



Inspection Report on

Woodlands

**The Woodlands
Cadle Mill
Swansea
SA5 4PA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

06/01/2023

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About Woodlands

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Aston Care Ltd
Registered places	9
Language of the service	Both
Previous Care Inspectorate Wales inspection	15 th October 2021
Does this service provide the Welsh Language active offer?	The 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 are supported well and cared for by experienced, committed and well trained care workers and a supportive management team. All feedback gathered as part of the inspection was very positive about the culture in the service and people informed us they are happy. There are good processes in place to help maximise people's engagement in support planning. There are robust governance arrangements in place and the registered manager, deputy manager and responsible individual (RI) are visible in the service.

The environment is well maintained, clean and provided in accordance with the objectives detailed in the statement of purpose (SOP). However, a new heating system recently installed needs repair and this is being arranged by the provider. Safety checks and service schedules are completed in-line with current guidance and requirements. There are robust recruitment checks in place and care workers receive a thorough induction and training to perform their roles competently. The service is provided in accordance with people's outcomes and aspirations.

Well-being

Care workers treat people with dignity and respect. We saw positive and supportive interactions between care workers and people throughout the inspection. People told us they are happy living in the service. A relative told us the standard of care and support provided is good. People are supported to maintain and develop skills such as the completion of household tasks. We saw people are relaxed and appear to enjoy living in the service. Care workers and managers receive a wide range of core and specialist training to ensure they are fully able to meet people's needs and outcomes. All care workers are registered with Social Care Wales (SCW – the social care staff regulator).

The environment is well maintained, safe and provided in accordance with the objectives defined in the SOP. We saw portable electric radiators placed around the service due to a faulty new heating system. The RI told us this is being repaired and the portable heaters will be removed as soon as this is completed. People are safe and routines such as fire checks and electric safety certificates were viewed on inspection. There are robust medication administration procedures in place and regular audits completed to ensure good compliance is maintained. The RI is looking at further strengthening the medication audit process in the service.

The RI is present in the service and visits regularly. There is good oversight of the quality of care provision from managers and the RI. Care workers, people and a relative informed us communication with the manager and RI is good and that issues reported are acted on promptly and appropriately. Personal plans are clear, informative and detailed, they are focused on people's goals and aspirations and relate well to care staff recordings and risk planning.

People are protected from neglect and abuse as care workers know what to look out for and how to raise concerns. Care workers are trained in safeguarding and there are clear and regularly reviewed procedures to guide them. Care is provided in accordance with protocols covering capacity and restriction of freedom. Detailed risk management plans support people to keep as independent and safe as possible. There are clear and thorough policies and procedures to guide staff in their work roles.

Care and Support

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers. We were told by the manager there is a full staff team currently in place and the service is very settled. We saw flexible and personalised care arrangements and were told by people they have regular planned access to the community. A person told us; *“staff are friendly and polite. They ask you if you need anything regularly”*. All care workers confirmed that staffing levels are good and people are supported with individualised planned activities. We saw positive and mutually beneficial interactions between care workers and people throughout the inspection. A care worker told us; *“very good, fabulous here. Lovely place to work. Really nice place to work and I don’t feel worried coming to work”*. And another stated; *“marvellous – induction, shadow shifts really supportive. Good managers in place”*.

The care and support people need is clearly documented within personal plans and risk assessment documentation. Personal support planning documentation is stored in paper files locked in a secure office area. Personal and risk plans viewed were seen to be current, detailed and regularly reviewed. Documentation evidences progress in relation to people’s outcomes. There are separate electronic care notes that clearly document daily progress and activities. Health appointment records and treatment plans are clearly documented. Care workers informed us there are regular planned handovers between shifts to ensure continuity of care is maintained.

People are protected from risk and provided with care and support that considers their personal wishes and aspirations. People informed us they are consulted about their support needs. A relative told us they are *“very happy with care and support provided. They are all very friendly and helpful. Communication is very good”*. In relation to people who lack the required capacity to be fully involved in care planning, the appropriate deprivation of liberty safeguards (DoLS) orders are in place.

Medication storage and administration processes in the service are appropriate. We did note, however, some gaps in a medication administration record (MAR). This was addressed at the time of inspection and discussed with the RI. The RI told us they will strengthen and improve medication audit processes in the service.

Environment

People are supported in a clean, safe, well-maintained and purpose built environment where risks are identified and managed appropriately. We were shown all internal and external areas of the home including some bedrooms. Bedrooms seen were spacious, nicely decorated and personalised with people's belongings and interests. All but one bedroom has an ensuite. People took pride in showing us their bedrooms and personal items. There is an external activity room which people can access to participate in planned activities. We also saw people in a large communal lounge enjoying a game of pool and watching television. At the time of inspection we saw portable electric radiators in a communal area and a bedroom. We were informed this was due to a new faulty heating system that is awaiting repair. The heating is partially working and needs a faulty part replacing which has been requested. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We viewed a well maintained and clean kitchen. The service has a current food hygiene rating of 5 (very good) which is the highest score available from Environmental Health. People informed us they enjoy the food provided and also have choice regarding what they eat. There is a pleasant secure outside area and the service is located in a semi-rural area with views over open countryside. There is also patio furniture and a smoking shed people can access.

We were told by care workers and managers that any reported maintenance issues are addressed promptly. We saw regular service checks are carried out by external professionals. This includes electricity, water and electrical portable equipment checks (PAT). Safety certificates were checked and found to be in date. Fire safety procedures are in place and a nominated member of staff is responsible for maintaining checks. All people have a current personal emergency evacuation plan (PEEP) in place. All COSHH (Control of Substances Hazardous to Health) products we saw were stored correctly and safely. There is a dedicated locked medication storage room and temperatures are taken and documented daily.

Leadership and Management

The RI, service manager and deputy manager have developed clear and robust processes for the oversight of the service. Care workers informed us managers and the RI are accessible and supportive. We were informed by care workers and the managers that the RI visits the service on a regular basis and is supportive and accessible. We saw records of visits including discussions with people and managers. We also viewed the latest quality of care review which contains a detailed overview of the service including feedback from people and care workers.

Employee training records indicate that nearly all staff are compliant with core training and this is consistent with the SOP. Specialist training in areas such as autism, dementia, behaviour management and cognitive behaviour therapy is also provided. The manager told us all care workers are registered with SCW. The RI told us they are currently looking at how to provide more face to face taught training. The deputy and service manager are both qualified to Qualification and Credit Framework (QCF) level 5 in health and Social Care. The majority of care workers are either working towards or have completed QCF level 2 or 3 in health and social care. This shows that the service promotes and supports staff learning and development.

We viewed employee recruitment records and saw good processes are being maintained. This includes disclosure and barring service (DBS) checks, employment references and proof of identity checks. The service follows the social care induction framework (SCIF) for new care workers. Care workers confirmed they had received a thorough induction on starting at the service and receive regular planned supervision. We saw a supervision matrix for all care workers that confirmed this with corresponding documents in personnel files.

There are clear robust policies and procedures for staff to follow. We looked at a sample of policies, including; complaints, safeguarding and medication. These have nearly all been reviewed recently. The safeguarding policy has recently been reviewed and includes reference to Welsh safeguarding legislation and guidance. The SOP accurately describes the service provided.

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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44	A full inspection took place on 6th January 2023. As part of this it was noted there were many portable electric heaters placed in the communal lounge and a bedroom viewed. We were informed this is due to a faulty heat pump in a new heating system.	New
57	The service provider does not currently comply with current legislation and national guidance in relation to regularly checking safe water temperatures in the building.	Achieved

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