



## Inspection Report on

**Woodcroft Care Home Ltd**

**Woodcroft Care Home  
216 Abergele Road Old Colwyn  
Colwyn Bay  
LL29 8AS**

## **Date Inspection Completed**

18/10/2024

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## About Woodcroft Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	WOODCROFT CARE HOME LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	19 June 2024
Does this service promote Welsh language and culture?	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

This was a focussed inspection to look at the provider's progress towards achieving regulatory compliance since the last inspection. We therefore did not look at all inspection themes in full.

The responsible individual (RI) and manager have implemented a range of audits and quality assurance systems to improve the operation of the service. Falls management and prevention is now robust. Care staff receive regular training and support to help them in their role. Care staff know people well and support is delivered in a person-centred manner with their health and social needs understood and anticipated. Arrangements are in place to keep people safe and protected from harm. People have good relationships with the staff team, and their voices are heard and respected.

## Well-being

As this was a focused inspection, we have not considered this theme, in full.

People are safeguarded and protected from harm. Assessments are available to guide staff on how to mitigate any risks to people's health and well-being. Risk assessments are reviewed when necessary. Communication within the service is clear and changes are communicated efficiently and confidentially. Staff have attended training in safeguarding, falls prevention and health and safety. The service liaises appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate.

People's physical, mental and emotional well-being is promoted. The home is welcoming and has a pleasant calm atmosphere. Staff are attentive to people's emotions and support needs. We saw staff responded in an appropriate and dignified way providing reassurance when needed. Staff have access to person centred personal plans, which provide information about people's routines, personal preferences and care and support needs. Personal plans are reviewed regularly, and information is shared with care staff to ensure they are aware of any changes in people's individual needs.

People live in a homely environment. The main lounge is a popular, well used room where people socialise with others and enjoy entertainment and activities. If preferred, people can enjoy the peace and privacy of their own rooms, or quieter communal areas. Care staff support people to access the sensory garden, which is well presented. The environment is clean and corridors and communal areas are free from hazards and equipment.

People have some control over their day to day lives. People can get up when they want and care staff do what people ask them to. Records show people and their relatives or representatives are involved in reviews of their plans for care and support. People can personalise their rooms with pictures, ornaments and objects that are important to them. Care staff are familiar with people's likes and dislikes. Staff interactions with people were seen to be positive, providing comfort, reassurance, and encouragement, which created a calm and relaxed atmosphere.

## Care and Support

As this was a focused inspection, we have not considered this theme, in full.

People can feel confident care staff have access to an up to date, accurate personal plan for how their care is to be provided. Personal plans include details of people's personal preferences and are reviewed within the required timescales or when the persons needs have changed. People's personal plans describe how risks to them are managed, while taking their needs and wishes into account. Risks associated with people's safety such as falls are thoroughly assessed and risk assessments in place are reviewed after an incident to support people to be as safe and independent as possible. External professionals are contacted such as the Falls Management Team for advice when necessary. An internal robust communication system is now in place to alert staff of any changes to peoples care needs.

People have good relationships with staff, who are kind and considerate in their approach to care. Senior staff report changes in people's health promptly so advice from medical and specialist services can be sought if needed. Care staff are familiar with safeguarding and whistleblowing procedures. Managers' report safeguarding concerns promptly and work with the Local Authority and other agencies to ensure risks to people's well-being are reduced as far as possible. We observed staff approach people in a calm and unhurried manner. All care staff interacted positively with people spending time chatting with them, taking interest in what they were saying and including others in the conversation. We observed care workers offering comfort where necessary and using appropriate communication and touch.

## **Leadership and Management**

As this was a focused inspection, we have not considered this theme, in full.

Governance arrangements are in place for the smooth running of the service. The RI visits the service regularly throughout the week to review records and speak with people and staff about their experiences in the home. There is now a comprehensive and appropriate review of the oversight of falls management. The RI meets with the manager once or twice weekly to discuss the falls and produces an audit and action plan of their findings. The RI ensures the policies and procedures to guide staff are reviewed and updated where required. The manager, senior staff team and RI meet regularly as part of the RI's oversight of the day to day running of the service and discuss their findings from their audits.

People are supported by appropriate numbers of staff and receive support in their work. Management is accessible anytime and take a genuine interest in what people, staff and professionals have to say. Records seen at this inspection evidence staff receive core and service specific training to ensure they have the skills and knowledge to meet people's needs and keep them safe. Care staff are encouraged to learn and develop their practice; recent training includes safeguarding, first aid and falls prevention. Support and training have also been provided from the Falls Prevention Team, and this is ongoing.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
26	The safeguarding policy in place is not up to date with current legislation and safeguarding reports are not always made to the local authority when required. Ensure the safeguarding policy is in line with the current legislation and safeguarding reports are made to the local authority when required	Achieved
15	Personal plans do not contain all of the information necessary to support people to achieve good outcomes. The provider needs to ensure that personal plans fully detail people's personal outcomes, identified risks and associated actions.	Achieved
16	Personal plans and risk assessments are not updated following significant events. Ensure all personal plans,	Achieved

	including appropriate risk assessment documentation are reviewed after an accident.	
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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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
66	The Responsible Individual (RI) does not have sufficient systems and processes in place to enable sufficient oversight of the service. The RI must demonstrate adequate oversight of the service provided.	Achieved



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