



Inspection Report on

**WOODSIDE HOUSE NURSING & RESIDENTIAL HOME
PENRHIWGOCH BAGLAN
PORT TALBOT
SA12 8LN**

Date Inspection Completed

08/08/2019

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Description of the service

Woodside House Nursing and Residential Home is a care home service located in Baglan on the outskirts of Port Talbot in a residential area. Mishael Care Home Limited owns the service and the Responsible Individual (RI) is Mr Rashid Habib. Woodside House Nursing and Residential Home provides care for up to a 22 people aged 65 and above who have dementia care needs. At the time of the inspection 22 people were resident at the home.

Summary of our findings

1. Overall assessment

Overall, the quality of the care provided at Woodside House Nursing and Residential Home is consistently good. People living in the care home are happy? content and have some opportunities to take part in meaningful activities, which they are interested in but these are mostly in the home as opposed to in the community. The people we saw were well presented and appeared relaxed and content. People told us that staff did their best to support them and felt that staff knew them well. Relatives told us they were very satisfied with the way in which their relatives were being cared for and felt able to talk to staff about the care of their relative.

2. Improvements

This was the first inspection under the Regulation and Inspection Social Care Act (RISCA) Regulations and any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These recommendations include the following:

- Logging and recording Responsible Individual visits.
- The manager's supervision.
- Developing the outside areas.

1. Well-being

Summary

People have control over their day-to-day life. This is because people are encouraged to reach their maximum potential, speak out and express themselves. Records showed that there was a statement of purpose which provided sufficient information for people and people were given a welcome pack when they moved into the home. We saw evidence of monthly residents meetings, which were well attended. We heard staff asking people what they wanted to do, where they wanted to sit and what they would like to eat and drink. People told us that they decided when to get up in the morning and when to go to bed in the evening. We saw some people had chosen to eat lunch in their rooms and this was respected by staff. One person told us *"I like to spend time quietly and the staff respect this"*. There was evidence of peoples' furniture and memorabilia, family photographs and personal belongings available throughout their rooms and the home. Therefore, people are involved and able to contribute to decision making about the service.

People are happy and do the things that matter to them. Records showed that people were asked what was important to them. This was clearly outlined in people's care plans and also how best to support them from their point of view. People told us that they were able to do the things that they wanted to do whilst living at the home. One person told us *"you can't beat it here"* and another said *"we've got a really nice lady who organises activities here"*. We saw evidence of planned activities for the coming month, which were displayed on notice board on the wall of the dining room. The home employs an activities coordinator and we observed a quiz being held, which was facilitated in a fun and enjoyable way, which residents appreciated. Discussions with staff indicated that they felt the home benefited from having someone with specific responsibility to plan and organise structured activities for people living at the home. Therefore, people do things that matter to them.

People can sometimes engage and make a contribution to their community. This is because records showed that people occasionally took part in local clubs such as the local older people's activity club, which is a club which provides activities for older people to meet up and play bingo and carry out craft activities. However, activities tended to be organised around people coming into the home rather than encouraging people to take part in ordinary community activities. This was discussed with the manager who acknowledged the difficulties with facilitating community-based activities. Photographs around the home showed people enjoying activities as well as a monitor in the foyer which displayed recent social activities at the home. We were told that people's religious beliefs were respected and if they wanted to attend a particular place of worship, they were helped to do so.

People can contribute towards their social life and be with the people that they choose. We observed constructive relationships between people living in the home and staff. We saw people sitting in the lounge and dining room and also in the privacy of their own bedrooms. One person told us that they preferred to spend time in their own room and this was respected by staff that regularly checked on their well-being. This contributed to the home's relaxed and pleasant atmosphere. People were supported by staff to develop new relationships and maintain existing ones. We observed that people were content in the company of others living in the home. One person told us they enjoyed speaking with other residents in the communal areas. People approached and spoke with staff confidently. We

were told that some people receive regular visits from relatives and others were supported to communicate with relatives by telephone where visits were not possible. The home does not provide an active offer of the Welsh language. People feel valued and have safe positive relationships.

2. Care and Support

Summary

People can feel confident that the service provider has an accurate and up-to-date plan for how their care is to be provided in order to meet their needs. We looked at care records of three people who lived at the home and all were comprehensive, current and relevant. Needs assessments had been completed along with risk assessments, which were reflected in the care plans. These care records included personalised information booklets which had been completed for each individual. They contained a social history of the individual and what was important to that person and how best to support them. Records of people's weights were carried out as well as blood pressure recordings and blood sugar charts. There were risk assessments in place for malnutrition, dependency, bedrail assessments and urinary continence. Appropriate referrals to both health care workers and social care workers had been made and acted upon. We saw that people who were at risk of pressure damage or dehydration had appropriate repositioning charts and fluid charts completed. Records showed that the review of care plans were sufficiently detailed to enable care staff to make adjustments to plans if needed. People can be confident that the service has in place an accurate and up-to-date personal plan.

The service has safe systems for medication management. We saw nurses held the responsibility for the administration of medication. We saw throughout the inspection medication being administered in a sensitive and professional manner. In discussion with the nurses on duty, we found them to be knowledgeable on the medical needs of the people they supported. We were shown the medication room, which contained medication cabinets, which was secured in the medication storage room. This room was well organised and temperatures taken on a daily basis. Medication audits were completed consistently. The medication administration record (MAR) charts were seen to be accurately completed. The evidence shows that people benefit from a service, which has good systems in place to ensure medicines are managed and administered safely.

The service promotes hygienic practices and manages risk of infection. We found policies and procedures in place, which promoted hygiene and took into account contemporary legislation and guidance. These included infection control and cleaning and laundering arrangements at the home. Domestic staff were aware of these policies and procedures and had received training to understand safe working practices and prevent infection. We saw that risk to cross contamination was avoided by ensuring the right colour-coded mop was used with the right colour-coded bucket. The domestic staff in the laundry demonstrated a good understanding of hygiene standards and ensuring items were not contaminated. Supplies of cleaning products and equipment were sufficient and easily accessible to staff. People can be confident the service has systems in place to ensure it promotes hygienic practices.

People enjoy a good dining experience and have their diet and hydration needs closely monitored. We found the dining room was used to eat in during mealtimes and people used mealtimes as an opportunity to socialise. Staff respected the wishes of people if they chose to stay in their rooms and eat their meal. We observed staff supporting people at a relaxed pace with respect and genuineness. The lunchtime observed was seen to be good humoured and at one point there was a spontaneous outburst of communal singing. We saw relatives assisting people to eat during lunch times in their rooms. Staff assisted people sensitively and with patience and good humour. The food provided was plentiful and included healthy choices. Comments made by people living at the home included "*it's very nice*", "*I enjoy the dinners*" and "*can't get any better*". The food was served from a hot cupboard that was brought to the dining room from the kitchen to ensure the food was appropriately hot. Catering staff had a good knowledge of the dietary needs of people and these were recorded in a book within the kitchen. The kitchen had been awarded a food hygiene rating of 5 (very good) by the Food Standards Agency. We observed care workers and catering workers ensuring people were provided with regular hot and cold drinks. The dietary and fluid intake of people living at the home were monitored. Therefore, this demonstrates people have a wide choice of food and refreshments provided by attentive staff.

3. Environment

Summary

People live in an environment in which the service provider ensures that individuals' care and support is provided safely. We were shown around the home by the manager and viewed five bedrooms of people and they told us they were happy and content living there. These rooms had been personalised and contained a variety of personal possessions. During our visit we spoke to several relatives who commented positively about the quality of the decor and furnishings. Relatives commented that "*she loves it here*" and another relative commented "*she's quite content and has settled in*". Bathrooms, showers and toilets were designed to take into account the privacy and dignity of people living at the home. We found these to be accessible and clean and tidy.

The external grounds, which are used for the provision of the service were observed to consist of recreational equipment, tables, seating and therapeutic and sensory areas including a fish pond. The manager informed us this area was being redeveloped and they were waiting for planning permission to build an extension, which would provide more communal areas for the home. At present the external grounds for residents do not promote accessibility.

The storage of materials subject to the control of substances hazardous to health (COSHH) regulations is sufficient. This is because we found that materials used for cleaning were stored in a lockable cupboard within a lockable room. The datasheets and risk assessments associated with these substances were available to staff.

Records showed that there was a system of monitoring and auditing in place, which supports a planned maintenance schedule of the premises. There was a planned renewal programme for the fabric and decoration of the premises. At the time of our visit the system of monitoring and auditing had been implemented. Based on this evidence, people live in an environment, which mostly promotes independence and helps them achieve their outcomes.

People live in a safe and secure environment. We found that visitors could not gain entry into the home without approval from a staff member. A visitors book was used to monitor those entering and leaving the premises. Keypads were in place on doors leading to hazardous areas to promote people's safety and allow them to explore within a safe environment. We saw that records were securely stored to ensure the confidentiality of those using the service.

There were appropriate arrangements in place for maintaining the safety of the environment. We viewed a sample of environmental certificates and found these to be kept in an orderly filing system at the home. Works have been carried out where they were

needed and satisfactory findings achieved. Records showed that the passenger lift had been regularly serviced and that water temperatures were being checked regularly to ensure they were appropriate. We viewed a sample of hoisting equipment and saw evidence that these are being serviced regularly. The evidence shows that people live in a well maintained home.

4. Leadership and Management

Summary

People are supported by a service that provides appropriate numbers of staff who are suitably fit. Records showed that appropriate levels of staffing were available when needed. A member of staff said “*there are enough of us on shift to care for our residents*” another member of staff commented that “*there’s always enough*”. Records showed that staff were given two monthly supervision and an annual appraisal in line with the statement of purpose. Staff confirmed that they felt valued and supported by management. They went on to say that they felt the manager and RI were visible, approachable and responsive to concerns. Staff also told us that supervision and appraisal felt like a two way discussion. However, there was no evidence of the Manager receiving formal supervision or appraisal from the RI. We recommended that the Manager receive formal supervision and appraisal from the RI.

We looked at a sample staff recruitment files, which were well organised and met regulatory requirements. Staff told us they felt confident in their role and they were clear about the role of the manager and what their responsibilities were. They felt that the RI and the manager acted with due diligence and care. Records of staff Disclosure and Barring Service (DBS) checks showed that staff had current valid checks in place. Records showed that staff had the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes.

Records showed that staff had undertaken various training sessions such as in relation to infection control, fire training, Protection Of Vulnerable Adults, dementia training and health and safety. Staff told us they were satisfied with the quality of training offered and commented positively on the use of external trainers to provide classroom-based training as well as online training. Policies and procedures were in place and staff were knowledgeable and had a working understanding of the key policies needed in their day-to-day roles. The policies contained a review date and the manager was clear when they would need to be reviewed. People benefit from a service in which they can achieve their individual personal outcomes because staff are well supported and trained in the roles.

The service provider has systems and processes in place to monitor, review and improve the quality of care and support. We saw that quality assurance measures were in place and the views of staff and people living in the service were considered. Relatives, health and social care professionals had also expressed their views in order to enhance the service. We saw that the quality of care report was completed by the RI and was current. The RI is responsible for preparing the quality of care review report and ensuring analysis of audits. They are further responsible for ensuring the report is clear, evidence-based and informs the conclusions and recommendations for improvements. Nonetheless, the RI visits to the

home were logged and documented in his diary to demonstrate they were taking place. We recommended that the RI visits are logged and documented in a specific RI visits file.

There are systems in place to monitor and improve the quality of the service. Records showed that concerns and complaints that had been raised had been dealt with in an effective manner. We examined the quality assurance and auditing documentation for the home and found there were sufficient audits of care processes undertaken to provide reassurance of the quality of care provided. People benefit from a service, which has sufficient quality assurance processes in place, where their views are considered and contribute to the development of the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no issues of non-compliance identified at the previous inspection.

5.2 Recommendations for improvement

We recommend the following to help improve the service:

- RI visits should be logged and documented.
- The manager should receive formal supervision and records of this be kept.
- The side and rear outside areas would benefit from clearing and developing into a more pleasant area and made more secure.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 6 August 2019 between 8:00a.m. and 4:00p.m. and on 8 August 2019 between 8:30a.m. and 2:30p.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 to inform this report:

- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to four people living at the home during the day, three relatives and seven members of staff.
- We looked at a wide range of records. We focused on the staff rota, medication policy, whistleblowing policy, the quality of care review, staff training and recruitment records and three people's case records.
- We undertook a tour of the property and observations of interactions within the home.
- We reviewed the statement of purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

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.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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	Mishael Care Home Ltd
Manager	Josephine Rashid
Registered maximum number of places	22
Date of previous Care Inspectorate Wales inspection	28 June 2018
Dates of this Inspection visit(s)	06/08/2019
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 use, or intend to use their service. We recommend that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'.
Additional Information:	

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