Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Willowbrook House Nursing Home
St. Arvans Crescent
St. Mellons
Cardiff
CF3 0FD

Date of Publication
1 March 2019
Description of the service
Willowbrook House Nursing Home is situated in the residential area of St Mellons in Cardiff. It is registered with Care Inspectorate Wales to provide accommodation, nursing and/or personal cares for up to 110 people over the age of 50 who also may have dementia needs. On the day of our inspection there were 98 people in residency, 42 in general nursing and 56 in dementia care. The home is purpose built and all rooms have en-suites. There are no double rooms but some rooms can be configured to accommodate couples. The home has good access to public transport and community services. Willowbrook House Nursing Home is operated by Amos Nursing Homes Ltd which has a Responsible Individual to oversee the operation of the home as well as a manager who is registered with Social Care wales.

Summary of our findings
Overall assessment
The people we spoke with told us they like living in Willowbrook House. They are treated appropriately and kindly. People are provided with sufficient opportunities to feel involved in life at the home through participation in social/recreational activities which enhance their well-being. Friends and relatives are encouraged to visit which gives the home a welcoming character. People mostly receive the right care; their specific needs and preferences are understood and addressed by caring staff and there is a process underway of improving the care documentation to better reflect this. People benefit from a safe, clean and comfortable environment. There are areas which allow for privacy and quiet times besides rooms for socialising with people and/or visitors. The home is generally well maintained and clutter-free and meets health and safety requirements. The service is led effectively by dedicated management who know the people and staff well. People are cared for by a mainly stable staff team who work well together. Staff receive regular, relevant training to ensure people are safe and get the best possible care. Supervision is planned regularly but not all staff receive it in a timely way.

What does the service do well?
The home always strives to improve the service it provides to the people living there and we saw evidence of this in several management and staff initiatives and actions, on an individual and team level.

Improvements
This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered as part of the next inspection.

Requirements and recommendations
Section five sets out areas in which the home is not currently meeting legal requirements and our recommendations to improve the service. Please refer to section five for further details.
1. Well-being

**Summary**
People are treated appropriately and kindly by the staff. People are provided with sufficient opportunities to feel involved in life at the home through participation in social/recreational activities which enhance their well-being. Friends and relatives are encouraged to visit which gives the home a welcoming character.

**Our findings**
People’s well-being is promoted through good relationships with the staff that care for them. The home had a welcoming and relaxed atmosphere, staff engaged in light-hearted conversation and, overall, people seemed happy. We noted that staff were familiar with people’s individual preferences and needs and mindful of their safety and well-being. For instance, a care worker prompted a resident to use their walking aid when getting up from a chair in a kind and discreet manner. The people we spoke to told us:

‘I like it here, everybody is so lovely, they are kind and funny, too’ (resident).
‘I enjoy the activities, especially the choir’ (resident).
‘My mum has dementia and they look really well after her here’ (relative).

Another relative we spoke with told us that she was impressed with the level of knowledge staff had regarding her mother’s personal preferences and choices... There was a general focus on promoting independence and supporting people to express themselves and we could see that people responded with a smile and enjoyed the interactions. We conclude that people are happy and content living at the home.

People are offered healthy and nutritious meals and drinks. We observed people enjoying their meals, with staff supporting them appropriately and respectfully. Everyone was served and supported according to their needs in a timely and dignified manner. We saw that drinks and snacks were offered and enjoyed throughout the visit. We also observed that people had appropriate utensils and adapted aids to enhance their independence. We further noted that the kitchen staff were knowledgeable about people’s individual food and drink requirements and flexible to changing situations, such as an in-house pub event being held at short notice. The home had been inspected by the Food Standards Agency and had been awarded a food hygiene rating of five which is ‘very good’. We conclude that mealtimes are a positive experience, and that peoples’ nutritional needs are being met.

People are able to choose and participate in activities, and have opportunities to socialise with others. We noted that people were offered a number of opportunities to participate in activities. During our visit, we witnessed a sing-along, a hairdressing and pampering session, an in-house pub event and baking as well as more one to one
interactions between staff and people in the home. We spoke with the two activity co-ordinators and found them passionate about providing people with a wide and stimulating variety of activities. We noted that family and friends were actively encouraged to participate. We saw evidence of previous activities on display, in the common areas as well in people’s rooms. The activity co-ordinators showed us their detailed reports of past activities and outcomes as well as the plans for future events. There were no records of recent resident and/or family meetings, but relatives we spoke with knew of the compliment/complaints process available. We noted that all staff spent one to one time with people who lived at the home. Activities included hand massage, painting fingernails and reminiscing. However, there was no record of these interactions in people’s care notes, which tended to reflect only nursing input. We recommended the home devised a system which collected and recorded these important one to one interactions. This information would enable a better insight into people’s day to day experience of life in the home. We conclude that, overall, people are provided with sufficient opportunities to feel involved in life at the home through participation in social/recreational activities which enhance their well-being.
2. Care and Development

Summary
People mostly receive the right care. Their specific needs and preferences are understood and addressed by caring staff. There is a process underway of improving the care documentation to better reflect people’s individual preference regarding the care they receive.

Our findings
People are as safe and as well as they can be because they receive proactive, preventative care and their care needs are anticipated. Staff interactions with residents were mostly respectful and caring. We spoke with residents and relatives for their views regarding the care and comments included:

‘The nursing is very good here and we always have a laugh’ (friend).
‘I don’t need to ring the bell most of the time, they always come and check on me’ (resident).
‘Staff ring me and keep me informed about my father’ (relative).

We examined seven residents’ care files and found updated and reviewed documentation on each file. We saw that care files detailed essential information in relation to people’s preferences, personal care needs, medical conditions and medication requirements. A written plan of care provided guidance on relationships, personal likes and dislikes, social interests, daily routines, as well as all the aspects of life the person needed support with. Care plans were directed to people’s individual needs and detailed the support that staff should provide to people in order to meet their physical and emotional health needs. We were told by the manager that staff and management were re-designing the individual care plans so they were more reflective, person centred and usable. We saw evidence of this in the care plans we examined. We found that there were some gaps in care documentation. For example, one person was noted to have a bruise, which was recorded appropriately; but the care records provided no evidence of that this was followed up. Risk Assessments were in place and regularly reviewed, however, they were not always clear in respect of the measures in place to manage those risks. We recommended that the services developed a system to capture changes in risk assessment information and risk management procedures in a way that was easily accessible to staff. Therefore, people mostly receive the right care, at the right time in the way they want it; however risk assessments need to provide clearer guidance for the staff to manage those risks.

People’s medication is managed safely. Medicines were stored securely in a suitable, locked medication trolley, located in a locked room. Records evidenced that daily temperature recordings of the medication fridge had been undertaken and were within a satisfactory range for the safe storage of medication. We reviewed a sample of people’s medication administration records (MARs) which were accurate and complete, indicating
people had been administered their medication as prescribed. During our inspection visit we observed that medicines were administered safely, and good practice was adhered to on each occasion. This indicated that staff followed safe medication administration practices. Therefore, people are safeguarded by the home’s medication procedures.
3. Environment

Summary
People benefit from a safe, clean and comfortable environment. There are areas which allow for privacy and quiet times besides rooms for socialising with people and/or visitors. The home is generally well maintained, clutter-free and meets health and safety requirements.

Our findings
People live in an environment which is mostly safe, clean and appropriate to their needs. The home was easy to find and had secure access. On the day of our visit, we found the home was warm, uncluttered and nicely decorated throughout. It was evident thought had been given to colour schemes and furnishing in order to enhance people’s sense of security and belonging, especially in the areas designed to accommodate individuals with dementia care needs. People had their own rooms, with an en-suite. People personalised their rooms, and a relative told us that they had chosen the wallpapering together with their relative before they were admitted into the home. We were told that some rooms that were adjacent to each other could be configured to suit a couple. The residents we spoke to told us:

‘The food here is lovely and I am not given carrots because I don’t like them’ (resident).
‘My family is very happy to come and visit me here, everybody is so kind and cheerful’ (resident).
‘I like my room here, it’s warm and I have my own things’ (resident).

On each floor there was a mixture of spacious dining areas, drink/snack making facilities and big and small lounges, which people and their visitors had access to. In two of the kitchenettes we however observed a lack of tidiness and adherence to food safety regulations. For instance, we saw jugs with juice left uncovered, fridge and work tops needing cleaning. We saw that there were themed areas such as a newly opened coffee shop and a secure, well-appointed courtyard garden (this was not in use on the day of our inspection, however, because of the weather). The grounds were well kept and we could see that people in the home had various options to enjoy being outside. We were told that a sensory room was being planned to further enrich people’s well-being. We conclude that the environment suits people’s needs.

People are protected and their safety is maintained. We found the entrance to the home was secure, accessible by a call bell entry system. Before entering, visitor identity was checked and the visitor book signed. Safety checks of manual handling equipment, such as hoists, were undertaken. We saw that the medicines and substances which may be hazardous to health were stored securely. We saw that health and safety checks and measures in relation to fire certificates, gas installation and safety records, were satisfactory and up to date. All confidential files including care and staff files were stored
securely. We conclude that people’s right to privacy is therefore respected within a secure environment and people are protected from exposure to hazardous substances.
4. Leadership and Management

Summary
The service is led effectively by dedicated management who know the people and staff well. People are cared for by a mainly stable staff team who work well together. Staff receive regular relevant training to ensure people are safe and get the best possible care. Supervision is planned regularly but not all staff receive it in a timely manner.

Our findings
The home’s vision and purpose is made clear through its statement of purpose. This is an important document which should be kept under review. It should provide people with detailed information about the services and facilities offered within the home and should also outline the home’s underpinning philosophy and approach to care delivery. We noted that the document had been reviewed to reflect the requirements of new care legislation recently introduced. This shows that the home provides clear information so that people know and understand the care, support and opportunities which are available to them.

There are clear lines of accountability and leadership at the home. Staff spoke positively about the support they received from the manager. We observed that interactions between residents, and staff were relaxed, friendly and respectful, and that people were able to approach the management team. We conclude that the management of the home is visible and approachable.

People are supported by a stable and dedicated care team. Staff we spoke with were satisfied working in the home and they told us:
‘We have a great team here and support each other’ (staff)
‘I enjoy working here’ (staff)
‘Management is supportive and they listen if we have ideas for improvement’ (staff)

Staff are mostly safely recruited and management are pro-active about recruiting new staff. There are systems in place which make sure that personnel are suitable to work in the home. From the personnel files we reviewed, it was evident that a robust recruitment and employment process was in use. The required information was present, such as proof of identity, a recent photograph, and a Disclosure and Barring Service check (DBS). Written references and employment histories had been acquired. However, we noted that in one file the applicant had only recorded the years of their past employment. We recommended that the application form was changed to prompt new applicants to input the month and year of employment. This will help the service ensure a continuous employment history is accounted for. We also recommended that the personnel file included statements to the effect that any gaps in employment had been discussed with the applicant and to show if management were satisfied with the applicant’s response, including their linguistic ability. Staff told us that they had sufficient training to meet the needs of the residents. Staff files contained training certificates and the home’s training
matrix showed that mandatory and other training was planned in advance. This included refresher training at required intervals. Training included manual handling, infection control, safeguarding, and dementia awareness, and food hygiene. Staff told us that they received regular one to one supervision from their line manager every two months. However, this was not reflected in all of the staff files we examined. The staff supervision matrix we examined evidenced, that whilst all staff received supervision, it was not always carried out as frequently as the current regulations require. The manager told us that they were aware of the legal requirements and would ensure that the 2019 supervision matrix reflected them, as regards the frequency of supervisions. This indicates that staff are mostly recruited, supported and trained in a way that improves outcomes for people.

We observed that the home’s staffing levels were sufficient to meet the needs of residents. Although there is no formal staffing tool being used at Willowbrook House, the staffing levels are set out in the Statement of Purpose and were reflected in the work rotas for the different floors and care areas. Management and staff told us about difficulties in ensuring that the intended levels were maintained at all times, however we noted that great care and attention went into providing the right care for the people in the home. We therefore judge that there are sufficient numbers of trained staff to meet the health and welfare needs of residents.

We were told that Willowbrook House is working towards the ‘Active Offer’ of the Welsh language and is designing bi-lingual signage for the home. Management was also exploring the translation of key documents into Welsh, such as the Statement of Purpose. The Statement of Purpose indicates that Welsh speaking staff members were to wear badges to identify them as such. On the day of our inspection we did not see that this was carried out in practice. However, we overheard a staff member conversing in Welsh with a visitor. Another staff member told us some residents could speak Welsh and that they, themselves, were learning the language for the benefit of residents. We recommended that the manager implemented the provision in the statement of purpose with regards issuing badges to identify Welsh speaking staff. We judge that the provider has in place practical measures to anticipate, identify and meet the Welsh language and cultural needs of people who use or may use the service in future.
5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections
This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non-compliance identified at this inspection
No areas of regulatory non-compliance were identified at this inspection.

5.3 Recommendations for improvement
We recommended that the service:

- Ensures that meaningful one to one activities provided to residents are documented in their care plans.
- Develops a system to capture changes in risk assessment information and risk management procedures in way that is easily accessible to staff.
- Reviews the employment application form to direct applicants to input the month and year of their previous employment. We also recommend that the personnel files should include statements to the effect that any gaps in employment have been discussed and to show that management are satisfied with the applicant’s response and with their linguistic standard.
- Updates the 2019 supervision matrix to ensure planned supervision frequency is consistent with the regulatory requirements. Records of supervisions undertaken should also be kept on file.
- Encourages staff to follow good food hygiene practices in areas of the home where food is prepared.
- Ensures that the provision in the statement of purpose with regards issuing badges to identify Welsh speakers is maintained in practice, so people can be clear about which staff can communicate in Welsh.
- Considers Welsh Government’s “More Than Just Words follow on strategic guidance for Welsh language in social care” in order to assist it in providing an ‘active offer’ of the Welsh language.
6. How we undertook this inspection

We (CIW) visited Willowbrook House without prior notice on 17 January 2019. This was a full inspection, and the first after the home registered under the Regulation and Inspection of Social Care (Wales) Act 2016. The inspection was conducted by two inspectors. The manager, who is also the Responsible Individual, was present throughout. The inspection considered the residents’ well-being, the care and support they receive, the quality of leadership and management, and the quality and suitability of the environment.

The following sources of information were used to compile this report:

- Observation of the routines and care practices.
- Observation of the home environment and ambience.
- Observation of staff interactions with people and other staff members.
- Observation using a Short Observational Framework for Inspection (SOFI2) tool which enables inspectors to observe and record life from a resident’s perspective over a short period of time.
- Dialogs with people, staff, relatives, management and visiting health professionals
- Examination of seven resident files including Deprivation of Liberty Safeguarding (DOLs) information.
- Examination of four staff files including induction, training, supervision records.
- Review of staffing rotas.
- Examination of 10 medication charts for people and consideration of arrangements for managing medication.
- Review of records relating to health and safety (including fire records, Legionella and portable appliance testing (PAT)), equipment and lift maintenance records.
- Review of records relating to incidents, accidents, complaints and compliments, and a staff handover book.
- Samples of the food menu and social activities available.
- Service user guide.
- Consideration of the service’s quality assurance process and internal auditing.
- Consideration of information we already held about the home. This included the statement of purpose, RISCA application, notifications and concerns.

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

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Provider</strong></td>
<td>Amos Nursing Homes Limited</td>
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<tr>
<td><strong>Manager</strong></td>
<td>A manager was in place who was registered with Social Care Wales</td>
</tr>
<tr>
<td><strong>Registered maximum number of places</strong></td>
<td>110</td>
</tr>
<tr>
<td><strong>Date of previous Care Inspectorate Wales inspection</strong></td>
<td>This is was the first inspection under the current regulations (RISCA)</td>
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<tr>
<td><strong>Dates of this Inspection visit(s)</strong></td>
<td>17 January 2019</td>
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<tr>
<td><strong>Operating Language of the service</strong></td>
<td>English</td>
</tr>
<tr>
<td><strong>Does this service provide the Welsh Language active offer?</strong></td>
<td>The service is currently working towards providing an “Active Offer” of the Welsh language. To progress further we recommend that that the registered provider considers Welsh Government’s “More Than Just Words follow on strategic guidance for Welsh language in social care”.</td>
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**Additional Information:**