



Inspection Report on

The Willows

**The Willows
6-10
Llys Gwynfryn
Neath
SA10 7UB**

Date Inspection Completed

08/11/2023

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About The Willows

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	8
Language of the service	English
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 and well supported at The Willows. There is a dedicated manager and deputy in post and a supportive and actively involved Responsible Individual (RI) who visits regularly. There are good governance and quality assurance measures in place. All care workers told us they receive regular formal and informal support. People are well supported and cared for by dedicated, committed and well-trained care workers. All feedback gathered as part of the inspection was positive about the culture in the service and people informed us they are happy and feel safe. There are good processes in place to help maximise people's engagement in support planning. We saw people have made clear progress in relation to outcomes detailed in support planning documentation. Staffing levels are appropriate and align with people's needs and outcomes. Support planning information is well documented and regularly reviewed. People live in an environment that meets their needs well and is homely, clean, safe and well maintained.

Well-being

People are treated with dignity and respect. We saw positive interaction between care workers and people throughout the inspection. People informed us they feel safe living in the home and are regularly consulted and involved in relation to their care and support needs. People are supported to maintain and develop skills. People told us they complete a wide range of independent living skills such as cooking, cleaning and laundry with support as needed. People access their local community with support in line with risk and support plans. We spoke to care workers and all confirmed there are appropriate staffing levels currently ensuring people's needs are fully met. The manager told us the service is very settled currently. People are protected from neglect and abuse as care workers know what to look out for and how to raise concerns. Care workers are trained in safeguarding and there are clear and regularly reviewed policies and procedures to guide them. Care is provided in accordance with protocols covering capacity and restriction of freedom.

The environment is well maintained, safe and provided in accordance with the objectives defined in the statement of purpose (SoP). The provider has completed extensive refurbishment and re-decoration in the service since the last inspection. People benefit from a service and environment that promotes, supports and facilitates independent living. People are safe and routines such as fire checks, gas and electric safety certificates were viewed on inspection. Administration and storage procedures for medication are safe, appropriate and in line with guidance. Personal records are stored safely and securely.

There is good oversight of the quality of care provision from the manager and the RI. The RI completes regular visits to the service and all recommendations from the last inspection have been achieved. Personal plans are clear, informative and detailed, they are outcome focused and relate well to care staff recordings. Risk plans are sufficiently detailed and have been updated. The service uses specific assessment tools to measure progress in relation to mental health/brain injury and recovery. We saw people are making good progress and are benefitting from living in the service. Care workers and managers receive a wide range of appropriate training to ensure they are fully able to meet people's needs and outcomes. Care workers also receive regular planned supervisions and appraisals.

Care and Support

People receive a good standard of care and support at The Willows. The provider has current and up to date personal plans. This information tells care workers how people want their care to be provided. Personal plans demonstrate what matters to the person and how best to support them to achieve their identified goals. There are thorough and detailed risk assessments in place linked to personal plans. Specialist assessments and monitoring tools in relation to mental health are in place to measure progress. Recording of support given is detailed and evidences that identified needs are monitored and regularly reviewed. There are detailed health records and associated actions documented. We saw clear progress is being made by people against outcomes detailed in support plans such as independent living skills and participation. Activity plans are developed in partnership with people and we saw people accessing the local community to go shopping or attend planned activities. We spoke to people living in the service who told us they enjoy living in the service. A person told us; *“Staff are all excellent and they are really good here”*. Another person stated, *“I really like it here...staff are really good and support me to go out regularly”*.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers. The manager told us the service is very settled at the current time and a full staff team is in place. Care workers confirmed that staffing levels are appropriate and targeted to the needs of individuals living in the service. Many of the care workers and the managers have worked in the service for several years. This means people benefit from staff that know them well and can respond quickly to any changes.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked room. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so. A new medication fridge has recently been purchased.

Environment

The provider ensures people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. Following the last inspection we asked the provider to make environmental improvements. These have nearly all been completed including refurbished and re-decorated communal shower room and bathroom, new flooring, redecoration in hallways and a new smoking shelter. We saw a completely renovated and updated self-contained flat. Additional improvements are planned to be completed over the coming year such as a new front porch and an improved rear garden area. The communal kitchen was seen to be clean and hygienic with a current food hygiene rating of five which is the highest possible. There is a living/dining area where we saw people relaxing. We were told people are fully involved in relation to household activities such as cleaning, cooking and clothes washing. There is a separate locked laundry room and locked storage cupboard for the safe storage of control of substances harmful to health products (CoSHH). Parking is available to the front of the building. The building is safe and secure, visitors are requested to sign in.

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Monthly external contractor water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for people. We saw fridge temperatures are taken regularly and documented appropriately. There are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene and cleaning procedures. We saw detailed cleaning schedules and the service was very clean and uncluttered throughout. There is a secure office area where files are stored appropriately.

Leadership and Management

The provider has arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. We saw the recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report is very detailed and indicates what the service is doing well, including further improvements for the future. We saw the RI is in regular contact with the service and completes very thorough reports detailing service audits. We saw policies and procedures have been reviewed and where necessary updated. The service's SoP has been reviewed and accurately reflects service provision. There is a detailed and clear guide to the service for people and relatives. All policies and procedures are available in the Welsh language as requested. Care workers told us staffing levels are good and the manager stated there is a full staff team in place and no agency workers in the service. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The manager told us the service is settled and there are no current concerns or complaints.

People are supported by a dedicated team who have been recruited safely and are well supported in their roles. We saw appropriate pre-employment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. The manager told us all care workers are now registered with Social Care Wales (The social care force regulator). The training matrix shows all mandatory training requirements are up to date. Most training is facilitated online and includes infection control, safeguarding, health and safety, fire awareness. Also specialist training including; mental health, personality disorder and positive behavioural support. Care workers confirm they attend safeguarding training and understand their responsibility in relation to this. There are detailed and thorough safeguarding policies and procedures in place to guide care workers. We saw staff receive routine formal supervision and an annual appraisal. Care workers spoken with are complimentary of the training and support they receive. Comments include *"manager has been really supportive. Manager goes above and beyond. Good on call arrangements; monthly staff meetings in place, handover arrangements in place, supervision 3 x monthly. Every year appraisal"*.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
43	A full inspection took place on 16th Nov 2022. As part of this an inspection of the environment took place. In some communal areas decoration and flooring needs updating and refreshing. A bathroom is dated and needs refurbishment.	Achieved

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