



## Inspection Report on

**The Willows Mountain Ash**

**The Willows Nursing Home  
Llanwonno Road  
Mountain Ash  
CF45 3LJ**

## **Date Inspection Completed**

15/06/2023

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## About The Willows Mountain Ash

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PARKCARE HOMES LIMITED
Registered places	46
Language of the service	English
Previous Care Inspectorate Wales inspection	20 <sup>th</sup> December 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People and relatives provided mixed feedback on the care received at The Willows nursing home. Detailed personal plans are in place to direct care and regular reviews ensure documents remain up to date. Activities coordinators are available and medication is managed effectively. Monitoring charts are maintained and referrals are made to health professionals when needed. Care interactions are not consistently of a good standard and equipment is not always in place to support people's needs. Meals provided received mixed feedback.

Policies are in place to direct positive practices and staff training and supervision is available to all staff. The environment appears clean and safe but some routine checks require strengthening. Recruitment practices are robust and care staff are registered with the workforce regulator. Staff report morale remains low due to staffing levels and ongoing use of agency staff. The Responsible Individual (RI) has good oversight of the service and there is an interim manager in place.

## Well-being

People have some control over their lives. Personal plans record peoples likes and interests. Relatives and people told us they are involved in reviews while others feel the level and frequency of communication requires improvement. Some people are able to choose where they spend their day while others are not given this choice due to staffing levels and their individual needs. Staff and relatives gave mixed feedback around menus with some indicating the choice of pureed meals are limited.

Physical and emotional wellbeing is considered. Personal plans outline people's current needs and potential areas of risk. The service liaises with health professionals. Monitoring charts and any daily checks are completed and logged. Medication is administered as required. People are able to maintain contact with family and friends. Overall, the environment is clean and bright. Manual handling practices and the provision of individual/specialist seating requires some improvement. Some people do not have access to activities or meaningful interactions to support their wellbeing. Staff do not always feel there are sufficient numbers on duty to meet and respond to the needs of people.

People are protected from harm. There are systems in place to record accidents and incidents and safeguard concerns are reported. A new maintenance manager has been appointed to complete environmental safety checks. People have plans in place in the event of an emergency evacuation. A range of policies support good practices and ongoing training ensures care staff have the required skills to carry out their duties. Care staff are aware of their responsibilities in relation to safeguarding and whistleblowing.

## Care and Support

Up to date personal plans are in place. Care staff have access to plans which outline the support people require to remain healthy and well. There is evidence in plans of some personalisation and information on individual preferences. Risk assessments are robust and assist staff in identifying, understanding, and mitigating any potential risks. Tools such as daily monitoring charts and checks are completed in line with plans. Monthly reviews reflect any changes in individual need and support plans to remain up to date. The service liaises with health and social care professionals and completes referrals when required.

People receive a mixed experience of care. Overall, permanent staff demonstrate a good understanding of people's needs and are able to provide support accordingly. The frequent use of agency staff means not all those on duty will be as familiar with individual needs or be able to offer support with the same level of confidence. On the day of inspection, the quality of staff interactions varied and manual handling techniques were on occasion unsatisfactory. These were raised as areas for improvement at the last inspection. Overall, people and relatives told us they have positive relationships with staff. Relatives commented they are not always updated on any changes and communication requires improvement. On the day of inspection people appeared well presented, while most relatives we spoke with felt personal care tasks are well managed, others reported this area had fallen short of their expectations. We found suitable specialist chairs were not always in place upon admission and noted a number of people currently living at the service who were also awaiting chairs. The service has not provided evidence to show these requests have been made in a timely manner. These are areas for improvement and we expect the provider to take action to address these.

Some people have things to look forward to. People, relatives, and staff told us of trips out in the community and of regular activities taking place in the service. On the day of inspection, we observed some people had the opportunity to access the patio area to enjoy the sun. Due to staffing levels and their individual needs, other people spent their day sitting at a dining table with limited engagement or meaningful interactions. Wellbeing outcomes for these people were discussed with the manager and RI for the service. Feedback around the choice of meals was mixed. One person told us they enjoyed their meals while a relative and several staff members commented pureed and soft meals were often very repetitive with limited choice.

Medication is stored safely, and records are completed accurately. We viewed a sample of medication administration records (MAR's) and found these to be completed appropriately. Secure arrangements are in place for the storage of medication and daily room temperature checks ensure medication remains effective.

## Environment

People benefit from a safe environment. On arrival we found the front door locked and our ID was checked on entry. We were informed by the manager the service has been without a maintenance worker for the past 2-3 months and that environmental checks have not been completed during this time. The service has since appointed a new maintenance manager who is currently working on completing checks and updating records. People living at the service have a personal emergency evacuation plan to guide staff on how to support them to leave the premises safely in the case of an emergency. We found treatment rooms and staff offices securely locked to ensure confidential files and medication is stored safely.

The home environment is clean and decorated to a good standard. Overall, furnishings are in good condition. Cleaning products are stored correctly and are kept locked when not in use. Housekeeping staff advise they have sufficient equipment in place. We saw recent repairs made to a bathroom and one communal area had benefited from redecoration. We noted some bedrooms looked tired and would benefit from repainting. The service has a three star rating from the food standards agency which means their food hygiene rating is deemed generally satisfactory. Two newly appointed kitchen staff are awaiting to start their posts within the service.

## Leadership and Management

Permanent care staff receive regular supervision and appropriate training to ensure they can undertake their duties safely. One to one, formal, supervisions provide an opportunity for staff to discuss any concerns or training needs they may have. Care staff complete a range of training, including regular refresher courses in mandatory areas. Both the training matrix we viewed and staff we spoke with confirm the provider offers frequent training opportunities, which enables staff to feel confident and skilled in their roles.

The recruitment of staff is effective. Files are well organised and include all of the required information. The service completes recruitment checks prior to beginning their employment which ensures staff are of good character and hold the necessary skills and qualifications. All staff are registered with Social Care Wales the regulatory workforce.

Staff feel supported by the management team however current staffing levels require strengthening. A number of care staff told us the interim manager is available and supportive. We viewed three months of staff rota's which shows the ongoing use of agency staff to cover shortfalls for both day and night duties. Permanent staff told us they often feel rushed when providing support and staffing levels are not sufficient to provide care in a way they would like. Staff told us:

*"We need more staff"*

*"Agency staff can only do so much"*

*"We are constantly rushing to do stuff and its not a nice experience for the residents"*

*"It feels like people are on a conveyer belt"*

*"We are short staffed all the time"*

*"Staff morale is poor".*

Assurances have been provided by the RI and manager that new staffing appointments have been made, recruitment drives remain ongoing and agency staff are supporting with any shortfalls. The RI agrees this is an area which requires ongoing monitoring.

Governance and quality assurance arrangements are in place. The RI visits the service frequently to gather feedback on the care provided. The quality of care reports evidence areas where the service is performing well and those which require improvement. A range of policies and guidance are in place to support good practices. Staff meetings provide an opportunity for staff to talk about any issues or concerns. The service keeps a record of incidents, accidents and takes appropriate action when required.

### 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

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
21	The provider must ensure care, support and good communication is provided to maintain people's safety and wellbeing	Not Achieved

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