow residents the choice of having their

door open or closed. There was a lift accessing all floors as well as a stair access. The home was very clean and tidy, well maintained throughout, and no unpleasant odours were noted. We viewed a sample of the homes storage areas and found them to be tidy and organised. We observed daily cleaning being undertaken, and communal areas were kept hazard-free to maintain residents' safety. This shows that people live in an environment which meets their needs.

People are cared for in safe, secure and well maintained surroundings. We found the entrance to the home was secure but accessible by a call bell entry system. Visitor identity was checked before entering the property along with signing of the visitor book. We saw that the home's sluice rooms were fitted with key code locks and they were permanently locked. Substances which may be hazardous to health were stored securely. Therefore, people were protected from exposure from hazardous substances. We saw that health and safety checks were undertaken and satisfactory. This included evidence which confirmed the service had undertaken the required action following an assessment regarding legionella. We reviewed a sample of documentation and certification which evidenced that health and safety checks and measures in relation to gas installation, portable appliance testing (PAT) and electricity were satisfactory and up to date. We saw that checks of fire systems had been undertaken weekly and monthly in accordance with guidance and these checks were recorded. Fire drills had been undertaken twice in the last six months and fully documented in accordance with guidance. We saw documentation related to the home's daily work place inspections which included the identification of potential hazards to minimise that risk of slips, trips and falls. During our inspection visit we observed maintenance health and safety checks such as water temperature being undertaken. All confidential files including care and staff files were stored securely. Therefore, people are protected from harm, their safety is maintained, and their right to privacy respected within a secure environment.

4. Leadership and Management

Summary

People living and working at the home benefit from the stability provided by a well-established and experienced management team which is visible and approachable. This is a service which sets high standards for itself, and is committed to improvement. People can be confident that the home has effective quality assurance and administrative processes in place to promote safe practice. People living at the home have opportunities to be involved in making decisions about how their service is provided. Care is provided by a dedicated team of skilled and competent staff whose wellbeing is supported by the registered persons.

Our findings

There are clear lines of accountability and leadership at the home. The registered manager was experienced and well-established and there was an effective and visible management team in place. Staff, residents and their visitors appeared to approach the registered manager and members of the management team with ease. They told us that they felt able to raise matters with the registered manager and that their views were respected and acted upon. We conclude that the management of the home is visible and approachable.

Staff are valued and supported, are given clear direction and their potential is developed. Staff told us that they received one to one supervisions with senior staff. However the (staff) personnel files we examined; and the home's supervision records did not evidence that staff had received regular one-to-one supervision sessions, nor was there evidence that staff had received an annual appraisal which reviewed their work over the previous year in accordance with guidance. We were told that a new system of appraisal had recently been developed by the provider. The registered manager provided assurance that these matters would be addressed. Notwithstanding this, staff told us they felt supported by the management team and made comments such as:

'Registered manager supportive'

'The managers are supportive'

'I can approach managers there are no issues'

'I felt prepared for my role'

'It's a good team and we support each other'

'A very supportive team'

The registered manager held weekly open meetings for staff which provided an opportunity for staff to discuss anything they wished. Staff meetings were undertaken and we saw that minutes evidenced that staff input was sought into development and quality improvement of matters such as the dining experience. The registered persons had created a 'wellbeing room', which was located in the home's hairdressing salon, which staff could visit and spend some time away from work (up to 10 minutes) during times of stress. It was equipped with sensory lighting, soothing music, a projector displaying calming images and a chair with a massage mat. Staff told us that they had achieved qualifications under the Qualifications and Credit Framework (QCF) up to level 5, and were given opportunities to develop and progress in their career. One member of staff told us they had the opportunity to work in a managerial role. This indicates that this is a service where the wellbeing of staff is given priority and staff are well led and supported.

People are supported by a stable and dedicated care team and benefit from prompt care. Staff we spoke with demonstrated job satisfaction and a commitment to working at the home. Comments included:

'I love it here'

'I love my job and the residents'

'I like it here it's friendly'

'It's friendly'

'It's a good home, and we give good care'

During our inspection visit we considered there to be sufficient staff available to assist people with their needs. We were told that the home rarely employed agency staff, and that any shortfalls in staffing, were filled by the home's bank staff. This ensured that people were cared for by familiar staff. This was reflected on the staff rotas we examined. We noted that as one unit of the home was closed at the time of our inspection visit staff could be redeployed to other area of the home to cover shortfalls in staffing. We observed people's needs were attended to in a timely manner. Staff told us that there were sufficient numbers of staff to meet the needs of the residents. We conclude that staff have sufficient time to spend with people to ensure their emotional and psychological needs are met as well as their physical and health care needs.

People receive care and support from staff who are safely recruited and appropriately trained for the roles they undertake. We examined four staff files which contained the required information to ensure their suitability and fitness. It was evident from the staff personnel files examined that the necessary pre-employment checks to ensure that staff were "fit" to work at the home, such as references and disclosure and barring service (DBS) checks, had been completed and found to be satisfactory. Staff told us that they had sufficient training to undertake their role competently. We saw that training records contained details of completion of an induction programme and training relevant to the care needs of residents in the home such as dementia care, manual handling, safeguarding, medication administration and first aid. The home had an administrative process in place which provided assurance that mandatory training and refresher training was up to date. We sampled three of the home's policy documents namely the complaints policy, safeguarding policy and medication administration policy. Each policy examined had been recently reviewed and updated to take account of any changes in legislation and best practice and contained the required information. This indicates that the process by which staff are recruited and vetted is sufficient, and staff are trained in a way that improves outcomes for people.

People can be sure that there are robust, transparent systems in place to assess the quality of the service they receive, which includes feedback from people using the service and their representatives. There was a robust process for monitoring standards of care through a variety of audits such as medications, weights and falls. Each audit was followed, where necessary, by an action plan to improve practice. In respect of falls, if a resident experienced an increased level of falls a root cause analysis (RCA) was undertaken, which is a method of determining the exact causes of an event/ incident. After one such analysis it was found that a resident could not see the arms of the armchair, which had caused falls, visible tape was put on the arms of the chair which, we were told, had been effective. The outcome of all audits provided an oversight of care at the home for the provider. The registered manager undertook daily 'walkabouts', we saw from the records an overview was provided in relation to residents' wellbeing, staffing numbers, and the environment. There was a system in place to ensure that accidents and incidents were reported and reviewed

by the manager who checked that appropriate action had been taken and that any changes had been made to care plans. We saw that an annual review of the quality of care provided at the home was undertaken in September 2017. A report demonstrated that the opinion of people living at the home and their relatives was sought. Quality monitoring visits had been undertaken by the responsible individual three monthly. The reports that followed the visits evidenced that opinions of people living and working at the home had been sought. We saw that through the home's residents' meetings, people were involved in decision making about matters related to the home such as menu planning, décor colour schemes, naming of the homes pub and staffing. We conclude that this is a service which sets high standards for itself, is committed to quality assurance and constant improvement.

The home's vision and purpose is made clear through its statement of purpose. This is an important document which should be kept under review. It should provide people with detailed information about the services and facilities offered within the home and should also outline the home's underpinning philosophy and approach to care delivery. We examined the statement of purpose and it contained all the information required under regulation. The document had been kept under review and was recently reviewed with a view to reregistration. The home provides clear information so that people know and understand the care, support and opportunities which are available to them.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the last inspection the registered persons were advised that they were not meeting the legal requirements in the following areas:

Regulation 13 (4) (c) of the Care Homes (Wales) Regulations (2002). This was because the service had not fully ensured the safety of its users as no action had been taken following the assessment regarding legionella. At this inspection we found that the required action had been undertaken. Therefore the service is compliant in this area.

Regulation 17 (2) Schedule 4 (14) of the Care Homes (Wales) Regulations (2002). This is because weekly checks of fire systems were not recorded to evidence they had been carried out. At this inspection we found that fire safety checks were undertaken and recorded as required. Therefore the service is compliant in this area.

Regulation 27 of the Care Homes (Wales) Regulations (2002). This is because reports were not being carried out at the required intervals and resident and staff views were not sought. At this inspection we found that quality monitoring visits had been undertaken by the registered persons quarterly, a report which followed each visit evidenced that the opinions of residents and staff were sought. Therefore the service is compliant in this area.

5.2 Recommendations for improvement

Supervision: All staff should have regular supervision in accordance with guidance.

Appraisal: All staff should receive an annual appraisal which reviews their work over the previous year in accordance with guidance.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 20 July 2018 between 10:10 and 17:00 hours.

We used the following sources of information to formulate our report:

- Observations of daily routines, care practices, and activities at the home.
- Conversations with people living at and visiting the home.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- Discussion with the registered manager and other members of staff.
- Examination of the care documentation relating to four residents.
- Observation of the lunch service, and time spent in the home's communal areas.
- Consideration of the home's quality assurance systems
- Examination of the personnel files of four members of staff, in order to consider the recruitment process in place.
- Visual inspection of the building's interior and exterior.
- Review of a sample of the home's staff rotas.
- Review of the home's previous inspection report.
- Review of the home's statement of purpose.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Hafod Care Association Ltd
Registered Manager(s)	Elaine Mather
Registered maximum number of places	60
Date of previous Care Inspectorate Wales inspection	09/03/2017
Dates of this Inspection visit(s)	20/07/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an "Active Offer" of the Welsh language. We recommend that the service considers Welsh Government's " More Than Just Words... Follow on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care"
Additional Information:	