Arolygiaeth Gofal
Cymru
Care Inspectorate
Wales

Inspection Report on

3 Woodside

Hengoed

Date Inspection Completed

14/07/2022
14 July 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	15 March 2022
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 service 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 the workforce regulator 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 duty of candour. We found the provider has communicated with CIW openly and honestly since our last inspection and therefore the PAN has been achieved.

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 some areas. Reports from the RI are not specific to this service, as required in the regulations. 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.

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 care staff interact positively with individuals. Care staff provide support with dignity and respect. People have positive relationships with each other and have autonomy over day-to-day decisions.

Infection prevention and control procedures are good. The inspectors were asked for evidence of negative COVID tests before being allowed to enter the premises. We saw care staff wearing appropriate personal protective equipment (PPE) when supporting people in line with guidance.

Environment

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

People live in a comfortable homely and safe environment. We saw that most of the previous environmental issues we had raised have been addressed. New flooring has been laid in the corridor and bedroom which is now safe for the use of lifting equipment. The doorframes and skirting boards have not yet been painted. We saw a badly worn leather armchair in the lounge which requires repair or replacement. We were assured by the RI that these matters would be addressed.

Leadership and Management

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

We issued the provider with some areas of improvement in this theme in December 2021. We reviewed these areas at this inspection and will test them fully at our next full inspection.

Staff personnel records are not kept at the service and available for inspection, as required in the regulations. The records were bought to the home when requested but inadequate arrangements are in place to meet this requirement. The person who bought the records needed to attend a meeting elsewhere and so limited time was given to review the documents. Not all of the information required was available for the staff files we checked.

Staff do not receive one to one supervision with their line manager as often as required. We checked three staff files and saw two of these had not received a supervision in the previous six months.

The quality-of-care report did not contain a date to evidence the period it covered and was not specific to the service, as required.

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
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.	Achieved

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 service and are available for inspection without notice.	Reviewed
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

Date Published 23/08/2022