



Inspection Report on

Willowbrook House Nursing Home

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

Date Inspection Completed

22 November 2022

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About Willowbrook House Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Amos Nursing Homes Limited
Registered places	110
Language of the service	English
Previous Care Inspectorate Wales inspection	06 and 07 July 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection

People are supported by attentive and respectful staff who know them well. People are happy living there and feel safe in a home which meets their needs. People are supported to participate in activities which they enjoy. People receive the right medication to maintain their health and well-being. They also have access to health professional support when needed. Most care plans in place are reflective of people's needs and preferences but there must be improved oversight of daily care records. Staff feel well supported by the management team. The RI is knowledgeable about the service but there should be additional audits in place to measure the service performance and inform the service quality assurance reports. The RI assured us that this would be immediately addressed. The staff have developed friendly and caring relationships with people living at Willowbrook house.

Well-being

People have a voice and are treated with dignity and respect by care workers who know them well. People are complimentary about the staff that support them. We saw that staff have good relationships with people through lots of conversation and laughter. The service encourages people to keep in contact with families and friends.

People are safe and protected from harm. Staff understand the importance of safeguarding people. They can raise concerns when needed and confident they will be acted upon. The safeguarding policy needs to be updated to reflect current guidance. Staff understand the people they support and there are detailed care plans in place for staff to follow. There are safe systems in place to ensure people receive the right medication at the right time.

The physical environment contributes to people's well-being, it is clean and comfortable. People's rooms are personalised to their taste and with items that are important to them. The communal areas are welcoming, and people are encouraged to socialise with others. The equipment and facilities offer the right assistance and support to people. People have a personal emergency evacuation plan in place which informs staff of the assistance they require to safely evacuate in the event of a fire.

People benefit from a staff team that feel supported in their role. Staff told us the management team are approachable and supportive. Records show staff receive the opportunity to formally meet with a senior person which they value, but these are not always held within the required frequency. The RI and Clinical Lead appeared knowledgeable about the service, and they are in the process of collating information to produce the quality care report which evaluates the quality and safety of the service. The RI needs to introduce auditing systems to measure and review quality assurance and identify any patterns and trends for prompt action to be taken.

Care and Support

On the day of inspection, we saw people enjoying reminiscing activities, reading books, and enjoying the singing of the local Choir. There are activities coordinators employed at the home. People told us they are offered different activities and can choose if they would like to participate, if interested. The service understands the value of supporting people to have access to stimulating activities. People are actively supported to maintain regular contact with their family and friends which they look forward to.

People are cared for in a dignified and respectful way by care staff who know them well. There is a welcoming and friendly atmosphere in the home and people have good relationships with staff. All people we spoke with said "Staff are always respectful and kind" and "They are wonderful here and always caring." Throughout our visit we saw staff are busy but attentive and respond to people's calls for help in a timely way.

People's care plan informs staff how best to support the person and their preferences. There are risk assessments in place to mitigate risk. Although, people appear to have received the care and support they need, we found some instances when daily care records such as, repositioning, continence care and fluid intake were incomplete and inaccurate. This indicated that the support had not been provided, the RI took immediate action to remedy the situation. A few people told us that they received the care and support they need. When falls occur in the home we noted that medical advice is sought to ensure the person is safeguarded. However, the staff incident recording requires improvement to confirm that the following checks are in place; vital health checks, increased staff observation, pain monitoring and updates of the risk assessment to ensure changes in support are identified. We noted that any changes are communicated to care staff during shift handovers and the communication diary.

People receive medication at the right time. Staff are trained to administer medication. There are safe storage and administration arrangements in place. Regular room and fridge temperatures are taken to store medication within the correct range. Medication administration records show that people receive the right medication at the right time. When people receive "when required" medication the reason is recorded to monitor the effectiveness. We found that people are appropriately prescribed anticipatory medication which is administered when there are changes in the person's health, and at the right time. We saw that referrals are made to other professionals for advice and intervention when needed. The RI assured us that regular medication audits will take place to monitor staff practice and to maintain oversight in line with the medication policy.

Environment

As this was a focused inspection, we have not considered the environment in full. We will examine this theme fully at the next inspection

The property is homely, warm, and clean. People say they feel comfortable and happy living there. Each person's private room is secure, spacious, and personalised to reflect their taste and interests. We saw people are encouraged to enjoy the company of others in the communal areas, or they may choose to spend time on their own. We saw that the home is constantly maintained to ensure the home remains well decorated and presented.

People are safe and protected from harm. The building is secure and there are locks in areas where people are particularly vulnerable and would pose a risk. We found no hazards throughout the home. There are a variety of aids and equipment available to enhance people's mobility and ensure their comfort. We saw staff appropriately using the equipment to ensure people safely transfer. People living in the home have a personal emergency evacuation plan which informs staff of the assistance they require to safely evacuate in the event of a fire. There are servicing arrangements in place to ensure all equipment in the home is regularly serviced. Staff practice good infection control as required. Personal protective equipment (PPE) is available throughout the home for easy access

Leadership and Management

As this was a focused inspection, we have not considered leadership and management in full. We will examine this theme fully at the next inspection.

The responsible individual (RI) is also the manager and works at the home. Staff told us that the RI and Clinical Lead is approachable and supportive. The management team is visible and knowledgeable about the service. However, we found that there is a lack of effective audit and evaluation systems in place to monitor and analyse the quality of care provided. This included, but is not limited to, clinical meetings, wound management, weight monitoring, call bells and care records, etc. We were assured that this would be immediately addressed. The RI told us that they are preparing the quality-of-care report to evaluate the performance of the service and identify further improvements. We will follow this up at the next inspection. People living at the home and staff told us they felt confident to raise issues and these will be acted upon. Staff understand the importance of safeguarding and receive training in this area. The safeguarding policy is accessible to staff, but we found this needs to be further updated to reflect current guidance.

On the day of inspection, we found adequate staff on duty with ongoing recruitment in place to address any staff vacancies. Staff told us they work well as a team and help each other. We saw care staff communicating effectively with each other and there appeared to be a good team morale. Staff felt well supported in their role and values the opportunities for supervision meetings, but this opportunity should be at least every three months. Training will be followed up at the next inspection.

Information about the home and its services is available. The home has a statement of purpose and written guide that set out its aims and objectives and how these will be achieved. Overall, these documents accurately reflect the service being provided

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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8	The service provider to have systems and processes in place to monitor, analyse and improve the quality and safety of the service.	New
59	The service provider to ensure that the service maintains accurate and up to date daily care records to protect the people they support	New
15	Care Plans do not always contain sufficient detail to show how, on a day to day basis the individual's care and support needs will be met.	Achieved
33	The service provider is not ensuring that people always have access to hospital services following an accident.	Achieved

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