



## Inspection Report on

**The Willows Mountain Ash**

**The Willows Nursing Home  
Llanwonno Road  
Mountain Ash  
CF45 3LJ**

## **Date Inspection Completed**

15/12/2022

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## About The Willows Mountain Ash

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PARKCARE HOMES LIMITED
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	19 August 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

The Willows provides care and support in a warm and friendly environment. The premises is safe and accessible. Staff know people well, and interact in a kind and caring manner, however they need to ensure communicate when carrying out care tasks and use appropriate language. Activities at the service were limited on the day of our site visit despite sufficient staff being present. Staffing numbers, recruitment and staff turnover has improved since our last inspection. Care files detail how people like their needs met and are reviewed regularly, although staff need to ensure all supplementary paperwork and record keeping is consistently kept up to date. Staff supervision and support has improved, however some staff feel communication about changes at the service is limited. Communication with relatives should also be transparent and open. Based on these things overarching standards of care and support at the service require improvement.

Medication should always be stored and administered safely, and Medication Administration Records (MAR) clear, accurate, and contain no gaps. The service has made progress in this area since our last inspection but need to continue to work on this. Notifications of all regulatory issues are required by CIW and has also improved since our last inspection. Audits and oversight by the management team are carried out. There is training to encourage staff development and ensure work is safe and effective. The Responsible Individual (RI) carries out her duties as required.

## Well-being

People choosing to live at The Willows have support and opportunity to have control over their lives. Personal plans are clear, involve people and their representatives, and reviewed regularly. Staff need to ensure improvements previously made around supplementary paperwork and record keeping is consistent and continues. CIW are aware a new electronic care planning system is to be introduced in 2023. A statement of purpose and written guide is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. The management team deals with complaints.

There are systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed. Safe storage and administration of medication, and completion of MAR charts has improved, but requires ongoing work. Meal choices are offered, and dietary requirements are considered at the service. Catering staff we spoke with, told us new menus and further steps to improve the meal time experience are being introduced and this was confirmed with the management team.

Staff are able to identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments, and staff need to ensure these are always maintained such as ensuring storage and linen rooms remain locked at all times. Some ongoing maintenance and refurbishment work is planned at the service. Policies such as safeguarding, whistleblowing, health and safety are in place for staff, and in line with current legislation and guidance. The management team and staff members we spoke to understand the requirements when reporting a potential safeguarding issue.

People are able to contribute to, and enjoy, safe and healthy relationships. Interactions between staff and people are warm, friendly and familiar, but staff need to ensure they communicate with people when carrying out care tasks and use appropriate language. It is clear people feel safe and happy at The Willows, and feedback from relatives is positive. One relative told us *'she looks a lot calmer and happier than she has for years'*. Communication with relatives needs to remain open and transparent. An activities co-ordinator is present at the service and some activities are planned for over the Christmas period, however these were observed as limited on the day of our inspection.

## Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. A summary of the admissions policy is in the statement of purpose. The management team completes a pre-admission assessment before deciding about admissions, and we saw these on care files.

Staff have a plan to provide care to people. We saw files with plans which are clear and involved people staying at the service, relatives and professionals but could be more person-centred and need to be stored safely at all times. Care plans vary depending on people's needs and are reviewed regularly or as there are changes to people's needs. Improvements made during our last inspection need to continue including completing supplementary documentation such as body maps and mattress checks and recording of bathroom temperatures.

We saw staff are familiar with and know people well. Interactions are warm and friendly and feedback from people is positive, however staff need to ensure they communicate with people when carrying out care and support tasks and use appropriate language. Communication with relatives also needs to be open and transparent. We saw there is an activities co-ordinator in place and activities planned over the Christmas period. However, there were limited activities observed during our inspection site visit, even though the service is currently under occupied and staffing numbers have improved. It is also evident that there are issues around staff culture and divides amongst some staff, communication with staff, and consistent record keeping. All these things are impacting on the overarching care and support of people at the service. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People have care and support, and access to healthcare and other services. We saw the statement of purpose and written guide available to people. We observed positive interactions between people and staff, and saw files show involvements from other professionals. Medication administration is carried out by nursing staff, training and monitoring of competency is carried out, and a policy is in place. Audits are carried out and tools are in place to monitor gaps/issues. Concerns with incomplete MAR charts, safe storage of medication, and medication errors has improved since our last inspection although this requires ongoing work to be maintained. There is plenty of food, choice on menus, and alternative diets are provided for.

Policies and procedures are in place to prevent infection and are in line with current legislation and guidance. Cleaning was observed during the inspection and records of cleaning checks are kept.



## Environment

The service provides people with care and support in a location and environment with facilities and equipment that promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. There is a Health and Safety policy that is up to date. Maintenance and refurbishment work is planned. Staff need to ensure all storage and linen rooms are always locked to reduce risks to people.

The general environment is warm, welcoming and odour free. People's rooms are personalised and nicely decorated. Additional features such as memory boxes outside rooms, reminiscence walls, and sensory items support people with their mental health and dementia needs. There are two large lounges with panoramic views. However, we were told these are not used as often as they could be. There are no ensuite facilities in people's rooms. People are orientated to both time and place with Christmas decorations and reminiscence photographs. Wall collages are appropriate to the people living at The Willows.

There is a maintenance staff member on site and hygienic and risk infection practices are in place. Records of maintenance and servicing are up to date including Portable Appliance Testing (PAT), Legionella and Water Safety, and Fire Safety. Fire and safety extinguishers, floor map and regular fire drills are evident at the service. The provider is open to improvements and seeking advice to reduce risks to people. There is a current action plan in place. The management team does regular audits and considers any issues with the RI and provider.

## Leadership and Management

The service supports people and provides staff who are suitably fit to work in a care setting. The service is currently underoccupied, but observations and information provided during our site visit and staff rotas show staffing numbers have improved and are as per the statement of purpose. A new service manager is due to start in January 2023, and this post has been covered by an agency service manager since August 2022. One of the permanent nursing staff recently promoted to Deputy Manager remains in post and we are told recruitment is ongoing for nurses and a clinical lead at the service. Two nurses who previously worked at the service are returning imminently, all carer vacancies are now filled, and new kitchen staff are due to start work at the service. No staff have left the service since our previous inspection. Some staff told us communication from management about some of the changes can be limited at times and there remains some divide amongst some staff, which continues to need to be addressed by the provider. Sickness levels amongst some staff is being managed through the service's HR procedures.

Training is provided ensuring staff have the knowledge and skills to provide the level of care and support required to help people achieve their personal outcomes. We spoke with staff who said they were confident in their jobs, and some felt supported by the management team, however recent changes at the service continue to cause some anxieties amongst some staff. Staff told us and records show that one to one staff supervision has improved, and team and flash meetings take place to support staff.

People have access to accurate and clear information about the service. A guide is available to people, relatives, and professionals, and provides information about service provision. The guide is simple and easy to understand.

The provider supports staff to raise concerns about the service through whistleblowing procedures. A policy is in place and staff can access this. There are accessible Complaints and Safeguarding policies and procedures, and the service keeps records of any actions and outcomes. Compliments and thank you cards are evident at the service.

Processes are in place to monitor the quality of the service provided and follow up any actions. There is an improvement lead who visits weekly, and the RI carries out regular monitoring calls and visits. The RI completes quality of care reviews and considers issues, concerns and improvements. These are ongoing at the service and an action plan is active. Information Technology (IT) systems are in place to collate information around care and support and seek feedback from people. CIW receive regular notifications regarding service level events and other issues such as times of short staffing, which has improved since our last inspection.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
34	The provider was not ensuring sufficient numbers of qualified nursing or care staff for every shift as per statement of purpose. The provider must ensure sufficient numbers of staff are available to meet people's needs at all times.	Achieved
58	The provider is not ensuring the storage, administration, or recording of medication administration charts are completed appropriately and safely.	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
21	The provider must ensure care, support and good communication is provided to maintain people's safety and wellbeing	New
60	The provider has informed CIW of service level issues, but has not notified us of times of staff shortages. The provider must ensure we are advised of all notifiable events.	Achieved
36	The provider is not ensuring that all staff are having regular one to one supervision at least every 3 months and as per the service's statement of purpose. The provider must ensure all staff are receiving regular supervision.	Achieved

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