



Inspection Report on

Woodcroft Care Home Ltd

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

Date Inspection Completed

3/09/2021 + 14/09/21

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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	12/12/2019
Does this service provide the Welsh Language active offer?	Working Towards

Summary

People have up to date personal plans that provide care workers with a good oversight of people's needs. People are encouraged to participate in activities as well as group activities within the service. People are supported by dedicated care workers who are receiving ongoing training and are supported by a management team who are visible in the service daily. The Responsible Individual (RI) visits the service regularly and has good oversight of the service. Staff feel supported by the manager and responsible individual. Staff follow a recruitment process including all the necessary checks. Relatives are extremely satisfied with the way care and support is provided by staff and the way the home is managed. There is good infection prevention and control measures in place.

Well-being

Mechanisms are in place to safeguard people living in the service. Policies and procedures are in place and staff have received safeguarding training and so could recognise abuse should it occur and report accordingly. Deprivation of Liberty Safeguard (DoLS) applications are made in people's best interests. Residents have families or friends who speak on their behalf. Reviews with health professionals provide people with further opportunities to raise any concerns they may have.

People live in a clean, comfortable and homely environment. Bedrooms are personalised and reflective of people's personalities and needs. Equipment is regularly serviced and maintained to ensure safety. The service is following current guidelines to promote visiting and appropriate infection control measures are in place. People have good relationships with staff members and others residing in the service. There were good communication records seen with family members.

People benefit from staff that know them well. We heard staff and people chatting with each other in a warm, friendly and natural manner. Staff treated people with respect, and ensured that people's dignity was preserved. We saw positive interactions between care workers and people throughout the inspection. People appear relaxed and comfortable. The majority of care workers have worked in the service for many years and are familiar with the care needs of the people living there. We heard staff offering choices to people regarding food, drinks, where they wanted to sit and how they wanted to spend their day.

People have choice and control. We observed staff are kind and caring and offered people choice when they want to get up and go to bed. Appropriate meal choices are offered and people had access to snacks and drinks. Staff had a good knowledge of the people they care for and there are opportunities for people to have one to one support during mealtimes when needed. Records reflect people's needs and wishes. Information regarding power of attorney and advocacy services was included to ensure decisions were made in people's best interests.

Care and Support

People can be reassured they receive the right care at the right time. People's personal plans and their health is monitored and daily care notes are inputted on an electronic care system. Staff are alerted when updates and reviews are due in relation to people's personal plans and risk assessments. Staff had hand-held pads to input on-to the computer during care rounds. Diet and fluid intake by people was monitored and any care interventions given were documented. Care documentation is thorough, robust and reflective of the person being cared for. We saw staff engaging positively with residents and we were also able to see staff using their skills to defuse a challenging situation. Staff understand the needs of people very well and respond to their needs in line with their personal plans. Referrals are made in a timely manner to health professionals such as GP, district nurses and regular reviews are requested from the mental health team if needed.

People are offered sufficient food and drinks to maintain a healthy balanced diet to keep them well. The cook and staff ensured people receive a choice of home cooked meals that meet their dietary and cultural needs and their individual preferences. The menu is on display in the main corridor and updated weekly. People are offered a choice of meals and offered alternatives if they changed their mind when they sat down to eat. Lunchtime in the dining room is a social experience with tables laid nicely and a choice of drinks are offered. Where people required prompting and assistance to eat, this is provided on a one to one basis and at the persons own pace.

People have the opportunity to engage in meaningful activities should they want to. Activities mainly take place after lunch and are varied which include ball games, quizzes, sing along, arts and crafts and dominos. A full afternoon tea service has been introduced every 10 days which involves staff dressing in Victorian maid outfits. There is a large electronic tablet where residents can communicate with their loved ones, play interactive games and listen/sing along to their favourite music.

Medicines are recorded and administered safely. People receive their medicines as prescribed and medicine administration records (MAR) have been completed correctly. Staff responsible for the administration of medicines have completed training and their competency was regularly re-assessed. Medications were regularly reviewed by the GP to ensure they remained effective and continued to meet people's needs. The room and fridge temperature within the medication room was monitored daily and were at a satisfactory temperature.

Environment

Effective systems are in place to maintain and service equipment and facilities. Personal Emergency Evacuation Plans (PEEP) are completed and reviewed monthly. Audits of areas of the service are completed monthly by the manager. Any issues are discussed with staff at the time. If issues affecting the whole staff group are identified, they are discussed during group supervision sessions. A maintenance person is employed and attend to day to day repairs, health and safety checks and decoration. We were told if something needs replacing or needs attention it is authorised immediately.

The environment is safe, homely and warm. Bedrooms and communal areas are decorated and furnished to a very good standard. People are surrounded by their personal items and belongings. Memory boxes are positioned outside each resident's bedroom to help them identify their rooms and support people with communication. The bedroom doors looked like front doors and were painted in different colours. Two bathrooms have a sensory ceiling to aid relaxation and calmness. There is an ongoing refurbishment programme and there are plans in place to undertake further improvements to the service. A quiet lounge had recently been refurbished to high standard and thoroughly enjoyed by the residents. The service is clean throughout and there are no unpleasant odours. Housekeeping staff take pride in keeping the home well-presented and tidy which was clearly seen by us. Staff have received training in infection control and understand their roles and responsibilities to prevent the risk of infections spreading. A locked door policy is in place and care workers checked our COVID status and identity before entering. Visitors to the home are requested to follow current guidance in relation to infection control.

Leadership and Management

The service provider has systems and processes in place to monitor and review the quality of care. The RI visits the service regularly throughout the week and is contactable any time, so is able to monitor the effectiveness of the service and the maintenance needs. They also recorded visits to monitor the performance of the service that are required every three months. In these reports they stated they offered people who live in the service a chance to talk privately and noted that they had inspected the premises. The quality of care review report is currently being completed. Questionnaires have been completed by families and staff. The feedback is very positive and all commented on how caring and approachable the manager and staff are. Improvements are needed in relation to notifying CIW of events affecting the well-being or safety of people living in the care home.

People are supported by competent and caring staff. We saw from the staff rota and staff on duty during our inspection, that staffing levels are as described in the service's Statement of Purpose. We observed that the staffing levels are sufficient to meet the needs of people living in the home on. There is a stable established staff team in place and staff turnover is low. Staff files contain the legally required information and show appropriate recruitment and vetting procedures are followed. New staff receive an induction and training relevant to their roles, this includes health and safety and infection control training. Staff training has fallen behind due to the pandemic. However, the manager advised us they have introduced a new training schedule and this has been planned for all staff in the coming months. Many staff spoke about the challenges they have faced since the start of the coronavirus pandemic and praised the management team and their colleague's regarding the support they have and continue to receive.

The service provider has oversight of financial arrangements and invests in the service. There has been investment in the environment; this is an on-going programme. There are plentiful stocks of fresh food. Overall we found the service to be well maintained with good oversight to keep the home in a good state of repair. Care workers told us staffing levels are good and we saw staff working rota's which reflected this. The service has not declared they have financial concerns.

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
N/A	No non-compliance of this type was identified at this	N/A

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Date Published 06/12/2021