



Inspection Report on

Woodside & Elms

**Bettws
Newport
NP20 7AE**

Date of Publication

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Description of the service

Woodside Cottage and The Elms is registered with Care Inspectorate Wales (CIW) to provide personal care to 8 people, aged 18 and above, with a learning disability and / or functional mental health care needs. The service is owned by Accomplish Group Specialist Care Limited. The company has nominated an individual to represent the company. The appointed manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

The home provides a pleasant and comfortable environment which meets people's needs and supports them to maximise their independence. The service promotes well-being through a familiar staff team providing person centred care. People have opportunities to be involved, participate and make choices in the activities they pursue. Care documentation guides staff to deliver appropriate care and support, consideration should be given to ensure all care records are updated following review. Clear lines of accountability and leadership are in place. There are comprehensive procedures in place for monitoring the service and a strong commitment to driving continuous improvement in relation to outcomes for people.

2. Improvements

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

There were no areas of non-compliance identified at this inspection.

Recommendations for improvements:

- Accurate recording of updates to support documentation following review.
- Consistent recording of dates of opening for bottles and tubes of medication.

1. Well-being

Summary

People's well-being is promoted by a familiar staff team who have a good understanding of their needs. Individuals are treated with dignity and respect, their individual identities and routines are recognised and valued. People using the service are encouraged and have opportunities to be involved, make choices and decisions in the activities they pursue.

Our findings

People receiving a service have good relations with staff who appear to know them well, their likes and dislikes. People spoken with during our visit told us they were happy living there. A returned questionnaire stated "*staff are very good*". We observed staff supporting individuals and noted dignity, respect and kindness was offered, to which people responded positively. Appropriate use of touch was seen providing reassurance and encouragement. All attempts at communication including non-verbal were valued and responded to appropriately. Staff were consistent with encouragement, reassurance and praise which clearly had a positive impact on people's confidence and self-esteem.

People are enabled to make choices and are involved in a range of activities with individual routines recognised and valued. We saw that people could choose to spend time privately in their own room or use communal areas to socialise with others. We noted personal plans contained personal goals for each person, support plans for leisure, work and education. We saw activities in the community included 'Pedal Power', swimming, meals out and scenic drives. One person was supported to maintain a friendship through daily telephone contact and weekly visits to their friend's home. However, one completed staff questionnaire returned to CIW did state "*more daytime activities*". On the whole the above demonstrates that people have opportunities to be engaged in a choice of activities.

People are protected from abuse, harm and neglect. We examined the agency's safeguarding policy and saw evidence of staff completing appropriate safeguarding training. We saw appropriate referrals to the local safeguarding team and corresponding notifications to CIW when required, action taken and outcomes for people. Staff spoken with during our visit gave examples of safeguarding procedures, how they would disclose any concerns and how confidentiality applied to their work. The above evidence indicated that safe practises were in place to safeguard people.

Staff encourage people to be as healthy and active as they can be. The home has regular support from external health professionals. People had access to specialist medical, therapeutic and care from community health services according to need. We saw evidence of regular contact with local health centres, General Practitioners and district nurses. On the

day of our visit we spoke with visiting district nurses who were complimentary about the care and support people received. We found that the service promotes and maintains peoples' health and ensures access to health care services to meet assessed needs.

2. Care and Support

Summary

Overall, we found that people receive person centred care from staff that know them well and have a good relationship with them. Care documentation guides staff to deliver appropriate care and support. Some minor improvements are required to ensure all care records are updated following review. Improvements in consistent recording of dates of opening for bottles and tubes of medication.

Our findings

People are safe and as well as they can be, and receive timely appropriate person centred care and support. Service delivery plans were in place which contained detailed information about people's assessed and agreed needs and how these should be met. All files were stored securely. We examined three people's personal documentation, including a clinical file, daily support file and corresponding daily recording documentation for each of the three people. We saw pre-admission documentation, Local Authority and Health Board plans and reviews, individual support plans and positive behaviour plans with reviews. Further documentation included risk assessments and management plans to identify and determine the level of risk for various issues and how these could be managed. We saw that monthly reviews of care and support documentation were undertaken. A questionnaire returned to CIW included the comment *"because of my situation my care plan is varied all good though"* when asked if they were involved in preparing and agreeing their plan of care.

We noted care documentation was reviewed and updated following incidents, however due care and attention is required to ensure all relevant sections are updated at the same time. For example, changes to one person's medication was not updated across all documentation in the support file and another person's risk assessment required additional information to be included. We discussed the above issues with the manager during the inspection and amendments to care documentation were made. We found that a person centred care planning system is in operation however attention should be given to ensure all paperwork is updated following any changes in needs.

People are on the whole protected by having robust systems in place for the administration of medication. Medication was stored securely in a locked cupboard. Staff received appropriate training in relation to the safe storage and administration of medication, appropriate checks and audits were in place. A sample of medication administration record (MAR) sheets were examined. The records were clear with appropriate staff initials and no gaps in recording. However, we saw two open bottles of medication with no evidence of the date the medication was opened potentially allowing medication to be used beyond the recommended 'use by date'. The above evidence and sample of records viewed indicated

that generally safe practises were in place to safeguard people and prevent poor health and well-being outcomes.

Systems are in place to ensure that people's best interests are promoted. We saw that where people lacked the mental capacity to make important decisions relating to their life, safeguards in accordance with the Mental Capacity Act 2005 had been actioned, as Deprivation of Liberty Safeguards (DoLS) authorisations had been put in place. We concluded that people's rights are understood, protected and promoted.

3. Environment

Summary

We found that people are cared for in a safe, clean and comfortable environment. Individual rooms are personalised. Comprehensive fire safety, health and safety checks were in place.

Our findings

People are supported within a pleasant and comfortable environment, the layout of which enables people to spend time privately or communally. On the day of inspection, the home was clean, warm and free from malodours. Individual bedrooms were seen and all were personalised. Staff questionnaires completed and returned to CIW contained comments regarding decoration and flooring including “more colour in the home”, “redecorating as very dull” and “new carpet is needed in the lounge”. We found the home to be clean, comfortable with a homely feel.

People can be confident that they are cared for in a safe environment. There were systems in place to protect people's safety for example, a secure entrance to the home and gardens. Health and safety documentation was examined and contained a selection of documentation including gas safety certificate, fixed and portable electrical testing certificates and equipment maintenance checks. Fire safety documentation and checks were comprehensive and detailed including fire risk assessment, fire evacuation strategy, personal emergency evacuation plans were in place and regular checks of fire safety systems were seen.

4. Leadership and Management

Summary

Overall, people benefit from a well-run service. Staff work well as a team and feel supported in their work. Clear lines of accountability and leadership are in place. There are comprehensive procedures in place for monitoring the service and a strong commitment to driving continuous improvement in relation to outcomes for people.

Our findings

People can be assured that the lines of accountability and leadership are in place, management are visible, approachable and respond to concerns. On the day of our visit we observed, and staff confirmed that the manager and deputy manager were approachable and that they had contact with people receiving a service and staff daily. Returned staff questionnaires contained comments such as *“good work is always recognised”*, *“good team work, good management and good problem solving”* and *“everyone works well as a team and manages challenging behaviour well”*, however one returned staff questionnaire stated *“more communication between management and staff”*. The home offers continuity of care from a familiar team of staff. During our visit we considered there to be sufficient staff available to assist people with their needs which included participating in activities in the community on the day. We saw rotas were planned in advance and staffing levels were kept under review. We find that sufficient staff are deployed appropriately to meet the needs of the people they are caring for and management act with due diligence and care.

The services' procedure for recruitment, induction, supervision and training are on the whole sufficiently robust. We examined three staff member's files; we saw that pre-employment checks were in place, including disclosure and barring service (DBS) checks, verification of identity and necessary references. However, employment histories should contain the year and month and verification of gaps in employment and reasons for leaving previous positions working with vulnerable people should consistently be verified. We saw evidence of mandatory training being completed and shadowing shifts at the home as part of their induction. We also found that 64% of staff had achieved relevant qualifications in Social Care and a further 24% were working towards. We saw that staff were provided with one to one formal supervision and staff meetings were held on a regular basis. We saw staff working well as a team with shared values of enhancing the lives of people living at the home. Based on the above evidence we find that people are cared for by safely recruited staff who are valued and appropriately supported with training and regular supervision.

The service has a quality of care review process which incorporates regular quality assurance procedures and takes account of the views of staff and people receiving a service. We examined the two most recent 'Key Performance Audits' undertaken at the service dated November 2018 and January 2019 and the most recent quality report dated

December 2018. The views of people receiving a service, relatives and representatives and staff were incorporated, with a summary and action plan included within the report. We were told the responsible individual visited the service on 21 December 2018 and 26th September 2018 to monitor the performance of the service. We also examined the complaints and compliments folder and noted the manager had arranged a meeting to discuss early indicators of a concern in relation to communication issues, resulting in improved systems to ensure timely communication with external agencies. We saw several compliments from medical professionals and social workers. The above demonstrates a strong commitment to driving continuous improvement with robust systems in place to assess the quality of the service in relation to outcomes for people.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

There were no areas of non-compliance identified at this inspection.

The following are recommendations for improvements to promote positive outcomes for people using the service:

- When care documentation is updated following incidents, due care and attention should be given to ensure accurate recording of updates across all documentation within care files.
- Dates of opening for bottles and tubes of medication should be clearly recorded on all relevant medication.

6. How we undertook this inspection

This was a full inspection which involved an unannounced visit to the home on 18 January 2019 between 9:30 am and 4:30 pm.

The following methods were used:

- We spoke with people living at the home and with four staff members.
- We spoke with the manager and deputy manager.
- Telephone conversation with responsible individual.
- We looked around the home and made observations.
- Examination of questionnaires returned to CIW, two from people receiving a service and seven from members of staff.
- We reviewed information about the service held by CIW.
- We looked at documentation, which included:
 - Statement of Purpose and service user guide.
 - Three people's care records.
 - Staff records, which included recruitment records, details of training and supervision.
 - Records relating to health & safety including risk assessments, audits and safety checklists.
 - Medication storage and records.
 - Records of complaints and compliments.
 - Records of accidents and incidents.
 - Records of provider visits and audits.
 - Quality assurance and audit records.
 - Contract monitoring report.

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Accomplish Group Specialist Care Limited
Manager	Shane Pocock
Registered maximum number of places	8
Date of previous Care Inspectorate Wales inspection	This is the first inspection following re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	18/01/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government's "More Than Just Words.... Follow-on Strategic Framework for Welsh Language Services in Health, Social services and Social care 2016-19".
Additional Information:	

No noncompliance records found in Open status.