Inspection Report on

Woffington House

FORESTGATE HEALTHCARE LTD
REAR EARL STREET
TREDEGAR
NP22 3QW

Date Inspection Completed
10/10/2019
Description of the service

Forest Gate Healthcare Ltd is registered with Care Inspectorate Wales (CIW) to provide a service ‘Woffington Care Home’ to accommodate a maximum of 36 individuals. The service provides personal care and accommodation to people aged 65 and over who may also have dementia care needs. Ian Hutchinson is the responsible individual (RI) and they have been appointed by the registered provider to represent the company and oversee the service. There is a manager in post who is registered with Social Care Wales and oversees the day to day running of the home.

The home is located in the village of Tredegar. On the day we visited the home we were told that 23 people were in residence.

Summary of our findings

1. Overall assessment
   People who live in the home and their relatives told us they are happy with the care and support provided including the activity arrangements. The provider has oversight of the service, however, some improvements are needed to fully satisfy regulatory requirements. Staffing levels, skill mix and deployment of staff needs to be reviewed to ensure people’s needs are met and risks are consistently mitigated. The processes for the revision of people’s personal plans, medication management and staff induction need to be strengthened.

2. Improvements
   We found the provider had updated the Statement of Purpose (SOP) and submitted this to CIW. We found the quality of engagement from staff during mealtimes had improved despite the lack of sufficient staff numbers. Staff recruitment files contained all the necessary employment checks and relevant identification.

3. Requirements and recommendations
   Section five of this report sets out details of our recommendations to improve the service and areas where the care home is not meeting legal requirements. In brief these relate to:-

   • Staffing: Sufficient number of suitably trained, competent and experienced staff need to be deployed to support and meet the needs of the individuals.
   • Medication: A safe system of recording and administering medication needs to be consistently in place.
   • Review of personal plans: Personal plans need to be revised as required.
   • Quality assurance: The RI needs to ensure reporting processes and supervision arrangements for the manager are strengthened.
• Supporting staff: Appropriate induction systems for staff must be in place.

1. Well-being

Our findings
People’s health and well-being is promoted and people remain socially stimulated. Health referrals were made to ensure people received the help they needed. We found evidence within care documentation that external healthcare referrals are made in a timely manner. Residents had access to activities within the home. We were told the home has strong links within the community and engages with many primary schools to partake in rewarding intergenerational work. We saw photographs displayed that showed how residents and children were engaging together and it was clear that everyone involved found these events very fulfilling. We noted relatives were welcomed into the home supporting and promoting the emotional well-being of their relative. We conclude, people can do things that matter to them and are supported to access external healthcare services as needed.

Systems are in place to safeguard people; however, the application of these systems require strengthening. We found risks were identified as part of the assessment process and personal plans were in place, however personal plans were not always revised as required. Policies and procedures were aligned to current legislation, national guidance and safeguarding procedures. We saw Disclosure and Baring Service (DBS) information on staff recruitment files. These checks are important as they identify the suitability of people to work with vulnerable people. Medication systems were not always robust, and some improvements are required in staff practice. Staff were aware of the procedures to follow if they had concerns about an individual’s safety and received safeguarding training. We found there were occasions when support was not always provided in a timely manner and safe staffing levels were not always maintained. During the mealtime experience, we observed people were supported with dignity and were given choices, however we noted on one occasion 13 people were in the dining area with only the cook present to offer support. We conclude, people do not consistently receive support from staff in sufficient numbers in order to consistently keep them safe.

People are supported to live in accommodation which meets their needs. The home was clean and well maintained. We found the entrance to the home was welcoming and secure. We noted visitors’ identity was checked on entering the property along with signing of the visitors’ book. We found personal items were left within a bathroom and noted excessive storage of equipment in a shower room. We found carpets in communal areas were worn and required replacing. We conclude, the environment people live in generally supports their well-being.
2. Care and Support

Our findings
Personal plans and associated risk assessments are not revised when necessary. At a previous inspection we recommended that risk assessments should be fed into care plan documentation. During this inspection we found similar failings. We sampled three peoples’ care documentation and found personal plans had been briefly reviewed, however the revision of personal plans and risk assessments lacked detail and specific information was not always updated. We reviewed care documentation for person (A), who had been assessed as high risk of falls and noted an accident form dated 04.10.19 indicated the person was found on the floor in their bedroom. However, this failed to initiate a revision of the falls risk assessment and safety support plan on file. We examined the safety support plan on file, this detailed an alarm mat was in situ in the bedroom, however, an associated risk assessment indicated a call bell was now in the bedroom to replace the alarm mat. We examined personal plans for person (B) and noted they had sustained a fall in June 19 and had also fallen in October 19, however, this failed to initiate a revision of the personal plan and associated risk assessments in order to review and minimise risk. Further, we examined personal plans and risk assessments for person (C) who sustained a fall in September 19 and noted the falls risk assessment was not accurate. We conclude, personal plans were not always revised as required in order to mitigate risk and promote people’s safety and well-being.

People were not always supported by sufficient numbers of staff to ensure their well-being. The deployment of staff throughout the home was not well managed and staffing numbers were not always consistent in order to meet people’s needs. We found staff did not always give people the appropriate care and supervision they needed in a timely manner. We arrived at the home at 07.05 a.m. and observed six residents sitting in the downstairs lounge, of which five residents were sleeping. We spoke with two carers who assured us that this was the choice of the residents and told us, “They are early risers.” Later in the morning we observed seven people were in the same lounge unsupervised. We spoke with one member of staff who told us the night shift had been one staff member short and commented, “I must be honest, it is normally like this.” During a tour of the home we observed one person enter their bedroom, at which point a sensor mat on the floor of the bedroom was activated. The sensor mat is used as a safety device to alert staff to check on the person. We saw this person pull the lead attached to the sensor mat out of the wall to stop the alarm sounding. We observed for a further five minutes, however, no staff responded to this alarm. We reviewed the personal plan for this person; reports indicated this person has had a recent fall, and is assessed as a high risk of falls.

We observed the mealtime experience for people in the dining room/large communal lounge that extends into a conservatory. At one point we saw 13 people in this area with
only the cook available to support. We spoke to a member of the management team regarding our concerns with the number of staff available and we were told the team were one member of staff short. We examined the last four weeks of the home’s staff rotas and noted that assessed staffing levels were not consistently maintained during a 24-hour period and there were many occasions where the home had run below what the provider deemed as appropriate staffing levels in order to safely meet people’s needs. We conclude, staffing levels were insufficient in order to keep people safe and meet their needs.

People are supported to access external services. We found health referrals were made to ensure people got the help they needed at the right time. We found evidence within personal plans that external healthcare support is sought in a proactive and preventative way. We received feedback from a health professional who visited the home on a fairly regular basis, they stated staff were responsive and will report matters of concern. People appeared relaxed and had access to activities. One relative told us how their relative enjoys completing jig-saws and described how the staff support their relative in this activity. We saw one resident being encouraged to complete daily living tasks and we saw relatives were welcomed into the home. One member of staff told us there are activities arranged such as singers and artists who visit the home. There was a hairdresser present throughout our visit and we heard staff complimented one resident who had their hair done. We conclude, people have things to look forward to and are supported to access external healthcare services as needed.

Medication systems are not as robust as they need to be. We sampled medication administration records (MAR) for people receiving support in this area. We identified when ‘as and when required’ medication (PRN) was administered, it was not always recorded accurately on the MAR and the effectiveness of the medication was not always routinely documented. We saw PRN protocols were in place for most prescribed medication, however, we noted these were not in place for all PRN medication. We noted where there was specific instructions on prescribed medication for staff to follow, for example, ‘take with or just after food,’ there was no clear record to indicate these instructions were being followed. We also found that when PRN medication had been given on a regular basis over a set period, this was not always referred back to the prescriber to be reviewed. We noted prescribed topical creams and bottles of oral solution and creams had evidence of the date the medication was opened. We undertook a stock check of some medications and found stock levels were accurate. We noted that the administration of anti-psychotic medication was being robustly monitored. However we found when medication was being cut to prepare for administration, this was not being completed in a safe manner. We discussed this with the manager who immediately liaised with the pharmacy to resolve this concern. We conclude improvements are needed to medication systems to ensure practices are consistently safe.
3. Environment

Our findings
We did not consider this theme in full as this was a focussed inspection looking at specific concerns reported to CIW and we reviewed themes related to these concerns during our inspection.

People benefit from a spacious, clean and homely environment. The previous inspection identified issues with bathrooms that required a general tidy up, including the appropriate storage of products in order to promote the dignity of people using the service. During this inspection we found similar failings. We found personal care items stored in one bathroom and excessive storage of equipment within one toilet/shower room. We noted carpets in some communal areas had still not been replaced. We found the layout of the home enabled people to easily spend time privately or communally. The décor in communal areas was homely and welcoming. We observed the home was clean and saw domestic tasks being completed. We saw kitchen areas accessible to residents to enable people to maintain their independent living skills. During our visit we observed a staff member walking through a communal corridor carrying a used continence aid. We noted the staff member was wearing personal protective clothing, this included gloves and an apron, however, the continence aid had not been disposed of safely in a bag prior to transportation in order to minimise infection control risks. Bedrooms were personalised and contained items such as family photographs and furnishing. We found the entrance to the home was welcoming and secure. Overall, people’s well-being is enhanced by having access to a safe, homely environment which is appropriate to people’s needs, however, some improvements are required to infection control practices.
4. Leadership and Management

Our findings
Systems in place to ensure adequate oversight of the service require enhancing. The RI told CIW they visited the home on a regular basis and each visit was logged and documented. We requested evidence from the RI that these visits had been completed and logged, however, at the time of writing this report, this had not been provided. Further, the RI must report to the service provider on the adequacy of the resources available at the service, such reports must be made on a quarterly basis. We noted these reports were not completed by the RI. The manager told us they did not have regular formal supervision. We viewed supervision notes for the manager dated June 2018 and October 2018. The RI must ensure arrangements are in place to demonstrate the manager is supported with formal supervision, but the manager told us they felt supported by the RI. During our previous inspection we were unable to see any evidence of resident or family meetings, but were given assurances that residents and family are consulted with on a daily basis. We recommended that formal meetings are implemented and attended by the manager and records kept to evidence consultation. However, we were told by the manager these meeting had not yet commenced. We therefore conclude quality assurance systems require improvement to fully satisfy regulatory requirements.

People receive care from staff who are receiving supervision. We spoke to six members of staff, and were told staff felt supported in their role. One member of staff commented, ‘We feel let down by staff sickness, we don’t run below safe staffing numbers, well not often, we will have the help of kitchen and domestic staff to observe if we do.’ We spoke with another member of staff who told us, ‘I do feel supported, the staff are lovely, however, I do feel pressure to work more shifts, and the constant phone calls make me feel anxious.’ We examined three staff files and supervision records indicated that staff generally receive supervision on a three monthly basis. However, we noted on one staff file, the last recorded supervision was dated 25.02.2019. We reviewed staff meeting minutes of meetings held in August 2019 which demonstrated staff were kept informed of important matters within the home. We conclude, people receive care and support from staff who feel supported and are formally supervised in their roles.

Systems and processes with regard to the learning and development of staff were not always in line with regulatory requirements. We were shown training statistics that indicated the majority of staff had completed mandatory training, however practical manual handling training was not always provided to staff who are required to monitor and observe communal areas. We spoke with one member of staff who had not completed ‘Safer People Handling training,’ however had been required to observe and monitor communal areas, they commented, “I think this would be helpful to me and also helpful for the residents as they would not have to be waiting.” The manager assured us training in this area would be prioritised and records would be updated. We found a lack of documentary evidence of staff having received an induction in line with regulatory requirements. We spoke to one member
of staff who had no previous experience of working in a care home environment prior to taking up the role, and told us “If a more detailed induction had occurred, this would have been more helpful, especially around the paperwork.’ All staff employed on the first day of their employment should commence a structured induction programme in line with Social Care Wales, ‘All Wales Induction Framework.’ We conclude people do not always benefit from care delivered by staff who receive an appropriate induction into their role.

People are supported by staff who have been through recruitment checks. We examined three staff files and found DBS checks had been completed for all staff. We saw checks had been completed in relation to employment histories and found appropriate employment references on file. We also noted photographs and identification was present on all staff files viewed. We conclude recruitment practices are robust and people can be assured staff are recruited safely.

The home is clear about its aims and objectives. We viewed the statement of purpose (SOP) for the home. The SOP had been reviewed by the RI and submitted to CIW. The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and social care needs the service will provide support for, including any specialist service / care provision offered. The SOP provided a detailed picture of the service offered. We conclude, people can be clear about the services that are provided at the home.
5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspection
At the previous inspection the following areas of non-compliance with The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 were noted:

- Statement of Purpose (Regulation 34 (1) (a)): Statement of purpose does not reflect the current staffing arrangement in place. At this inspection, we were satisfied that the regulations were complied with. The statement of purpose had been amended to reflect current staff arrangements and had been submitted to CIW.

- Staffing (Regulation 34 (1) (b)): The current level of staffing is not sufficient to meet the needs of residents. The impact on people using the service is that they are at risk of not having needs met due to lack of staff available. This is continued non-compliance. We have discussed this with the registered provider and we expect immediate action to be taken to address this deficit.

5.2 Recommendations to meet legal requirements
We have advised the registered provider that in order to fully meet legal requirements improvements are needed in relation to:

- Review of personal plans (Regulation 16 (5)): The service provider had not ensured personal plans had been revised when necessary.

- Medication (Regulation 58 (1)): The service provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines received at the home.

- Supporting and developing staff (Regulation 36) (2) (a)): The service provider must ensure all staff receive an induction appropriate to their role in line with Social Care Wales recommendations.

- Oversight of adequacy of resources (Regulation 74 (2)): The RI must report to the service provider on the adequacy of the resources available to provide the service in accordance with the requirements on service providers in Parts 3 to 15 of the Regulations. Such reports must be made on a quarterly basis.

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.
5.3 Recommendations for improvement

- Replacing of worn carpets.
- A general tidy up of bathrooms, ensuring products and equipment are stored appropriately.
- Resident and family meetings to be implemented and attended by management.
- All staff including domestic and kitchen staff who are required to monitor and support in communal areas are to receive ‘Safer People Handling,’ training.
6. **How we undertook this inspection**

We completed a focussed inspection in response to a concern relating to insufficient staffing levels and a concern relating to medication practices. When we inspected the service, we found staffing levels were not adequate to ensure people are supported in a consistently safe manner and we found medication practices need to be strengthened. During the inspection we also had the opportunity to test outstanding non-compliance with regulations identified at an inspection on 14 June 2019. We made an unannounced visit to the home on 10 October 2019 between 07:05 a.m. and 6:40 p.m.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by CIW about the service, including the last inspection report, notifiable events and concerns received since the last inspection.
- We spoke with people living at the home during the day, including relatives, staff and a health professional.
- Discussions with the responsible individual and manager.
- We toured the home, observed staff and resident interaction and considered the environment.
- We looked at a wide range of records. We focussed on the staff rota, staff supervision records, staff training records, medication charts, three staff recruitment records, and three people’s care records.
- Consideration of the home’s SOP.
- Consideration of the providers auditing reports, including quality assurance.
- Consideration of the home’s policies and procedures.
- We used the Short Observational Framework for Inspection (SOFI 2) tool. The SOFI 2 tool enables inspectors to observe and record care to help us to understand the experiences of people living in the home.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people’s legal human rights.


Further information about what we do is on our website [www.careinspectorate.wales](http://www.careinspectorate.wales)
About the service

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<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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<td>Service Provider</td>
<td>Forest Gate Healthcare Ltd</td>
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<tr>
<td>Responsible Individual</td>
<td>Ian Hutchinson</td>
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<td>Registered maximum number of places</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
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Additional Information:

Date Published 04/12/2019