



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

29/02/2024

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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	6 January 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

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 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. We have requested staffing levels at night are reviewed and increased to ensure any emergencies are responded to appropriately and safely.

The environment is well maintained, clean and provided in accordance with the objectives detailed in the statement of purpose (SoP). 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 thorough training to perform their roles competently. The RI told us the service is further strengthening personal plan review and staff induction processes.

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. People are supported to maintain and develop skills such as the completion of household tasks and to access the community where appropriate. 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). We have requested the provider to arrange additional staffing at night to ensure adequate resources are in place to manage emergencies. There are thorough and detailed safeguarding policies and procedures for staff to follow.

The environment is well maintained, safe and provided in accordance with the objectives defined in the SoP. People are safe and routines such as fire checks and electric safety certificates were viewed on inspection. We viewed some bedrooms and people showed us their personal items and decorations. At the previous inspection we noted the heating system was not working properly. This has since been repaired and is now fully working. There are robust medication administration procedures in place and regular audits completed to ensure good compliance is maintained.

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 and people 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. The provider has recently introduced a new online care planning system that is reportedly working well. The RI and managers intend strengthening the current personal plan review and staff induction processes.

Care and Support

The provider has current and up to date personal plans for how care is provided in order to meet support needs. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. People's ability to be involved in care planning is considered. Where we saw people's ability to be fully involved is compromised we saw consideration of best interest planning and the Mental Capacity Act (2005) principles are followed. Recording of support given is detailed and evidences that identified needs are monitored and reviewed. Since the last inspection the provider has introduced a new electronic support planning online system. The manager told us this is working well and most care workers are now familiar with it. However, the current personal plan review process would benefit from strengthening to fully capture the contribution of people and others. The manager and RI told us they are still consulting with the system provider to ensure it fully meets their needs and will feed this back. Health appointment records and associated actions are clearly documented. Care workers informed us there are regular planned handovers between shifts to ensure continuity of care is maintained.

There are knowledgeable, competent and skilled care workers working in the service. Many of the existing care staff team including managers have worked in the service for many years. This means people benefit from staff that know them well and can respond quickly to any changes. We spoke to people during the inspection, a person told us *"it's great here, everyday doing something different"*. Another person stated *"I am not patronised and I am treated like an adult and not a child here"*. Some care workers told us staffing levels are low during the night. The service is located adjacent to another which is part of the same group provision. There is currently one wake in care worker, working overnight in each service. This would effectively mean that should there be an emergency requiring two care workers to respond, one service would be left with no staff. Although there are thorough and robust health and safety arrangements in the service this is an area for improvement and we expect the provider to take action.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked cupboard. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so.

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 and risk plans to guide them.

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 are 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.

The service has a current food hygiene rating of five (very good) which is the highest score available from Environmental Health. We viewed the kitchen and saw some kitchen cabinet doors need replacement and are worn and damaged. The RI told us this will be addressed. People informed us they enjoy the food provided and also have choice regarding what they eat. There is a pleasant secure outside garden 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. The RI was present and meeting with managers on the day of our inspection. 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 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 RI told us they intend re-introducing induction workbooks for new staff that align with the All Wales Induction Framework (SCW). Care workers confirmed they had received a thorough induction on starting at the service and receive regular planned supervision. We saw a supervision overview 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; whistleblowing and safeguarding. 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
34	Staffing arrangements are currently inadequate should an emergency occur at night. The provider needs to ensure there are adequate staffing levels in place at night to respond to an emergency situation should it arise.	New
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.	Achieved

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