



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

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About Willow Project

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| Type of care provided | Domiciliary Support Service |
| Registered Provider | Goleudy Housing and Support Limited |
| Registered places | 7 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | |
| Does this service provide the Welsh Language active offer? | No |

Summary

This was an announced inspection as part of our programme of scheduled inspections. People and their relatives are happy with the care and support they receive within this supported living unit, which has seven flats for seven tenants to rent. They also maintain good professional working relationships with staff. There is information available for staff to meet people's needs. People and their relatives are actively involved in their care and support, telling us they feel included in any decisions affecting their wellbeing. Staff are available in sufficient numbers to provide support. The service provider has developed systems to enable them to capture people's views and systems to develop more person centred information. Safety equipment is in place, and health referrals are made in order to promote peoples' health and well-being.

Improvement is needed with compliance with staff core training and completion of the required quality of care review reports. The manager is registered with Social Care Wales (SCW). SCW keep a register of people who have shown they are suitable to work in social care.

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 really encouraging”* and *“they are understanding and always there if I need them”*. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with all of the tenants and their families about what matters to them and how to best support them. Staff on the whole, commented they feel supported by the management team. Relatives told us the manager and RI are accessible and *“they’re very good”* and *“I can’t complain”*.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry and community nursing. This is confirmed by a visiting healthcare professional. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people’s records and is a feature of the service.

People can do the things that matter to them when they want to do them. We saw that people are encouraged to undertake activities, which are meaningful to the people who live there independently, with support provided when needed. We observed people undertaking activities during our visit and a healthcare professional told us *“I have nothing but praise about how they support and engage with people”*.

People are mostly 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 but safeguarding training needs to be updated. Despite this, people living at the home told us they feel safe and secure.

The accommodation meets people’s needs. The entrance to the supported living unit was welcoming and secure. The service provider has plans to redecorate people’s flats and make improvements to the garden. Information is stored securely within the service both electronically and in hard copy.

Care and Development

People are provided with the quality of care and support they need to achieve their personal outcomes. We reviewed policies and procedures in place, which include Safeguarding of vulnerable adults, Complaints and Medication policy, which were in line with current legislation and national guidance. The manager considers a range of information about prospective service users prior to becoming a tenant at one of the flats at the Willow Project. The personal plans we saw were appropriate and reviewed regularly and dated. These contain information about service users, their relatives and healthcare professionals. The service uses a person centred approach to care planning, which informs carers how the person likes to be supported. Information demonstrates people are enabled to undertake activities of their choice and risk management plans are in place and up to date. Healthcare professionals told us care and support provided at the Willow Project is excellent.

Policy, procedure and application of hygienic practices and risk of infection are in place. Staff demonstrated an understanding of infection control and the use of personal protective equipment (PPE). However, we were not required to complete a COVID-19 screening questionnaire during our first visit but were asked at our second visit. We discussed this with the manager who told us this would be implemented immediately. Staff wear appropriate PPE and follow correct procedures outlined in the COVID-19 policy, which is in line with Public Health Wales guidance. The service is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. Staff have sufficient stock of PPE.

The service has safe systems for medication management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. The service provider does not take responsibility for the direct administration of any medication and works towards tenants self-medicating. Medication administration records are accurate and the audit process identifies mistakes with appropriate action taken. As and when required medication (PRN) was appropriately administered in line with instructions. People are provided with tailored support including assistance with medication, depending upon their requirements. The temperature within the medication cabinet, which is within the office, is recorded on a daily basis to ensure medication is stored at the correct room temperature.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Some arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed.

Improvement is needed with the regular review of quality of the quality of care. The responsible individual has not 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 not completed at the required frequency and quality.

There are sufficient numbers of staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available and this was seen during our visit. We saw there are sufficient numbers of staff available when needed. People living at the supported living unit told us *"they're always there for me when I need them"*. A relative commented *"I am happy with the support my relative receives"*. Records show the service provider use a dependency tool to determine the numbers of staff required on each shift.

Improvements are needed in relation to staff training. People are not supported by a service that provides staff with the knowledge and training that enabled the individual to achieve their personal outcomes. Records show that staff did not receive training in safeguarding and fire safety at the required frequency. However, care workers demonstrated an understanding of safeguarding practice and procedures.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The manager told us plans for investment at the service such as further developing the garden and of plans to redecorate the flats at the service.

Environment

The Quality of Environment is not a theme we explore in any detail for domiciliary support services. However, we saw that the office was suitably equipped for the purposes of the day-to-day operation and management of the service. People using the service and employees can have confidence that their personal information was stored securely.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

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| None | |
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Areas where priority action is required

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| None | |
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Areas where improvement is required

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| Staff did not receive certain core training appropriate to the work to be performed by them. | Regulation 36(2)(d) |
| Quality of Care Review Report was not completed at the required frequency and to the required standard. | |

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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