



Inspection Report on

Willowbrook House Nursing Home

**Willowbrook House Nursing Home
St. Arvans Crescent St. Mellons
Cardiff
CF3 0FD**

Date Inspection Completed

04/10/2023

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About Willowbrook House Nursing Home

| | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Amos Nursing Homes Limited |
| Registered places | 110 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 22 November 2022 |
| Does this service promote Welsh language and culture? | This service is not working towards providing an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promote the use of the Welsh language and culture. |

Summary

People receive care and support from dedicated and compassionate care staff. People are content living there. The home is well-equipped to meet people's needs and keep them safe. Visitors to the home are welcome and a lively events calendar enables people to participate in a variety of activities each month. Care documentation informs care staff of people's needs and preferences but up to date information is not consistent across all communities. People are treated with the utmost respect and have formed genuine bonds with staff from all the teams working at the home.

Care staff feel well supported by the management team but not all are receiving timely supervision which supports their skills, knowledge, and professional development. The responsible individual (RI) and senior staff are available to people, representatives, and care staff. The RI knows the service and the people living there well but better governance and oversight is needed to improve quality monitoring and record keeping. This is an area of improvement, and we expect the provider to take action.

Well-being

People are encouraged to make day-to-day decisions about their care and support. People get out of bed when they choose and take part in activities across the communities. Care staff treat people with dignity and respect. We saw a great deal of warmth and sensitivity towards those who showed signs of distress. People and representatives are consistently complimentary of the care staff. The service encourages visitors to the home and people enjoy quality time with those who are important to them.

The physical environment contributes to people's well-being, it is clean and comfortable. People's rooms are personalised to their taste. The communal areas are welcoming, and people are encouraged to socialise with others. The equipment and facilities offer the right assistance and support to people. People have access to a well-maintained pleasant garden area.

The provider arranges monthly activities and encourages people to enjoy social times together. We saw care staff and some people enjoying games together in the communal areas and being physically active. The provider meets the religious needs of people and takes into consideration their preferences and wishes. Regular church services are held for people to attend if they choose to, and cultural events are celebrated. Records about participation do not fully inform us of people's level of involvement, meaning some people may be at risk of social isolation whilst others are always involved in activities.

People are mostly protected from harm and abuse. Deprivation of liberty safeguards (DoLS) are in place for people who need them. People have access to advocates and representatives. The safeguarding policy is up to date. Records show some care staff are not up to date with core training, supervision, and essential competencies relating to medication are not complete. Oversight of daily care records are not consistent which could impact on people's well-being.

The RI and management team is fully involved in the service and accessible to people. There are new quality assurance arrangements in place to monitor and evaluate the quality and safety of the service. The RI assured us they intend to embed and strengthen the internal auditing arrangements to monitor and make improvements to the service people receive.

Care and Support

People are cared for in a dignified and respectful way by care staff who know them well. Care staff are sensitive to the needs of people who are in distress and support them with warmth and kindness. People and representatives told us *“Staff are kind” and “I feel listened to; I am happy with the service so far” and “I am getting on well here.”*

The service gathers information about people’s preferences and care needs. Some people have additional support plans for specific activities of daily living. We found some personal plans are fully complete but not all. People and their representatives are not involved in the personal plan review. This is important to ensure the personal plan tells staff of the most up to date information.

People have access to health services and timely referrals are made to health professionals when needed. Care staff record information about appointments and outcomes. We found not all personal plans include up to date health information. Risk assessments are in place for people who need them to keep them safe. People appear to receive a good standard of care and support, although documentation in some communities is incomplete or inaccurate. We found some improved records of clinical observations after an accident or a fall. People receive support to register with a local GP service. The management and nursing team are strong advocates for people, ensuring their rights to access good quality health care services.

We found a few inconsistencies between communities when supporting people with medication. Some communities ensure people receive the right medication at the right time and medication recording charts are well-maintained. Medication is stored safely and records relating to controlled medications are good. The RI is aware of the need for better oversight of medication procedures with auditing and monitoring to ensure consistency and safe medication management throughout the home.

People are well presented and receive effective support to maintain good standards of personal hygiene. People make daily choices about what they want to eat. The service offers drinks and snacks throughout the day. We found people enjoyed the food on offer. The kitchen staff regularly meet with care teams to keep fully informed of people’s dietary needs.

Environment

The atmosphere is welcoming, and visitors are safely received. The property is warm, clean, and homely. An effective and hard-working maintenance team ensure the home is well-maintained and safe for people and visitors. There are ample comfortable spaces for people to meet their guests. On the day of the inspection, we saw people enjoying time with visitors in the communal areas and having lunch together. People can enjoy lots of activities in the home in the various communal rooms, and the lovely garden area is frequently used. People's bedrooms are individually decorated and personalised with things that are important to them.

The domestic team work well to maintain good standards of cleanliness and hygiene through-out the home. There is ample supply of personal protective equipment (PPE) and we observed consistently good infection control practices by all care staff.

Equipment is available to staff to support people to safely move about the home and complete care tasks. Staff are confident and skilled at using the equipment and keep people informed of what is happening. Care staff told us management is quick to replace or repair equipment when needed.

Records relating to equipment, building maintenance, repairs and external servicing are good. Daily checks by the maintenance team ensures standards are maintained. The home is free from obvious trip hazards and people freely walk around their own communities. Storage cupboards and medication rooms are locked. We found sluice rooms which contain equipment unlocked but the RI is taking immediate action to address this.

Fire alarm systems and equipment is serviced regularly, and people have personal evacuation plans in place. We found fire drills incomplete and some staff unsure of the correct procedures to follow. The service took immediate action to complete and record safe evacuation procedures and remind staff of their responsibilities.

Leadership and Management

The responsible individual (RI) is also the manager and works at the home. Care staff told us management is approachable and supportive. The management team is knowledgeable about the service and the people living there. We found some positive changes in monthly auditing, but we did not see sufficient auditing or oversight of safe medication procedures across the communities, or analysis of accidents, incidents, concerns, or safeguarding matters. This is an area of improvement, and we expect the provider to take action in a timely manner. The quality-of-care review includes very positive feedback from representatives but is not in date. It does not include the findings of the most recent monitoring and auditing activities.

People receive continuity of care and support from dedicated care staff. Teamwork is a strength of the service. We found sufficient care staff and nurses on duty to meet the needs of people using the service. Care staff have a good understanding of their roles and responsibilities and the provider takes appropriate action in matters relating to poor or unsafe practice. The safeguarding policy is up to date and informs care staff of their responsibilities to protect people from harm, but not all staff are up to date with core training topics such as Safeguarding. Care staff and most representatives told us they feel confident raising any concerns or worries with management. Care staff told us “*Teamwork is good, I feel supported and well-trained.*” Some care staff and clinical staff meetings take place, but these are not as frequent as they should be.

There is effective oversight of some care staff records, such as disclosure and barring checks and Social Care Wales registrations, which is the workforce regulator. Records relating to the support and development of staff, medication competencies and annual appraisals are incomplete. There are some gaps in documentation in staff recruitment files. This is an area for improvement, and we expect the provider to act in a timely manner. This will be followed up at the next inspection.

The statement of purpose mostly describes the service people receive. The document sets out the aims of the service and how it will be achieved. The information is available to people, representatives, and commissioners.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------|--------------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 8 | The service provider must have systems and processes in place to monitor, analyse and improve the quality and safety of the service. | Not Achieved |
| 59 | The service provider must maintain accurate and up to date daily care records to protect the people they support. | Not Achieved |

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