



Inspection Report on

Willow Project

**Caer Las Cymru
Managers Office Aberfa House
740 Carmarthen Road
Swansea
SA5 8JL**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/02/2023

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About Willow Project

Type of care provided	Domiciliary Support Service
Registered Provider	Goleudy Housing and Support Limited
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	17 August 2021
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

People and their relatives are happy with the care and support they receive from this supported living service at a time of coming out of increased pressure from the impact of the COVID-19 pandemic. People and their relatives are actively involved in their care and support, telling us they feel included in any decisions affecting their well-being. Staff maintain good professional working relationships with people and their relatives.

At the last inspection, we notified the service provider they did not meet the legal requirements for staff core training and the Quality of Care Review report. During this inspection, we found these had been met.

There is information available for staff to meet people's needs but the service would benefit from developing more detailed life history information within records. Improvement is needed in relation to transferring information from paper files to electronic staff records.

Well-being

People have control over day-to-day life. People told us they have a good relationship with staff and commented, *“the staff are fabulous, this is the most independent I’ve been”* and *“I get on well with staff, they always treat me with dignity and respect.”* Records show people are offered choices to make everyday decisions. Staff said they feel supported by the management team and commented *“I feel valued and supported by management”* and *“I’m given positive feedback by management and feel that management will offer support when needed.”* Relatives told us the service *“provide security for my relative and they feel safe”* and *“there are enough staff on duty to safely support my relative.”*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as community mental health team and community nursing. This was confirmed by visiting healthcare professionals. One commented *“the service is good at providing a solid structure and support base around an individual that promotes independence and autonomy whilst ensuring that the individual can seek support and advice as required. They are also very good at liaising and making contact with myself as and when required.”*

Care workers offer companionship and support people to do things they enjoy. People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process.

People feel safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People using the service told us they feel safe and secure.

Care and Support

Policy, procedure and application of hygienic practices and risk of infection are in place. We discussed this with the manager who confirmed the service routinely asks visiting professionals screening questions. The service office is spacious, clean and tidy. Staff wear appropriate PPE and follow correct procedures outlined in the service provider's COVID-19 policy. The service provider has sufficient stock of PPE.

People are provided with the quality of care and support they need to achieve their measurable personal outcomes. We reviewed policies and procedures, which include Safeguarding of vulnerable adults, Complaints and Medication policy, which were in line with current legislation and national guidance. The personal plans we saw were appropriate and reviewed regularly. These contain information about service users, their relatives and healthcare professionals. The service uses a person-centred approach to care outcome planning, which informs carers how the person likes to be supported but would benefit from developing more detailed life history information within records. Risk management plans are in place and up to date. Healthcare professionals told us care and support provided by the service is excellent.

People are provided with tailored support including assistance with medication, depending upon their requirements. There is an appropriate medication policy and procedure in place. Staff regularly completes audits to identify patterns and trends. Medication administration records are individually audited by senior staff. The service provider undertakes their own audit of all medication related activities such as training completed and whether as required medication (PRN) is being appropriately administered in line with instructions.

Environment

The Quality of Environment is not a theme we explore in any detail for domiciliary support services. However, we saw the office was suitably equipped for the purposes of the day-to-day operation and management of the service. Substances which have the potential to cause harm were not locked away securely at the time of the visit but were immediately locked away by the manager once aware of the oversight. People using the service and employees can be assured that their personal information was stored securely.

Leadership and Management

The service provider has governance arrangements in place and ensures that the requirements in relation to the statement of purpose have been met. However, both the Statement of Purpose (SoP) and service user guide would benefit from updating to include detail regarding the new Responsible Individual (RI) and more explicit information in the Governance and Quality Monitoring arrangements section regarding the Quality of Care Review report.

The RI has ensured that suitable arrangements are in place to regularly review the quality of the service. The quality of care review reports seen by us were completed at the required frequency and quality. Records showed that visits to the service in person by the responsible individual to monitor the performance of the service were completed at the required frequency.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI confirmed to us *“We produce quarterly management accounts which are subject to review by the Head of Finance and Executive Director (Corporate Services).”*

At the last inspection, we identified that improvement was needed in supporting and developing staff with core training. At this inspection, the RI was able to provide sufficient evidence that staff had received the core training required. People are supported by a service that provides staff with the knowledge and training that enabled the individual to achieve their personal outcomes. The service provider was able to sufficiently evidence that staff received training appropriate to their role. Staff team meetings are carried appropriately. Staff supervision and appraisal seen by us was at the required frequency and timescale. Staff receive an annual appraisal as required.

Staff work rotas indicate a reliance on agency staff in the sample reviewed by us. We discussed with the RI and agreed the need to review the use of agency staff as people who use the service and their families had commented on the negative impact of being supported by staff who do not know them as well as permanent staff.

Improvement is needed with staff records as these were in the process of being transferred from paper records to a new electronic record system. We were not able to verify the information submitted and we will check these records at the next inspection. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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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35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people at all times.	New
36	Staff did not receive certain core training appropriate to the work to be performed by them.	Achieved
80	Quality of Care Review Report was not completed at the required frequency and to the required standard.	Achieved

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