



## Inspection Report on

**Woodside Grange Care Home**

**Woodside Grange Care Home  
45 Tan Y Bryn Road  
Rhos On Sea  
Colwyn Bay  
LL28 4AD**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

05/11/2024

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## About Woodside Grange Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Woodside Grange care Home
Registered places	35
Language of the service	Both
Previous Care Inspectorate Wales inspection	16 November 2022
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

People are happy with with the support they receive at Woodside Grange. People are supported by responsive and skilled staff who know them well. Care staff provide positive reassurance and interaction regularly. People are supported to make choices about their daily lives wherever possible. Personal plans are person-centred, detailed, reflect people's needs, reviewed and changed accordingly. Activities are on offer with staff facilitating them and external entertainers coming to the service periodically.

Staff feel well supported by Management and are provided with training to meet people's needs. There are suitable governance arrangements in place with the Responsible Individual (RI) visiting the home regularly to oversee management of the home and gather the opinions of people, relatives and staff to help to improve and develop the service. People's views are reflected in six monthly quality of care review reports. The environment is well maintained, and the service is operating in line with the statement of purpose.

## Well-being

People have control over their day to day lives where possible, where people do not due to capacity; relatives or advocates are consulted. They feel listened to and contribute to decisions that affect their life. Personal plans are written together with the person and cater for people's preferences. People say they like living at the service and say, "*Staff go above and beyond.*" People have choices around food and activities on offer and care staff listen to people's wishes. Call bells are answered in a timely way. Bedrooms are well-maintained, homely and personalised to people's own taste. Care records give care staff the instruction required to support people accurately in a person-centred way. Reviews are carried out in line with regulations.

Staff know residents well enough to notice when people are starting to experience poor mental or physical health. People have visitors coming to the service regularly and have good relationships with other people they live with and care staff. There are activities on offer in the service, with noticeboards on display telling people what activities are happening and when. Activities are facilitated by staff and arrangements are made for external entertainers to visit. A trip to Blackpool to see the illuminations had taken place the week before we visited, an entertainer visited to sing and play games with people on the day we visited, and fireworks were arranged in the evening to celebrate bonfire night. People are supported to practice their faith with arrangements made for religious representatives to come to the service if people wish. The service is working towards the Welsh language 'Active Offer' with Welsh speaking staff matched to Welsh speaking people and celebrations of Welsh culture taking place.

People are protected from abuse and neglect. Care staff receive training in safeguarding and policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and management are proactive and work collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent and strategies for reducing the risk to people while they move around the home are sufficient. The manager has identified potential hazards and has taken steps to minimise risks to people.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. Pre-assessments completed by management take place before people move to the service and consideration is given to whether people will be well matched to those already living in the home. Pre-assessments gather information around people's history and how they came to live at the service.

People and relatives are encouraged to co-produce their personal plans and have choice over everyday decisions, such as meals, clothes they wish to wear and times they get up in the morning. Personal plans are personalised, up to date, accurate and regularly reviewed. They contain person-centred outcomes, likes, dislikes and preferences, with clear consideration around how people's emotional support needs can be met as well as physical support needs. Robust risk assessments are in place and regularly reviewed. People receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates using thorough daily handovers.

Relatives said the service has given their loved one *"a new lease of life" and "the attention and devoted care they receive is second to none"*. Relationships between care staff and people are positive. Care staff are responsive to the needs of people living at the service, identifying when people may be experiencing a dip in mental health and finding ways to boost their mood, such as supporting them to get out of the service for a walk. Mealtimes are sociable, people have choice of what to eat and can have more if they wish. Dietary choices and specialist dietary requirements are well known by kitchen staff, who make bespoke recipes for people if they do not like certain ingredients. Staff complete manual handling in accordance with manual handling recommendations.

People have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are promptly updated to reflect professional advice and care staff access appropriate and specialist training depending on the needs of people living at the home.

Medication storage and administration practices in the service are good and keep people safe. Medication is administered by care staff who are trained to do so. Competency to administer medication is assessed annually and weekly medication audits are carried out by the designated medication lead.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. Bedrooms and communal areas are well maintained and there are plans in place for all bedrooms to be refurbished. The décor in the home is of high quality. There are communal dining and lounge spaces in the home, people can choose to spend their time in busier more sociable spaces or to go to smaller quieter lounges if they wish. People's rooms are clean, tidy and personalised to their own taste with belongings. Moving and handling equipment is stored accessibly but out of the way to prevent trips and falls. People say they like their rooms and find them homely.

Gardens are very well maintained, there is access to an enclosed beach themed garden at the side of the property which is used well in the warmer months. People access the main building through a securely locked and coded door and visitors are required to sign in and provide identification on arrival. Cleaning staff were seen around the building throughout our visit and all areas were clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety; regular health and safety audits are completed with actions dealt with swiftly by maintenance staff. This is monitored by management and the RI. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed and records show the required maintenance, safety and servicing checks for gas and electrical systems are up to date.

## Leadership and Management

People can feel confident the service provider has systems for governance and oversight of the service in place. The RI is at the service for at least three days in the week. They complete a quarterly RI visit report which documents inspection of the property and discussions with staff, residents and relatives. We have discussed the need for the reports to include evidence of reviewing of a selection of records and have been assured this will be included in future reports. Regular management audits are completed and there is continual oversight of quality of personal plans and care records. A quality of care report is conducted every six months and outcomes of surveys are analysed, we have discussed the need to clearly document actions taken in response to feedback and the service have assured us this will be done going forward. People say they can speak to the manager about changes to their care and action is taken. The provider has submitted an annual return as required by Regulation.

People can be satisfied they will be supported by a service which provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. The manager has suitable numbers of staff on duty each shift to support people's needs. New staff undergo thorough vetting checks before starting work in the service and receive an induction specific to their role. Management ensure staff receive the support that they need through regular one to one supervision meetings. Care staff say, *"It's really good working here, we all like to make the residents happy, they come first"*. Care staff state they feel well supported by the manager and have access to the training required to meet people's needs, telling us *"The office door is always open, if we have a problem, we can talk to management about it"*. Training is provided to staff through a combination of online and face to face courses and training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

### 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

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	N/A

	inspection	
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