



Inspection Report on

Woodcroft

**Woodcroft Care Home
Abergele Road
Rumney
Cardiff
CF3 1RS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

05/12/2022

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About Woodcroft

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	60
Language of the service	Both English and Welsh
Previous Care Inspectorate Wales inspection	[Manual Insert]
Does this service provide the Welsh Language active offer?	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

People relate well with their care workers, but they would like to see more consistency of staff. Mealtimes are enjoyable and provide opportunities for people to get together and enjoy the atmosphere and chat, but other social opportunities need to be more consistently provided.

The provider has been made aware of action they need to take as a priority to ensure the health and well-being of people is promoted. They have also been made aware of improvements needed to ensure the environment is clean, well-presented, and safe. Additional improvement is required around the development of staff. The responsible individual (RI) has identified some of these areas through their own monitoring systems, but improvement has not been fully secured. They have now given assurances that all areas identified will be addressed and improvements made. Prior to this report being published, the RI had taken immediate action as part of their plans for improvement, but we expect further improvements to be made and this to be sustained.

As this is a focused inspection, not all areas have been considered in full.

Well-being

People do not always have control over their day to day lives. The service has systems in place to gather information about a person before they become a resident at the service. This information is not always used to highlight the care needs of the individual so staff are not always aware of the little things that may be important to someone. For people who live with dementia, the accuracy of the information available to staff needs improving so that they can support people to have more choice and control over their daily lives. The provider is not ensuring that people who require representation through an advocate appointed as part of a 'Deprivation of Liberty' authorisation have this. This is because the service is not re-applying on behalf of people for the safeguarding process to be renewed. Day-to-day choices such as what to eat or what to wear are provided, but people don't always have control about when things can happen, especially when there is unplanned absence of staff. People can see family and friends when they are able to visit.

The provider is not always ensuring that people remain healthy and active and do things that matter to them. Improvement is required in the monitoring of people's health, referral to health professionals and ensuring that action identified through this process is followed. Improvement is required around provision of calorific foods to help people maintain weight. Social and activity opportunities are available, but not consistently provided and offered to all people, especially those who live with dementia.

People are not always protected from potential harm. Medication procedures need to be followed to reduce the risk of error and potential harm from misadministration of medication. Routine checks and daily house-keeping tasks in the home need to be completed and effective to protect people from potential injury. Staff need adequate induction and development opportunities to ensure the training received meets the needs of the people they support.

Care and Support

People living at Woodcroft enjoy warm relationships with care workers. We saw people being reassured when they became anxious. One care worker sat on the floor so that a person could brush their hair, helping them to feel calmer. We saw care workers taking an interest in the art someone was doing, and others helping people to find lost items. Lunchtime is unrushed, with plenty of support for people who need assistance with eating. This is the best part of the day for most people, and we saw how they responded to the background music, general 'chatter' and opportunity to come together to share a meal. People enjoy visits from family members and make full use of the coffee shop areas in the entrance of the home.

The service mostly completes an assessment of people's needs before agreeing that a person's needs can be met, and accommodation offered. For people who have short notice respite care, the service relies on information from the local authority's care plans to guide staff how best to support a person. Personal plans are in place, with placing authority care plans forming part of these. Risk assessments are completed to support the personal plans. The accuracy, consistency and completeness of these documents needs to be improved. This has been discussed with the RI.

Daily tick box style records of tasks are completed, but records do not show that people are achieving their identified outcomes, especially around activities and health. People who are at risk of weight loss are not effectively monitored, and action is not always taken to refer people to external health professionals for this. When referrals are made to the doctor for weight loss, and supplement drinks prescribed, this is not recorded and monitored. The availability of nutritious snacks and enriched foods to promote weight maintenance needs improvement. Some people have not received appropriate chiropody visits. Other people have not had 'Deprivation of Liberty Safeguard' authorisations revised or renewed. These areas have been discussed with the RI.

Opportunities for people to be engaged in social or stimulating activities are varied. The RI has identified this as an area for improvement during their visits to the home in July. We saw little or no evidence of engagement for some people, so improvement has not been secured. This has been discussed with the RI.

People do not always receive timely care. On the day of our inspection, we saw people left unsupported in the morning, assisted to the breakfast table late, some remaining unwashed and malodorous. They were served breakfast just an hour and a half before being served lunch. We also saw that the morning medication on one community was not administered in a timely manner as a staff member had phoned in sick, however, there was potential that this could have been avoided if staff had been deployed effectively from other parts of the home. People who required personal care such as assistance with shaving and nail care did not receive this on the day of inspection. These areas have been discussed with the RI.

The service uses agency workers to fill gaps in staffing requirements. People tell us that there's a large turnover of staff, and while the provider has indicated that this isn't the case, people in the service see things this way as they see so many changes of agency workers. Care workers feel that the staffing levels are not appropriate. We viewed rotas which indicated that, due to the reduced occupancy in the home, there are sufficient staff available, but as indicated on the day of inspection, staff had not been deployed throughout the home when the need arose. Continuity of care has been discussed with the RI and staffing levels explored.

The areas discussed with the RI outlined above are placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider has a clear policy and procedure for medication administration, but this is not being followed. Medication storage trolleys and documentation are being left unattended in communities within the home, and though the trolley is locked, the records are available for anyone to read. Medication administration records (MARs) are not being written correctly when a printed version is not available from the pharmacist. We saw gaps in MAR charts so we could not be confident that people had received their prescribed medication. When medication that is only required from time to time is given, the effectiveness of this is not recorded. At the time of the inspection, there was no impact on people. The provider has identified this as an area for improvement but has not secured the improvement required. We expect the provider to take action.

Environment

This is a focused inspection so this area has not been considered in full.

Woodcroft Care Home offers space for people to move within areas that are behind doors, accessed using codes. This supports the well-being of people who live with dementia as they can freely move between their own bedroom and communal areas. We saw dining tables set ready for meals and examples of people's art around the home, contributing to the homely feel. We observed people choosing to access a safe outdoor courtyard even though it was November and a little cold. People can personalise their bedroom.

The provider has identified some areas of improvement regarding the environment, with flooring and décor needing renewing, some of which has been started. A budget has been secured for this and work is expected to be completed early in the new year. It is disappointing that the service has not taken action to improve the environmental issues raised at the last inspection, failing to utilise ongoing funding available to them to renew items to protect people's health and safety. Items such as chests of drawers, bins and linen have not been replaced. The service is also failing to ensure some house-keeping tasks are done, such as keeping doors locked that house electricity cupboards, and removing any dangerous items such as broken glass. People who live with dementia do not always understand dangers, and we found the service is not fully protecting people as toiletries that could cause harm if ingested are freely available in communal bathrooms and private bathrooms. Leaking balconies have now been repaired, but the environment around these, including water damage to décor and flooring still needs addressing. One glazed window and door area on the ground floor does not seal properly, causing drafts that impact on people sitting in this area. Though there is a cleaning schedule, there are members of the housekeeping team on long term sick leave who have not been replaced. The deep cleaning of some areas of the home has not been undertaken, or has not been effective. The provider has taken some immediate action but we expect the provider to take further action to secure improvement.

Leadership and Management

This is a focused inspection so this area has not been considered in full.

A responsible individual (RI) has been appointed by the provider. The RI has carried out their regulatory visits to the service, produced resulting reports and identified some areas of improvement. A Director of Care and other quality assurance team members from the organisation have visited the service, with areas of improvement identified and formally recorded on an action plan. The service uses some auditing and monitoring tools to assess the quality of the service delivered. These systems have not been fully effective in identifying failings within the home, and where some areas of improvement have been identified, the improvement has not been secured. While the provider has taken some action to identify and address failings, this is an area for improvement, and we expect the provider to take further action. Prior to this report being published, the RI had taken immediate steps as part of the planned improvement, but further action is still required.

Care workers receive induction and training. We are told that the quality of this can vary, and agency workers tell us that they sometimes have insufficient induction. On the day of inspection, we found gaps in the knowledge of 'senior' care workers around managing people's unintentional weight loss. We are told by many staff that morale is low, and there are indications that care workers are choosing to leave the service due to this. These issues have been discussed with the RI. Prior to this report being published, the RI and Director of Care put in place support and arranged suitable training to help secure improvement but this now needs to be embedded and sustained.

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
21	The provider is not ensuring that people receive appropriate care and support in a timely manner to promote their health and well-being, and protect them from harm.	New

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
58	The provider is not ensuring that recording of medication is in line with National Guidance.	New
44	The provider is not ensuring that the premises is free from hazards which can impact on the health and safety of individuals, nor is the building properly maintained and kept clean to a standard which is appropriate.	New
8	The provider has not provided monitoring, reviewing and improving systems which are effective	New
36	The provider is not always ensuring that staff have appropriate induction and specialist training to ensure they have adequate knowledge to meet the needs of the people they care for.	New

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