



## Inspection Report on

**Willow Project**

**Caer Las Cymru  
Managers Office Aberfa House  
740 Carmarthen Road  
Swansea  
SA5 8JL**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

11/06/2024

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## About Willow Project

Type of care provided	Domiciliary Support Service
Registered Provider	Goleudy Housing and Support Limited
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	22 February 2023
Does this service promote Welsh language and culture?	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

Willow Project Domiciliary Support Service is a small provider covering South Wales area based in Swansea. The service includes support, advice and a Supported Living Scheme.

People and their relatives are happy with the care and support provided at the service. There is good information available for staff to understand how to best meet people's care and support needs. People have detailed personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) and a newly appointed manager who is registered with Social Care Wales.

Improvements have been made since the last inspection such as ensuring the service retains complete staff records. There continues to be good evidence of positive joint working practice between Willow Project and health and social care services. The recently appointed manager is making an increased effort by encouraging staff to speak Welsh and implementing bi-lingual signs and notices as well as doing a Welsh Word of the Week.

## Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“It’s great here, we all get on well together, we get support we need and want such as cooking, cleaning and developing our independence.”* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. This was seen by us and staff and people who use the service confirmed this. Staff told us they feel very well supported by the management team and commented, *“Management frequently give us positive feedback”* and another commented *“I can get help and advice at any time when I need it.”*

People are supported to grow, be independent and achieve their personal well-being outcomes. People develop their own personal plan with support from staff. Plans reflect the goals important to the individual and celebrate outcomes achieved. People are involved in their local community and arrangements are in place to empower and encourage people’s contribution in society. Records reflect referrals are made to a variety of healthcare professionals, such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. Care workers receive appropriate training to support them in their roles.

Care workers offer companionship and support for people to do things they want. People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process. People told us *“We’re very happy with the care they provide, we couldn’t ask for more”* and *“The staff are great with him, we are more than happy with the quality of care.”*

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. Care workers are recruited in a safe way and have a good understanding of safeguarding and whistleblowing procedures. People supported by the service tell us they feel safe and secure.

## Care and Support

People speak positively of both the management and care staff. They told us *“I can speak with care staff when I feel anxious and not just my key worker, it can be any member of care staff”*.

People are provided with good care and support by care staff who know them well. Personal plans are developed to a good standard in consultation with people, considering existing care and support plans provided by health and social care commissioners. Plans clearly describe how people want to be supported and they are reviewed on a regular basis. We were told people are involved in the monthly key worker meetings where they review the care plan. People are supported to speak for themselves and contribute to the decisions that affect their lives.

Systems are in place to support people's health and well-being. The service makes timely referrals to relevant health and social care professionals when people require specialist involvement. This support promotes people's overall sense of worth and well-being. Risk assessments identify the level of support people require and people are actively involved in this process.

People are protected from abuse and neglect. Since the last inspection, policies have been reviewed to make sure they are relevant. Staff are aware these are in place to guide them. Staff complete safeguarding training relevant to their role.

There is an appropriate medication policy and procedure in place. Audits are completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their own medication. Medication is stored appropriately in a locked cabinet. Staff who support individuals to manage their own medication are trained and assessed as competent.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE when needed and follow correct procedures.

## Leadership and Management

People have access to information about the service. There is an accurate Statement of Purpose and a guide to the service so people know what services they can expect to receive but these both require updating. The relevant contact details are available to enable people to enquire about the service, make a compliment/complaint or to contact the relevant regulatory authorities. People tell us they know how to raise any concerns they may have about the service and are confident they will be listened to and addressed appropriately.

Quality assurance systems are in place to regularly check on the quality of care and support. People are asked their views in several ways including via questionnaires, face to face visits and telephone calls. The Responsible Individual (RI) completes three-monthly reports after speaking with people and checking records. Audits of aspects of the service take place regularly and a six-monthly report is completed following a review of the service. Reviews of care are completed with clear links to outcomes identified in support planning documentation.

The service provider has extensive oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *“Staff investment: including benchmarked salary/benefits to encourage recruitment/retention (identified as paramount by residents), creation of Senior Support Worker position”*.

There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. We found new staff complete an induction programme. Contracts of employment are kept on file. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Disclosure and Barring Service (DBS) records reveal the relevant checks have been completed and care staff are registered with SCW. Identification and references further support the individual fitness of staff to work at the service. This area has shown improvement since our last inspection.

Care staff feel supported in their role. They said the *“management are good and can be contacted at any time”*. Support and development of staff is of a good quality. There is a plan in place to make sure all staff have regular supervision and an annual appraisal of their work. Staff meetings take place regularly and staff confirm they can discuss any issues with their manager at any time and feel listened too. Records of team meetings are succinctly recorded with clear actions and accountability.

### 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
35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people at all times.	Achieved



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**Date Published** 07/08/2024

### Crynodeb o'r achos o ddiffyg cydymffurfio

Statws	Ystyr pob un
<b>Newydd</b>	Nodwyd yr achos hwn o ddiffyg cydymffurfio yn yr arolygiad hwn.
<b>Adolygwyd</b>	Adolygwyd cydymffurfiaeth yn ystod yr arolygiad hwn ond ni lwyddwyd i'w chyflawni. Mae'r dyddiad targed ar gyfer cydymffurfio yn y dyfodol a chaiff ei brofi yn ystod yr arolygiad nesaf.
<b>Heb ei Chyflawni</b>	Profwyd cydymffurfiaeth yn ystod yr arolygiad hwn ond ni lwyddwyd i'w chyflawni.
<b>Cyflawnwyd</b>	Profwyd cydymffurfiaeth yn ystod yr arolygiad hwn a llwyddwyd i'w chyflawni.

Rydym yn ymateb i ddiffyg cydymffurfiaeth â'r rheoliadau pan gaiff canlyniadau gwael i bobl, a / neu risg i'w llesiant eu nodi drwy gyhoeddi Hysbysiad(au) Gweithredu â Blaenoriaeth.

Mae'n rhaid i'r darparwr gymryd camau ar unwaith i fynd i'r afael â hyn a gwneud gwelliannau. Os bydd darparwyr yn methu â chymryd camau gweithredu erbyn y dyddiad targed, gallwn uwchgyfeirio'r mater at Banel Gwella a Gorfodi.

### Hysbysiad(au) Gweithredu â Blaenoriaeth

Rheoliad	Crynodeb	Statws
Dd/G	Ni nodwyd unrhyw achosion o ddiffyg cydymffurfio o'r math hwn yn yr arolygiad hwn	Dd/G

Lle byddwn yn canfod achosion o ddiffyg cydymffurfio â rheoliadau ond na chaiff unrhyw risg uniongyrchol na sylweddol i'r bobl sy'n defnyddio'r gwasanaeth ei nodi, byddwn yn tynnu sylw atynt fel Meysydd i'w Gwella.

Byddwn yn disgwyl i'r darparwr gymryd camau i unioni'r achos a byddwn yn ei ystyried eto yn yr arolygiad nesaf. Lle bydd y darparwr wedi methu â gwneud y gwelliannau

angenrheidiol, byddwn yn uwchgyfeirio'r mater drwy gyhoeddi Hysbysiad Gweithredu â Blaenoriaeth.

<b>Maes i'w Wella / Meysydd I'w Gwella</b>		
<b>Rheoliad</b>	<b>Crynodeb</b>	<b>Statws</b>
Dd/G	Ni nodwyd unrhyw ddiffyg cydymffurfio o'r math hwn yn yr arolygiad	Dd/G
35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people at all times.	Cyflawnwyd

## **A oedd yr adroddiad hwn yn ddefnyddiol?**

Rydym am glywed eich barn a'ch profiadau o ddarllen ein hadroddiadau arolygu. Bydd hyn yn ein helpu i ddeall p'un a yw ein hadroddiadau yn darparu gwybodaeth glir a gwerthfawr i chi.

I rannu eich barn ar ein hadroddiadau, cliciwch ar y ddolen ganlynol i gwblhau arolwg byr:

- [Arolwg adroddiad arolygu](#)

Os hoffech roi adborth cyffredinol am wasanaeth, ewch i'n [Tudalen arolygon adborth](#)

**Dyddiad Cyhoeddi 07/08/2024**