



Inspection Report on

The Willows

Bridgend

Date Inspection Completed

20/12/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About The Willows

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Amethyst Healthcare Ltd |
| Registered places | 4 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | [Manual Insert] 9/12/2021 |
| Does this service provide the Welsh Language active offer? | 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 receive a good level of care and support at The Willows. People have developed good relationships with care workers, who support them to achieve their personal goals. Staff have a clear understanding of people's needs and provide care with warmth, dignity, and respect. Each person is encouraged to have a voice and the service holds regular meetings for people to discuss any issues which affect them. Care records describe how care workers are to meet people's individual needs. There is a strong emphasis on assessing risks and robust management plans to keep people safe. People are able to positively occupy their time and maintain contact with family. The service has up-to-date policies and procedures in place to support safe practice. The service recruits care workers safely and offers a good range of training. Care workers feel well supported by the manager, who is open and responsive to feedback. The quality of the service is regularly monitored, although improvement is needed with regards to the completion of formal provider visits in a timely manner. The home environment is safe, comfortable, and fit for purpose.

Well-being

People have a positive sense of belonging and have developed meaningful relationships. Careful assessment is given to resident compatibility when accepting new admissions into the home. Care documentation within the service is informative and up to date. Care plans are person centred, detailed and clear to follow. Care workers have a very good knowledge of people and are therefore able to notice any changes quickly and respond promptly.

People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication. People living in the home told us they were very happy with the care provided at The Willows.

There is a clear management structure for the service. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the manager. There are effective systems for monitoring and auditing standards of support and the environment, generally overseen by the responsible individual (RI). The statement of purpose and service users guide are available to individuals or their representatives.

People are safe and protected from harm. We identified no hazards during the visit and the entrance and exits to the home are secure. The home is clean throughout, and staff practice good infection control as required. Staff understand their safeguarding responsibilities and feel confident in raising concerns with the manager.

The Willows provides a comfortable and homely environment that is suitable for people's needs. They are happy with the environment and can exercise choice in relation to their personal living space. People benefit from accommodation that is well maintained and decorated.

Care and Support

A wide range of views and information is considered, before admission, to ensure individual's needs are appropriately supported. Medical and health details are obtained from professionals and personal details from the individual and/or their relatives. Information is reviewed and a plan of care developed.

Care and support is provided in consultation with individuals and their relatives, considers their personal wishes and identifies risk and any specialist input needed. Personal plans identify how care and support is to be provided in order to meet the needs of the individual. The plans viewed detailed the support needed to manage physical and mental health needs. Reviews and daily records are consistently completed.

People receive continuity of care from experienced care workers. The home has a small staff team and turnover is generally low. People are familiar with the care workers supporting them and the care workers know and understand people's care needs very well. We saw care workers are sensitive to people's moods and wishes and offered choice and adapted people's daily routines to suit individual's needs. All people spoken with were positive about the care workers and manager. One person told us "*I love it here*". Another person commented "*they take me places*". A relative told us "*X has the best care*", "*I can't fault the care X gets*" and "*I'm over happy*".

The service has systems in place for the management of medication. Medication stock is stored appropriately, and staff carry out the relevant temperature checks daily. We found no gaps in the medication administration records (MAR). There is a medication policy in place containing guidance on the administration of medication. People have access to healthcare and other services to maintain their health and well-being. Care staff arrange health appointments where necessary.

People are able to do the things that matter to them. Activities on offer are individually tailored and include leisure pursuits as well as domestic tasks. Care workers know the people they support well and are familiar with their likes, dislikes, and the best way to support them to achieve their personal outcomes.

The service takes all reasonable steps to identify and prevent the possibility of abuse. Care workers recognise their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure, and said they were confident to approach the manager if they needed to. There is a current safeguarding policy for all staff to access and follow. When asked if people were safe an individual confirmed "*I feel safe*".

Environment

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. People benefit from en-suite facilities and spacious bedrooms which are personalised with peoples own belongings. There is a well-maintained garden to the rear of the property which is a pleasant space. There is a comfortable living room and dining area. We saw that all communal areas are light and welcoming, and people appeared to be comfortable in them.

There is an on-going programme of repair and maintenance in place that ensures safety. Records show that utilities, equipment and fire safety features have regular checks and servicing by appropriately qualified trades people. People living at the service have a personal emergency evacuation plan (PEEP) in place. This gives guidance on how to get people out of the property quickly in the event of an emergency.

Leadership and Management

The service has a clear vision and ethos. Its aims, values, and delivery of support are set out in the Statement of Purpose in a transparent way. A written guide is available for people in the service, containing practical information about the home, and the support provided. The service also offers various formal and informal opportunities for people and their representatives, to ask questions and give feedback.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work - these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The staff induction programme is linked to the 'All Wales Induction Framework for Health and Social Care.'

The RI must oversee the running of the service more closely by carrying out formal visits at least every three months and speaking with people about their experiences. Records show that the last formal provider visit took place in August 2022. We notified the provider that they were not meeting legal requirements and we will follow this up at the next inspection. We viewed the latest six monthly quality of care report, which evidenced some people's feedback and recommendations for improvements in the home.

Care workers spoken with feel valued in their roles and were complimentary of the manager. Staff say they feel supported and that morale at the home is good. They also told us they are able to talk to management, who are all approachable. Staff told us "*I do like it here*", "*It's easy to get on with everyone, management and staff*" and "*I really enjoy working for Amethyst*".

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. 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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|--|----------|
| 73 | The RI is not completing the Reg 73 visits 3 monthly | New |
| 35 | In personnel files viewed there was missing paperwork as required and listed in Schedule 1 of the Regulations. | Achieved |

Date Published 18/01/2023