



## Inspection Report on

**Willow**

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

## **Date Inspection Completed**

03/11/2022

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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	<a href="#">23/2/22</a>
Does this service provide the Welsh Language active offer?	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 can make choices; their likes and dislikes are acknowledged and respected and they have the personal space they need. Staff know how best to support individuals and follow their preferred routines and activities. There are appropriate numbers of staff to provide 1:1 support but there is a high use of agency staff. Recruitment is ongoing and arrangements are in place to ensure the same agency staff are coming into the service.

A new manager has been appointed and is making changes to the service, which staff feel positive about. Improvements have been made regarding personal plans and other documentation, hand hygiene and infection control, staff training and supervision. The environment is also improving with ongoing plans for decoration and furnishings.

## Well-being

People have some control over their day-to-day life and are treated with dignity and respect. Information about how people communicate and make choices is recorded for staff to be aware of, with communication passports in place. The use of signs, Makaton, pictures and object reference are also used and referred to in people's documentation. Plans are person centred and detail good days and bad days, as well as how best to support people with their preferred routines and activities. We spoke with the team leader about compatibility of people living in Willow. They told us the management and staff are involved in discussions about this and any impact this could have on people already living there.

People's physical, mental health and emotional wellbeing needs are being met. Individuals' health needs are recorded and monitored with appointments, health checks and referrals made to professionals as and when required. Any changes or deterioration in needs are identified and acted on. People are supported to take part in activities as set out in their activity plans and recorded in their daily diaries. Staff comments about the people they support include *"all we want is for them to be happy"*. Contact with family and maintaining important relationships is encouraged with people supported on home visits where appropriate. Staff support people in a kind and supportive way and are positive and encouraging in their approaches and there is a calm, relaxed atmosphere.

People are protected from abuse and neglect. Staff receive training in safeguarding and interventions. There are detailed Positive Behaviour Support (PBS) plans and risk assessments in place for staff to follow to keep people and themselves safe.

People live in accommodation, which meets their needs and is being well maintained. We looked at different areas in the home including the communal bathroom, lounges and activity room. We found these to be clean, tidy, decorated and the furniture was in good condition. Decorating has started in the corridors with more areas to be painted and plans for the garden are ongoing.

## Care and Support

Personal plans contain detailed information for staff to follow. They contain clear and important information about people's specific needs for staff to be aware of. Plans are consistent with other relevant documentation such as communication and hospital passports, positive behaviour support plans and risk assessments. Person centred information records peoples likes, dislikes and important people in their lives. Allergies are recorded in red on documentation to highlight this to support staff.

We asked staff about plans and other information, and they told us there is enough to be able to support people and they are kept informed of any changes to them by read and sign sheets, handovers and staff meetings. Information about diagnosis and conditions are recorded but more information about autism should be included as to what this means for people and staff supporting them and we discussed this with the manager. Medication information is consistent throughout except for as and when medication (PRN) in a hospital passport which the manager will address. Daily records are being completed but this needs to be done consistently and we discussed this with the manager and team leader.

The service promotes hygienic practices and manages the risk of cross infection. Good hand hygiene is promoted with drying facilities provided for staff and people living there. Hand sanitiser, soap and paper towels or hand dryers are available for staff in different areas. Paper towels in the communal bathroom needed replacing and a bin lid was missing in the laundry, we spoke with management about this and it will be addressed. There are policies and procedure in place for infection control and Covid guidelines.

## Environment

Peoples care and support is provided in a spacious environment with improvements made to décor and furniture. Improvements have been made to the environment and furniture. Areas have been painted and replastered and there is a plan in place to prioritise what work is needed and what has already been completed. Furniture and seating in communal areas are in good condition and lounge areas are being kept clean and tidy. There are plans to improve the garden area.

## Leadership and Management

Staff are supported and developed in their roles. Staff told us they receive supervision as required which offers them an opportunity to discuss any issues they have. Supervision records we saw confirmed this takes place bi-monthly. Staff told us they receive plenty of training and records show they have received mandatory training to carry out their roles and responsibilities. On the day we visited the manager was also attending a training course. Specialist training is still needed for a lot of staff. However, the manager explained a large number of new staff have just started and are completing an in-depth induction before being booked on to this type of training. We found that changes of managers have impacted on staff, but they told us this is getting better now with the new manager in place who is introducing positive changes. Staff are complimentary about the manager who is approachable and responsive to their requests. Comments include *"We are all happy"*, *"pulling together"*, which is having a *"positive effect on residents"*.

People are supported by appropriate numbers of staff, but the use of agency staff is high. There are enough staff to provide people with 1:1 support. On the day we visited there were nine support staff, all of which are agency, two team leaders and the manager. We spoke with the manager and team leaders about staffing and they told us everything is being done to recruit new staff. The manager and team leaders spoke about how agency staff are mostly familiar with the people living in the service and receive the same treatment as new staff starting there including orientation, shadowing and reading through person centred plans and other relevant information. On occasions if an agency staff who is not familiar with the service is sent, then careful consideration is given to who they are allocated to provide 1:1 support to.

### 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
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.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
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 policies and procedures are being followed.	Achieved
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.	Achieved
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	Achieved
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.	Achieved

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