Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

willow hall residential home

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

15/05/2019

Welsh Government © Crown copyright 2019.
You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Willow hall is a residential home, which provides personal care, respite care and accommodation for people aged 65 years and over. The registered provider is Foelas Residential Home Ltd. A responsible individual is appointed; the manager is not registered with Social Care Wales. This service is registered to accommodate 24 people; there were 23 people residing at the service on the day we inspected.

Summary of our findings

1. Overall assessment

People are cared for by a service, which provides bilingual support by staff who prioritise peoples' needs and preferences. The residents of Willow Hall were offered a wide range of activities within the home and are supported to maintain contact and connection with the surrounding and local area. This service continues to take steps to make improvements to ensure the health and safety of residents and to enrich peoples' lives. The registered manager has taken steps to, further improve staff support, training and the environment; the regular support and oversight of the responsible individual has been key to these improvements. Staff have access to ongoing support, training opportunities and development. People are happy.

2. Improvements

We saw improvements had been made within the following areas:

A consultant had been appointed by the provider, to review quality monitoring systems, update policies, including Health and Safety, maintenance, and improve environmental aspects of the service.

The manager was in the process of developing dementia friendly approaches, such as activities and the environment so people live in innovative surroundings, which promotes independence.

Staff supervision is taking place within timescales and the service were taking steps to sustain this improvement to ensure staff were supported.

All wardrobes apart from a newly delivered wardrobe were fitted to walls to ensure the safety of residents.

The manager was in the process of reviewing staff files to ensure staff photographs are included and ensure the file include all necessary information.

Staff training had been updated to include dementia awareness, safeguarding, diabetes mental capacity and Deprivation of Liberty Safeguards (DoLS), where extra safeguards would be included to peoples' care if a person's liberty were restricted.

3. Requirements and recommendations

Section five of this report highlights our recommendations to improve the service.

This includes:

The oversight of matters relating to the maintenance, refurbishment investment to the premises, which is required to improve the environment.

1. Well-being

Summary

People are comfortable and can approach staff who are familiar to them. People are given choice according to their individual needs and preferences, and are encouraged and supported to be involved in a variety of activities. Family are involved in decisions about their relatives care and support.

Our findings

People relate well and have good relationships with the staff that care for them. We spoke with nine people on the day of the inspection. They said they were "*Happy with the care they received from care staff*". One person told us, *"To tell you the truth, the care is very good''.* Another person said, *"I'm very happy, it's alright here''.* We witnessed residents chatted with staff and each other throughout the day; they were relaxed and at ease with staff. We saw people assisted by staff to undertake a variety of roles, which included, clearing the tables after breakfast and folding clothes. One person showed us their wardrobe contents and told us they had "*Organised their own clothes with the assistance of care staff*"; this showed people were being enabled by staff be independent. We saw many people approach the manager's office to chat with the manager and the responsible individual, who were familiar and kind in their response. We saw people were cared for mostly by the same are staff. The manager told us people were provided with the same carer, where possible, to ensure consistency of care. We reviewed care files, which showed people, were cared for by the same carers, who were responsible for taking a lead in their care needs. People feel they belong and have safe positive relationships.

People are empowered to make choices, are being treated with dignity and respect and having their individual identities and routines recognised and valued. One person was referring to the care they receive and told us*, "I am impressed with these young girls, look they are fantastic – it's lovely".* Throughout the day, we observed people expressed their wishes to staff and saw staff responded straight away in a kind and gentle manner. We saw people were given a choice of food before lunchtime. Staff had recorded this to ensure they received their meal of choice. We saw people were eating a variety of meals of their choice during lunchtime. We were shown the six-week menu plan which included three choices for each mealtime, and were displayed on the kitchen wall. We saw the chef knew people well; we saw them ask people their choice of meal and interact with them during meal times. The menu had peoples' names recorded next to their choice of meal; we saw this had been updated on a daily basis. The manager informed us, if people chose to they could have alternative meals and we saw the variety of choices in the menu provided. We reviewed care file documentation namely, "*This is me''* and *"'what matters to me'' records;* these included information about peoples' nutritional needs and preferences; this demonstrated good practice to ensure people received the care they needed. The care plans and risk

assessments were written in a person centred manner according to peoples' individual needs. However, it would be beneficial for individuals and staff if care files were consistent, organised and included more detail to ensure people were receiving the right care and to ensure care was reviewed regularly and consistently. People are given choice, while being provided with the care and nutrition they require.

People are encouraged to participate in communal / community activities and have opportunities to socialise with people. The manager told us, an ice-cream van had been organised by a senior carer, to call to the service on the day of the inspection. We saw people enjoyed this experience and several people were assisted to sit outside in the sun to eat their ice creams / ice lollies. While they were outside, people showed us the plants they had planted the previous day and told us about their plans to plant more in the pots provided. We saw people were enjoying this time and each other's company. The manager showed us a photo album. These highlighted celebrations, which had taken place in the service to celebrate birthdays and social events including St David's day, and Easter. The manager told us they planned to continue to arrange such events and include pictures in the album. They told us, *"Families enjoy looking through the photos and it is important for them to see their family member enjoying themselves".* They told us, they were focusing on developing "enrichment activities'' which included gardening, singing, crafts and outings to ensure people suffering with dementia were encouraged to communicate and be stimulated. The manager has appointed an enrichment coordinator, who works three days a week to provide a variety of activities for people, including singing and crafts. People told us they "*Enjoyed the harpist who had called to the service*". We saw an activity record, which showed a singer had visited the service to entertain people. The manager told us about several outings planned for the coming weeks during May 2019 'Dementia action week'; these included, history, reminiscence, dancing, socializing, textile crafts and drop in sessions. The service takes steps to ensure people can be involved, participate and feel valued.

People are encouraged to keep fit and well. We spoke to people who had varying needs.. One person told us, they were happy with their care and support. Another person told us they like to get involved but enjoyed spending time in their room after lunch. We observed people were free to walk about and use the various living / dining rooms. We saw staff encouraging and assisting people to walk or go to where they wanted to go to within the home. We witnessed staff caring and spending time with people who were not as mobile. We saw people being given medication and viewed the medication charts, which demonstrated people were receiving the correct medication at the right times. We reviewed the care plans of people we had observed receiving care; these demonstrated people were receiving the care they needed. People are encouraged and supported to be as healthy and active as they can be.

Care and Development

Summary

People have their say and are provided with choice about the care they receive; the service provides care in peoples' language of choice. Peoples' access to health and social care services is promoted by the home in a timely and personable way, which is undertaken according to peoples' individual needs.

Our findings

People are actively engaged in making decisions about the service they receive. Three people told us they were involved in the planning of their own care and they felt they had their say and were happy with this. We spoke with three family members. One family member told us *"I wouldn't change anything; the care is very good"*. Another person said *"They are getting good care, I am quite happy".''* Staff told us *"People and their family are involved in their care".* We looked at care records; these indicated people had their say; people were receiving care I line with their wishes and care plans. The records were written in the first person, with references to peoples' choice; we compared the documentation to the care we observed and found this to be consistent. The documentation showed evidence of peoples' care was reviewed once a month. We found the documentation by district nursing and General Practitioner (GP) to be consistent with care records. The manager told us the advice from professionals supports and guides monthly reviews. In accordance with the service Statement of Purpose (what the service states they do) people are involved in making decisions that affect their lives.

People receive care in their first language. The majority of the peoples' first language was Welsh. We saw people speaking and singing in Welsh through the day. We spoke with six people whose first language was Welsh; they told us they were from the residing areas near Caernarfon. We saw staff providing care for people through the medium of Welsh; they were bilingual in both English and Welsh. Staff knew people well and understand their humour and cultural background. Staff were also local to the area. The manager informed us, they gave people and families choice about whether documentation was provided in Welsh or English. Family we spoke with confirmed this. Some of the planned activities and entertainment were provided in Welsh, including singing entertainment and harpist, which played music linked to the culture of Wales. People can receive care in the language of need and the service are proactive in ensuring this.

People are treated with kindness and compassion in their day-to-day lives. We observed people being offered warmth, encouragement and emotional support from staff. We observed positive interaction between staff and people who live in Willow Hall; people reacted positively to staff and staff were approachable and supportive. We found there was a natural familiarity between staff and people and we witnessed staff tuning into individual peoples' needs during meal times, and when communicating with them. We saw staff were

tactile with people and responded appropriately to people of varying needs. We saw staff assisted and encouraged people to socialise with each other; we saw staff assisted five people to sit in the sun. We saw them chat and laugh together; People have a good relationship with staff and with each other.

Referrals are made in a timely way, to relevant health and social care professionals when peoples' needs change. We witnessed the manager and responsible individual contact a GP and district nurse by telephone. We spoke with a district nurse via telephone, who told us the manager, responsible individual and senior staff were good at getting in touch and were good at informing health staff, including district nurses and GP, of any issues arising. The responsible individual told us, they were keen to ensure people who were less mobile were comfortable; they communicated with people and sought advice and guidance from district nurses and speech and language therapist (SALT) about skin care, communication and swallowing needs. The responsible individual told us *"we can look after people, and checking is a good thing"*. The care plans and health records reflected this. We reviewed the Medication Administration Records (MAR) which demonstrated people received the correct medication at the right times. People receive the right care at the right time in the way they want it.

Environment

Summary

People live in an environment where several improvements have or are in the process of being made. The manager and responsible individual took immediate action to rectify areas identified on the day we inspected. The manager is currently looking to develop areas within the home to promote a dementia specific environment to promote peoples' independence and enhance individual well-being.

Our findings

People are uplifted and valued because they are cared for in a comfortable, clean, homely and personalised environment. The premises were welcoming, comfortable, clean, homely and personalised. On arrival, staff greeted us and checked our identification. They requested we sign the visitor's book to ensure safety of people. There was hand sanitiser available at the entrance, for visitors to use, for infection prevention. We viewed 19 bedrooms, the bathrooms, the dining area, the kitchen, two seating areas, the outside space to the front and the rear, the laundry area, the medication room and the offices. We found the rooms to be clean and tidy, and personalised with various items, which included pictures, furniture and cushions. We found people were using all social areas within the home and these were set out in a way where people could socialise with each other; both living rooms were used at different times of the day by a range of people with varying care needs. People told us, they enjoyed their routines. One person told us they enjoyed changing living room to watch a particular television program after lunch. They told us, *"Di'n digon hapus" ("I am happy enough").* We observed them moving to this room after lunch with staff assistance. The kitchen was clean and well organised with a food hygiene level of four, which is a good standard. The laundry room was clean, although unlocked from the outside in the back garden area, and may be a hazard for people if they gained accessed. We recommended the service ensure this room was locked, to prevent access by people. There were several clothes, which had not been organised folded or separated on top of the washing facilities. We saw most of these clothes had peoples' names attached but the lack of organisation could cause to the clothes to be mixed up and given to the wrong people. Staff addressed this issue while we were present; the clothes were organised and folded, ready to go to people's wardrobes, by the afternoon. There was a lack of seating areas for people in the back garden area. We did not observe people use this area. People would benefit from additional seating so people can make best use of this area. We saw piping, fencing and other unnecessary items of clutter, stored between the wall and the gable end of the building. This was unsightly and could be a hazard to people. All of the wardrobes in the rooms had been secured to the wall, to ensure peoples' safety, except one, which was new and was due to be attached by the maintenance person the next day.

We found one of the unused bathrooms, upstairs to was blocked by a wardrobe, chest of drawers and dressing table, which had been stacked on top of each other and people were not able to access the bathroom. This was a risk to peoples' health and safety. Another upstairs bathroom was found to contain items including a disused television and wardrobe. There was an odour in this bathroom during the afternoon, which was not present during the morning. The risk to peoples' health and safety and the lack of access to the communal bathroom were a breach to registration. We highlighted our concerns to the manager and responsible individual on the day; we will not issue a non-compliance for these issues of concern as immediate action was taken.

We found the maintenance record was up to date and included dates when specific maintenance, were carried out. We saw pest control devises in the back garden and we viewed the pest control documentation, which indicated there had been a routine inspection last month with *"no issues reported"*. We viewed the fire safety book, which highlighted the dates when fire tests were carried out on the alarm systems and emergency lighting; fire drills were taking place every six months. We viewed the fire evacuation plan and accompanying risk assessments. We saw peoples individual Personal Emergency Evacuation Plans records were stored within individual care files. We viewed the Control of Substances Hazardous to Health (COSHH), file, which contained a policy only; the record of information about dangerous substances had not been recorded. The responsible individual and manager told us, they had planned and arranged to ensure there was an appropriate record of hazardous substances within the home and they would be advised and guided by the agency, namely '*Peninsular*', whom they had been appointed, on the day we visited, to review policies, records and procedures.

We saw different signs within the home, which were colourful and provided to help people with dementia. There were arrows and signs with pictures to assist people to be familiar with the various rooms within the home, including bathrooms, living rooms and peoples we saw peoples' pictures and names outside their bedrooms. We saw pictures of famous icons, and memorabilia, aimed to enhance the environment for the people who lived there. People live in accommodation, which meets their needs. The service has taken action to improve aspects of the environment, which may affect the health and safety of people. This supports them to maximise their independence and achieve a sense of well-being

Leadership and Management

Summary

Staff are well supported and receive regular training. The manager and responsible individual are taking steps to ensure improvement of the service to promote peoples' well-being within the home. They were open, transparent, and receptive to recommendations to improve increased oversight of quality monitoring.

Our findings

Staff are valued, supported and given clear direction; we spoke with two care staff, a senior carer, the manager and the responsible individual. Staff informed us they felt "*Supported and were happy in their work*". They told us, they received ongoing support and one to one supervision with the manager on a six weekly basis. We saw their supervision records, which supported this. The manager told us they planned to delegate part of the supervisory role in order to develop senior staff roles; the senior carer told us, they were beginning to undertake one to one duties next month. People benefit from a service where the well-being of staff is given priority.

Staff are trained in a way that improves outcomes for people. Staff told us they received regular training. The manager had introduced some additional training for staff as recommended by last inspection, including dementia care and DOLS. We were informed by the manager, there was training in '*'caring for people living with dementia due to take place*'. We viewed the training programme 2018 / 2019, which highlighted there had been additions to the training programme and staff had undertaken the expected training requirements. The manager informed us they were in the process of updating this record where staff would attend the training, as they were available. People benefit from a service where staff are well lead and trained.

There is evidence of driving continuous improvement and willingness to learn from best practice. The manager made several improvements within a timely approach, which have been highlighted within the improvement section of this report. The manager has employed an agency in order to review, identify and provide information in line with service policy and processes including Health and Safety. We observed the initial meeting with them, which highlighted the areas for improvement, including service policies, procedures, and the environment. People benefit from a service where best use is made of resources.

There were robust and transparent systems in place to assess the quality of the service in relation to outcomes for people, which included feedback from people using the service and their representatives. We reviewed the Quality Assurance report 2019, stated "*Willow Hall is totally committed and focused on providing a quality service and will continually work with residents, relatives and staff to ensure the needs, wishes and preferences are being met."* We found evidence of positive feedback from people using the service, their family and

professionals. We received positive feedback from people using the service, their family, staff, and visiting professionals. The manager ensures the quality of care was monitored on a monthly basis. We recommended the introduction of an overall record of all improvement monitoring undertaken, with specified actions and dates; this was a recommendation from the inspection. People receive high quality care from a service, which sets high standards for itself, is committed to quality assurance and constant improvement.

Improvements required and recommended following this inspection

1.1 Areas of non-compliance from previous inspections.

None

1.2 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

The service provider should ensure the laundry door was locked to avoid hazard to people.

The service provider should ensure the lighting is adequate in the ‘en suite’ bathrooms so people to ensure the health and safety of residents.

The service provider should review all staff files, to ensure they contain photographic identification, as part of robust recruitment measures to safeguard people using the service.

The service provider should maintain records to support all improvement plans with the identified actions to make the improvements in relation to the care and the environment.

The service provider should keep a record of all care reviews to ensure efficient oversight by management.

The service provider should review areas of the environment on a regular basis, including the management of COSHH in the service, to ensure the health and safety of people living on the premises.

The service provider should include a more detailed account of peoples care needs so staff have the information they need to provider responsive, anticipated and appropriate care

How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, routine inspection on 15 May 2019 between the hours of 9:30 and 18:00. One inspector visited the service. The following methods were used:

We spoke with nine people living at the home, three relatives, and three staff on duty including a senior carer. We spoke with the registered manager, the responsible individual, a district nurse, a representative, recruited by the service, to advice on improvement to peoples' overall care.

We viewed 19 bedrooms, two sitting areas, the dining areas, the bathrooms, the medication room, the kitchen, the laundry room, the front and back gardens.
We looked at a wide range of records including four care files, four staff files, district nurses and GP records, Service policies and procedures, training program, Quality Assurance Report, Statement of Purpose, medication records, staff rotas, supervision records, a variety of health and safety records including fire safety records and checklists.

We viewed the previous CIW inspection report to check improvements, implemented by the registered manager and responsible individual.

We discussed the recommendations' with the registered manager and on the day of inspection and with the responsible individual on 20 May 2019.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	**Care Home Service**
Service Provider	**Foelas residential home limited**
Manager	A person has been appointed to manage the service and they are currently completing the relevant management qualification. They are not currently registered with Social Care Wales.
Registered maximum number of places	**24**
Date of previous Care Inspectorate Wales inspection	**24 January 2019**
Dates of this Inspection visit(s)	**15 May 2019**
Operating Language of the service	**Welsh and English**
Does this service provide the Welsh Language active offer?	**This service provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use the service.**
Additional Information:	

Date Published [Tuesday, 16 July 2019]