



Inspection Report on

3 Woodside

**3 Woodside
Tir-y-berth
Hengoed
CF82 8BE**

Date Inspection Completed

15 & 24 March 2022

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About 3 Woodside

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Planned Residential Support Services Limited
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	10 November 2021
Does this service provide the Welsh Language active offer?	No. 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 /children who use, or intend to use their service.

Summary

3 Woodside is a care home, which is able to accommodate up to three residents. Stephen Smothers is the Responsible Individual (RI) who is accountable for overseeing the management of the service. The manager is registered with Social Care Wales; they manage this service along with another small service nearby.

This was a focused inspection to follow up a priority action notice (PAN) we issued at the last inspection regarding environmental issues. We found that the environmental improvements required were not completed within the agreed timescales. The provider did not communicate any delays to us and we were misinformed of some works being completed which in fact had not been so. We are now satisfied that the works have either been completed or are in hand.

People are well looked after and content with their day-to-day lives. Care staff treat people with warmth, dignity and respect. The management and oversight of the service needs to be improved in a number of areas. Reports from the RI do not contain sufficient detail. Care staff do not receive regular supervision with their line manager.

Well-being

The service promotes people's rights and encourages them to have choice and control over their everyday lives. People have autonomy over their own lives as much as possible and care staff know their likes and dislikes. People are supported to engage in activities, which are meaningful to them. Care workers understand the importance of getting to know people as individuals. They encourage people to express themselves and know what communication methods to use to help people to understand the information they are given. People have positive interactions with care workers.

Residents receive the support they need to maintain their health and wellbeing. Individuals are supported to access medical and specialist services, as required. Care workers recognise when people need emotional support and provide this with kindness and compassion. Residents are encouraged to achieve individual goals that help to develop their skills and independence. Residents have their own rooms, which are personalised to their own tastes. People have family photos, cards and collectables in their rooms, which gives a homely feel to their surroundings.

The service helps to protect people from abuse and neglect. Care staff complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy. People are encouraged to share their views about the service they receive.

Care and Support

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

We saw that care staff interact well with residents, which evidences positive relationships. Care workers provide support with genuine warmth and compassion. Residents have positive relationships with each other. People have choice and autonomy over day-to-day decisions.

Infection prevention and control procedures were overall good. We saw that care staff wear appropriate personal protective equipment (PPE). We volunteered evidence of a negative lateral flow test result before we entered the property, as this was not requested. Resident's temperatures are taken twice a day so that staff can alert health professionals if they have any symptoms of a high temperature.

Environment

Last November, we issued a Priority Action Notice to the provider for the condition of the environment. We returned on 15 March 22, the agreed date for the actions to be completed. We found that the bedroom floor which was badly ripped and caused a significant health and safety risk was in the same condition. We saw that the doorways to this bedroom and the lounge had been widened to allow for a mobile hoist to be manoeuvred safely. The floor in the hallway had been removed, leaving bare floor boards. The bathroom window had been repaired but the bedroom window had not been repaired or replaced.

We were informed by the RI that the bedroom floor would be re-laid on 21 March 2022. We were then informed by house staff that the floor had been re-laid on this date. We returned on 24 March 2022 to find that the floor had not been replaced and remained in the same poor condition. The manager then informed us this work was planned for 28 March 2022. We then received photographic evidence of the new floor having been re-laid.

We conclude that the Priority Action for the environment has been achieved and the home is now safer for the residents who live there. Some works remain outstanding, including having a new floor laid in the hallway and one bedroom window to be repaired or replaced.

We find that the provider has not acted in an open and transparent way in regard to this matter. The provider must take immediate action to address this issue and promote a culture of openness with the regulator and other agencies.

Leadership and Management

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

Last November we found that staff personnel files were not stored at the service and available for inspection as required. We also found the RI Quality of Care reports required improving and the frequency of staff supervisions need increasing. We will follow these matters up at our next full inspection.

We found previously that the Statement of Purpose which describes how the service will be provided, contained some inaccuracies. This document has since been reviewed and we are now satisfied that it accurately describes the service and meets regulatory requirements.

We have some concerns that a lack of management presence in the home impacts on the culture and effective day-to-day running of the service. We will consider this further at our next inspection.

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
13	The provider has not communicated any delays in the planned works leading to the works not being completed on the agreed date. The provider has given incorrect information about the work being planned and completed when it had not been done.	New

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
35	Staff records were not available at the service for inspection. Ensure staff records are kept at the	Reviewed

	service and are available for inspection without notice.	
80	The quality of care report is not specific to the service and does not contain all of the required information. Ensure that the quality of care report is specific to the service and contains all of the required information.	Reviewed
36	Staff have not received regular supervision throughout the year. Ensure that all staff have one to one supervision with their line manager at least every three months.	Reviewed
7	The Statement of Purpose for the service contains information which is not accurate and does not comply with regulations. Ensure that the Statement of purpose is reviewed and updated to accurately describe the service and meet regulatory requirements.	Achieved

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