



Inspection Report on

Woffington House

**Forestgate Healthcare Ltd
Rear Earl Street
Tredegar
NP22 3QW**

Date Inspection Completed

16/10/2024

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About Woffington House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Forest Gate Healthcare Ltd
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	01 September 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Most people and their relatives are happy with the care and support provided at Woffington House. Each person has a personal plan of care which provides guidance to care staff on how to deliver care and support and is regularly reviewed. Personal goals and aspirations are currently not included in care plans. Individualised risk assessments are now in place which help mitigate risks to people's health and safety. Some improvements to the management of medicines have been made, with more robust auditing required to embed and sustain these improvements. Care staff are knowledgeable about the people they support and deliver care with dignity and respect. They enjoy their work and are generally happy in their role. Opportunities for people to participate in some activities are available; however, more variety and one to one activity is required. Care staff are recruited following robust recruitment checks, receive supervision and training, and feel supported in their work. On a day-to-day basis, a manager and deputy manager with support from senior care staff oversee the service. The oversight of the management of the service by the Responsible Individual (RI) requires improvement. The environment is clean, safe and comfortable.

Well-being

People are supported to maintain their health and well-being. Records of each person's medical history are maintained. Care staff know the people they are supporting well and seek medical assistance quickly when required. Individuals are supported to access a range of healthcare services when there is any change to their health needs. Medication administration has improved and now needs embedding and sustaining with robust monitoring in place. People's weights are monitored, alongside their food and fluid intake. People's likes and dislikes, allergies and specialist diets are known. We saw genuine fondness between people living at the service and care staff.

People are encouraged to make choices that affect their lives. They are given opportunities to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. Basic monthly activity plans are in place, which people can choose to participate in. Care plans do not contain personal goals and outcomes. Without these, people's wishes and aspirations are not central to the care provided to them. However, care staff told us and were familiar with individual's likes and preferences. More people and/or their representatives are involved in the review of care plans to ensure individual's views and opinions are considered and included.

People are protected from potential harm and abuse. Character and suitability checks of care staff are undertaken. Care staff files and training records show they receive training to ensure people's safety; this includes training in safeguarding, medication, moving and handling. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. Individualised risk assessments are completed to help further mitigate any identified risks to people. Where necessary, restrictions are in place to keep people safe these appear proportionate. Safeguarding referrals are completed in response to concerns.

People live in a home that is safe, secure and homely. There is a sign-in process to enter and leave the premises. The service is clean, clutter free and comfortable throughout. Bedrooms are personalised and offer space and privacy. There are communal areas giving people options on where they spend their time. Health and safety checks are routinely completed and documented.

Care and Support

Assessments are completed prior to people moving into the home, to determine whether the service can cater for their needs. Each person has a personal plan which reflects their identified needs, and contain information about their likes, dislikes and social histories. Plans are reviewed on a regular basis. Some evidence was available to show reviews are undertaken with people or their representatives, this needs to be fully embedded and sustained. Risk assessments are now individualised and guide care staff how to help mitigate identified risks.

Personal goals and outcomes for individuals are not completed within plans. Without these individual wishes and aspirations, the persons voice is not central to the care provided to them. We were told about amendments to care plans being introduced to include aspirations and identify personal goals each individual would like to achieve. This will be followed up at our next inspection.

People can access the necessary health services to maintain their health and well-being. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction acted upon by the service. People are supported to maintain a healthy weight and diets are reviewed when required and referrals to specialist services are made. Safety equipment is in place where people are at risk of falling. Care staff respond to the sounding of safety equipment, such as sensory mats in a timely manner to ensure people are safe.

There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised care staff. Some improvements have been made to the management and administration of medication but further improvements to monitoring and auditing is required to ensure any discrepancies are identified and actioned. This remains an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

There are systems in place to ensure people's best interests are promoted. Capacity assessments are completed. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. The service maintains a record of applications it has made and expiry dates, to ensure authorisations are in place.

Environment

The environment is clean, safe and comfortable. There has been investment in the property with new flooring in some communal areas and replacement furniture purchased. Rooms are a good size; communal lounges and dining areas are available. There are sufficient toilets and bathing facilities. People's bedrooms reflect ownership with family photographs and keepsakes on display. Communal areas are clean and comfortable which supports people to spend time with others.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being completed on a regular basis. Records demonstrate routine completion of utilities testing. Fire safety tests and drills are completed regularly. Personal emergency evacuation plans were not accurate for everyone residing at the service. The manager had updated plans in one folder but those within care plans had not been fully updated, this could cause confusion in an emergency situation when trying to safely evacuate people. Fire exits were clear of clutter and obstructions, with no obvious trip hazards.

Cleaning regimes and standards of hygiene throughout the home are good. The service employs a team of domestic staff to maintain standards in the home. Substances hazardous to health are stored safely. All care staff have access to personal protective equipment (PPE). The provider has a system in place to record and monitor maintenance requests.

Leadership and Management

The service manager has daily oversight of service delivery, supported by a deputy manager and a team of senior care staff. The manager is experienced and suitably qualified for the role and is committed to support and develop the service. The RI conducts the required visits to the service, however there is limited evidence to demonstrate records reviewed and analysed, and any actions required to continually improve the service. Additionally, formal supervision sessions are not held with the manager to reflect on care practices and to support their professional development. The manager and deputy manager undertake monitoring and audits of service delivery. A more robust approach is required to ensure actions to improve service delivery are fully completed. For example, a more robust audit of medication administration, ensuring risk assessments are fully updated following accidents or incidents. The above are areas for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Policies and procedures had been reviewed since our last inspection. The medication policy required further update to reflect service delivery and current best practice and was provided following our inspection.

Selection and vetting arrangements enable the service providers to decide upon the appointment of staff. We viewed care staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of care staff to work at the service. Current Disclosure and Barring Service (DBS) checks are available for all staff. All eligible care staff are registered with Social Care Wales (SCW), the workforce regulator. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register.

There are systems in place to support care staff and develop their skills. Newly appointed care staff complete an induction programme which includes shadow shifts and training. Staff training records indicate care staff have access to training opportunities, and most have completed a good level of training. We noted one new member of care staff had not completed any basic training, for example in safeguarding before starting lone working with people. The manager explained the person was booked on training and moving forward would ensure core training was completed by all new care staff before they start lone working.

Staff can attend team meetings to discuss the operation of the service. The frequency of supervision with line managers has improved. This provides opportunity for care staff to discuss any concerns or training needs they may have. Amendments to supervision records will be made to evidence feedback on individuals work performance and any actions to be carried forward.

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.

Area(s) for Improvement

Regulation	Summary	Status
73	Evidence of RI visits to the service are not sufficiently robust and do not include all required	New

	information.	
66	The manager does not receive regular formal supervision.	New
58	Medication administration and monitoring is not sufficiently robust.	Not Achieved
15	Risk assessments are not specific to individual people.	Achieved
79	Policies and procedures require updating to reflect current legislation and best practice.	Achieved
21	Levels of engagement and meaningful interactions are not sufficient.	Achieved

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Date Published 12/11/2024