



Inspection Report on

Willow

**Alexander House
Highfield Park
Denbigh
LL16 4LU**

Date Inspection Completed

23 February 2022

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About Willow

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Highfield Park) Limited
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are happy living in Willow and relatives and staff told us they have a good quality of life and positive relationships with staff. A caring and committed staff team know people well and speak fondly about them. Professional's feedback is complimentary about the service and the support provided for individuals. People are able to make choices, follow their own routines and can engage in different activities and try new experiences. An interim manager and deputy manager have been temporarily appointed to help improve the service and provide more support for staff. Staff told us they are feeling more supported and morale is improving. We identified areas in need of improvement, which are infection control, supervision and training, staffing and the environment. Person centred plans are in place and contain a lot of detail in some areas. However, we found important information was either missing or not consistently recorded for staff to follow which does not meet the regulations.

Well-being

People have some control over their day-to-day life and are treated with dignity and respect. There is a relaxed and calm atmosphere with people being supported by staff at their own pace, providing guidance and reassurance when needed. Staff know people well and are able to communicate effectively with them and offer choices. Key worker meetings are held and access to advocacy is available if needed. Progress reviews are carried out and a report is produced in an easy read format. Relatives and other professionals are involved in reviews and discussions to ensure changes made are in people's best interests. Staff are caring, their interactions are positive and people are treated in a dignified and respectful way.

People's physical, mental health and emotional wellbeing needs are being met. Health is monitored and appointments and referrals are made as required. People are encouraged to take part in activities such as swimming, going to the gym, going out for walks or being part of a walking group. Opportunity planners are in place to provide routine and structure into people's days. Relatives are happy with the opportunities people have to do more activities and try new things. Both staff and relatives told us people have a good quality of life. Information is recorded about what is important to people, who is important to them and how contact is to be maintained. Staff comments include *we "care for the people living there"* and *"staff care for people like family"*. When asked what is good about the service staff commented, *"Staff build up good relationships"*. Relatives also commented *"what stands out is the relationship and understanding (staff have) of the person"*.

People are mostly protected from abuse and neglect. There are policies and procedures in place to ensure people's safety. Staff receive training in safeguarding, interventions and feel able to raise any concerns they have with management. Positive Behaviour Support (PBS) plans and risk assessments are in place but some of these lack consistency and clear direction for staff to follow.

People live in accommodation, which meets their needs but could be better maintained and more homely. Rooms we looked at are personalised with items that reflect their likes and preferences. There are places for people to socialise and a sensory room is available providing a quieter space for people to relax and enjoy. The environment is very spacious but ways to make it more homely are being considered. The communal bathroom, activities room and furniture in some areas are in need of updating due to general wear and tear.

Care and Support

People are provided with the quality of care and support they need through a service which consults with them and their representatives. People have key workers who know them well and help ensure they receive the support they want. Progress reviews are completed, produced in an easy read format and record who is involved as part of this process. Relatives told us they have seen plans, are kept informed of any changes or reviews taking place. We saw records of appointments, referrals and visits by or to health professionals with specialist input provided where needed. Professionals told us they are pleased with the support people receive and commented on good communication, documentation, the environment and how professional and caring the staff are.

People's risks and specialist needs are not always made clear in the documentation we looked at. People's plans and risk assessments are in place but some of these lack consistent information about people's needs and did not reflect other documentation we looked at. Information for example about allergies, choking and autism are not always clearly recorded for staff to know what support to provide. The manager told us plans and other information is being reviewed to ensure that it is accurate for each person. We have issued a priority action notice for this.

The service does not always promote hygienic practices or manage the risk of infection. There are policies and procedure in place for infection control and Covid. We saw staff wearing Personal Protective Equipment (PPE), this is made available in different areas of the home and staff receive infection control training. Policies need to be reviewed to ensure that practice is in line with these for entering and leaving the service and good hand hygiene. On entry we had not been asked for our temperature to be taken, which the manager confirmed should have been requested. There are no paper towels available in different areas for staff and people to dry their hands. The manager took immediate action and obtained paper towels for all areas as well as purchasing other items needed to reduce the risk of cross infection. This area requires improvement.

There are systems in place to safeguard people. Records are kept of all incidents, accidents, concerns, safeguarding's and actions taken. There are policies and procedures in place for staff to follow to keep people and themselves safe. Staff receive training and are clear about the need to report any issues to management. Relatives also told us they are able to raise any concerns they have and are always able to speak to someone on the telephone.

Environment

Peoples' care and support is provided in a spacious environment but some areas are in need of attention regarding wear and tear. Two people showed us their rooms, which are personalised and reflect their tastes and interests. Relatives said they are able to go and decorate rooms with items and pictures to help them settle in. There are communal areas for people to spend time in and a sensory room for people to use for relaxation. The manager and staff told us people are being more involved in making choices about how their home looks and helping with picking out furniture. We spoke with the manager about improving the environment to take into account autism and any sensory impairments for example reducing unnecessary noise. Environmental audits are completed and there is a maintenance plan in place for work to be done. We found some areas are in need of attention due to wear and tear, for example, the walls in the bathroom and furniture in the hallway and activities room. The manager took immediate action to arrange for furniture to be removed and replacement sofas and tables ordered. This area requires improvement.

The service provider identifies and mitigates risks to health and safety. There is a health and safety policy and procedure in place and health and safety audits are completed to identify any issues. People have Personal Emergency Evacuation Plans (PEEP'S). Staff receive training in fire safety, health and safety, first aid, food hygiene and manual handling training.

Leadership and Management

There are governance arrangements in place for the smooth running of the service to ensure people are receiving good quality care and support. The Responsible Individual (RI) and manager spoke about changes that have happened at the service and areas they have already identified as requiring improvements. A deputy manager supports the manager and they are implementing actions to address these issues to move the service forward. Staff told us morale is improving and are positive about the changes being made by the manager. The RI carries out three monthly visits and their reports identify what action is needed to improve the service further. The quality of care review has also been completed but should be reviewed to ensure it contains all the required information.

The service provides staff who are suitably fit, skilled and knowledgeable but appropriate numbers of staff are not always in place. Staff said they *“work well together”* and *“all pull together, help each other”* and *“support each other”*. We looked at rotas, which have been revised which show lower staffing levels on occasions. Staff told us there are not always enough staff to provide 1:1 support for all the people living there. We spoke with the manager and RI who told us contingency plans are in place in situations where staff are not coming into work at short notice. An assessment has been made based on safe staffing levels but this is not to be used on a regular basis. The RI and manager will monitor staffing and continue to recruit more staff for the service. We have been told that agency staff are being used and these are block booked for continuity and consistency. This is an area which requires improvement.

Staff files contain application forms, two references and two forms of identification. We saw evidence of inductions and training certificates. Most staff have received mandatory training but some staff require mental health, learning disabilities, Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) training. Specialist training has been completed by most staff but some still require dysphagia, epilepsy and buccal midazolam, medication, Positive Behaviour Support (PBS) and Person Centred Planning (PCP). Staff told us they had received the training they need. The manager and RI are arranging for staff to attend the relevant training. Staff told us an autism bus experience had been arranged for staff, which they are looking forward to gaining a better understanding. Supervision records show that not all staff have received this as required. The manager and staff told us they are completing these with staff to ensure they are done. Staff told us they are now feeling more supported which is improving staff morale. Training and supervision are areas, which require improvements.

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
15	Care plans lacked detailed, clear and consistent information about people’s specific needs. Ensure plans contain important information for all staff to be aware of.	New

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
56	They have not ensured that good hand hygiene is promoted as drying facilities have not been provided. Ensure that good hand hygiene is promoted and	New

	policies and procedures are being followed.	
43	The environment and furniture are in need of attention. Ensure that the environment and furniture is in a good state of repair and is being well maintained.	New
36	Supervisions have not been completed regularly and not all staff have received all the mandatory or specialist training they need. Ensure all staff receive regular supervision and have the training they need to carry out their roles and responsibilities	New
34	There are not always enough staff on to provide people with 1:1 support. Ensure there are sufficient staffing levels to meet peoples complex needs.	New

Date Published 31/03/2022