



Inspection Report on

Willow Hall Residential Care Home limited

**Willow Hall Residential Home
North Road
Caernarfon
LL55 1BA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

29/04/2024

About Willow Hall Residential Care Home limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	WILLOW HALL RESIDENTIAL CARE HOME LIMITED
Registered places	24
Language of the service	Welsh
Previous Care Inspectorate Wales inspection	This is the first inspection since RISCA.
Does this service promote Welsh language and culture?	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 receive good quality care. Care staff are patient and kind and approach people gently and with dignity. People are encouraged to be as independent as possible and have their own routines. Communal living areas and dining areas are set out to enable people to socialise with each other and get involved in activities such as crafts, singing or watch entertainment. People's friends and families are made welcome, and we observed people enjoying time with their loved ones.

Management knows people well and are committed to ensuring people are central to the planning of their care. Individual care needs are clearly identified, and care is planned around the individual. The provider and management ensure people are linked with health and other professionals, as and when required. This has a positive effect on people's well-being outcomes. Management has effective and robust oversight over the quality of care provided to meet individual need.

This service provides the "Active Offer of Welsh, which is appropriate for the culture and language of several people, living in the service, whose first language is Welsh. There is bilingual signage throughout the service and various booklets, including the service guide are available in both Welsh and English. The Statement of purpose is also available in both languages. The majority of care staff speak Welsh and are able to converse with people in their language of choice. The service is well organised, homely, and warm. Bedrooms and communal areas have or are planned for re-decoration to suit individual need and choice.

Well-being

People have control over their day to day lives. People are seen to be confident and content with care staff. We observed people responding well to care staff prompts and support. The care staff team are encouraging, and management take the lead in this approach. The environment is arranged to enable people to decide how and where they spend their time. There are fittings, such as hand rails, and mobility aids available for individuals.

Care is planned around people's individual physical and mental well-being. Care staff's positive and kind approach to people is pivotal to the maintenance and promotion of positive well-being outcomes. Management oversight and hands on involvement means that care records and the care provided is planned and adjusted according to any changes in care needs. The environment is bright clean and homely and people have the choice of how they decorate their rooms, with personal belongings and décor.

There are systems in place to ensure risk to people is reduced and people are as safe as they can be. Initial assessments effectively identify possible risk to individuals. Care staff attend a variety of training in areas such as safeguarding, health and safety and moving and handling. Management creates individual risk assessments in line with possible risks identified. These are updated as and when care needs change. The environment is monitored to ensure risk is reduced. We saw flooring was planned to be replaced the day after we visited.

People are central to the planning of the environment, and this is positive because people can choose décor and colour schemes which are bright; this is good for mental well-being. The communal areas are set out so that people can enjoy various activities, meals, and entertainment. There is enough space for care staff, visiting professionals, family, and friends to spend time with people. Management is effective in restoring and renovating the service to ensure the environment is maintained for people's well-being.

Care and Support

We reviewed a sample of personal plans. We found these are recorded within a system which prompts various tasks and is updated after each task is completed. Care staff have electronic devices on which they record any caring activities carried out throughout each day. The records we viewed are detailed and reflect individual need. All care records are reviewed systematically, monthly or when care needs change. Monitoring and updating of personal plans is efficient, thorough and timely. Visiting family and professionals told us communication is good. Family told us they feel involved in the review of care needs. One visiting family told us they feel care staff and management listen to their views. A visiting professional told us that care staff and management are efficient at following various guidance regarding health needs.

Thorough assessments are undertaken before people move to the service. This is to ensure that people's care needs are known and can be met. This information is built upon once people move to the service. Various views from people, family, friends, and professionals are included and considered when personal plans are being formulated. People are encouraged to continue with the routines they had before moving to the service. Care records demonstrate they are regularly updated, appropriately and routinely monitored, are clear and concise.

People have access to health care appointments and professionals. We spoke with professionals who visited on the day we inspected. They told us communication is regular, clear, and timely. We evidenced records within care plans show professionals have provided guidance. This guidance is followed by care staff and we saw records are adjusted accordingly. We evidenced appropriate and timely links are made with professionals and records show correspondence between the provider, care staff and professionals; these include occupational therapists, G.P.'s and dietitians. Where possible, people are allocated key carers. This means the same carer is responsible for reviewing and monitoring people's health needs. This provides continuity for people and their families.

There is an established and efficient medication process in place. Management effectively monitor this process via regular checks to ensure it is robust, consistent and safe. We viewed the medication administration record, (MAR), which demonstrates care staff complete this record correctly. Care staff told us they feel confident in administering medication. They have attended medication training and competencies are checked. This is evident in their care staff files, supervision records and also the training matrix.

Environment

The entrance to the service is secure. Care staff make appropriate checks of visitors entering the service. We were asked to sign into the building for fire safety precautions. The environment is spacious, clean, homely and well organised. There are several signs and documents which are available bilingually, due to the “Active Offer of Welsh”. These include, the statement of purpose, activities plan for the year, and relevant guidance. We found a variety of adaptations and walking aids available for people, to encourage and support independence.

We found there are systems in place to monitor the environment. We viewed a sample of audits for fire safety, electrical checks, and the environment in general. There are relevant risk assessments in place. The audits we viewed show a variety of tasks undertaken and completed and this shows there is a plan for ongoing improvement of the environment. Any issues we found on the day were sorted out immediately. These include accessing a bolt for an unlocked door and arranging new flooring for the day after the inspection took place. There are food hygiene measures in place. Kitchen staff are trained in food hygiene and the food hygiene rating is five, which is the highest possible score. Fridge and room temperature are monitored and recorded correctly.

Leadership and Management

There are good systems in place to monitor the quality of care. Feedback is sought from people, their families and visiting professionals. There are also staff meetings and resident meetings which take place on a regular basis. In addition, monthly audits generate information which is also gathered and used to plan improvements or events. These include audits of personal plans, medication and the environment. We found evidence each audit is overseen by the responsible individual (RI). The information is shared with the RI, who produces a report about improvements that have taken place and improvements which are planned to take place in the future. Timeframes for improvements are monitored and timely. Oversight of the quality of care is effective, robust and ongoing.

The provider ensures ongoing financial sustainability and oversight of the service. We saw several areas of improvement since the last inspection. The care record system is efficient and reliable and prompts and enables care staff to undertake their caring role efficiently.

Several bedrooms have been renovated. Communal lounges and several corridors have been, or are planned for improvement. Bedrooms are decorated to individual choice. People told us they are happy with their bedrooms. On going improvement and investment by the provider is positive for people's overall well-being.

There are measures in place for the safe recruitment of care staff. We found the care staff team are established and care staff we spoke with told us they feel well supported. We observed sufficient staffing levels on the day we visited. We reviewed the staff rotas for the last few months and these demonstrated sufficient staffing levels. Care staff receive regular official supervision and training. This supports care staff and enables them to carry out their caring duties successfully. Supervision records show care staff are supported regularly and in line with regulation. Records show care staff are given opportunity to discuss any issues arising or that may affect their caring role. We saw training opportunities are planned during supervision. The provider works closely with management, and they communicate on a daily basis. The management team told us they feel well supported and they also receive formal supervision on a regular basis.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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