



Inspection Report on

The Willows

Bridgend

Date Inspection Completed

14/01/2025

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About The Willows

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Amethyst Healthcare Ltd |
| Registered places | 4 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 19.12.2023 |
| Does this service promote Welsh language and culture? | 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

People receive good quality care and support at The Willows. Care workers know people well and understand their needs. We saw care workers being attentive, caring and respectful. People have opportunities to take part in a range of meaningful activities and community events and are supported to maintain relationships with family and friends. Staff work in partnership with other professionals to actively promote people's health and well-being. However, medication processes at the service require strengthening. Personal plans are detailed and guide care workers on how best to meet people's care and support needs. The team of care workers is small, and therefore consistent, and they have good relationships with the people they support. Care workers receive appropriate training and overall feel supported and happy working at the service. The responsible individual (RI) visits the service regularly and supports the manager, but oversight of the service requires improvement. Systems to review, analyse and monitor the quality of care provided require strengthening to ensure the service is delivered safely and in line with the statement of purpose.

Well-being

People live in a home that is safe, secure and homely. There is a sign-in process to enter and leave the premises. The home is presented and maintained to a good standard. The service is clean, clutter free and comfortable throughout. Improvements have been made to health and safety building checks to ensure they will now be completed and documented routinely.

People are encouraged and assisted by care workers to be as healthy as they can be. People's likes, dislikes, and allergies are known. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals. People have access to GP services and appointments with health and social care professionals are arranged. There are systems in place for receiving, storing and administering medications, improvements are required to ensure practice is safe.

People are encouraged to have as much choice and control over their daily lives as possible. Care workers support people to make as many everyday decisions as possible. Information stored in people's personal plans comprehensively document their preferences, preferred routines, and outcomes they wish to achieve. People are supported to maintain relationships which are important to them and take part in activities they enjoy, which enhance their emotional well-being.

People are protected from abuse and neglect. There are safeguarding policies and procedures in place and there are systems to report and record safeguarding concerns. All staff have completed safeguarding training and care workers we spoke with are confident with the internal procedures to raise a concern. People told us they feel safe at the service and said care workers are approachable.

There is a new management structure in the service. A new operational manager and service manager have been recruited since the previous inspection. We received positive feedback from the care workers we spoke with, who told us they feel valued and supported by the new management. Current oversight of the service from the RI needs improvement as systems to ensure the monitoring of the smooth running of the service are not in place, or not being followed.

Care and Support

People experience a good standard of care and support. They have developed positive relationships with care workers, who support them with kindness and sensitivity. People are encouraged to express themselves and have opportunities to follow their interests and try new things. When asked about the care workers people told us “*I love the support I am getting*”, “*we have good banter*”, “*It’s a great place, good people about*” and “*Everyone is so lovely to me*”. Care workers complete daily recordings documenting the care and support they have given. We saw positive interactions between care workers and people throughout the inspection. Care and support is provided in a dignified and respectful manner. People receive support to access meaningful and beneficial activities of their choice, and they appear to be happy with the service they receive.

A person-centred approach to care planning ensures people are central to the care and support they receive, their personal wishes are valued and supported. Personal plans contain practical information guiding care workers on the best ways of providing care and support. They also contain risk assessments which help mitigate risks to people’s health and safety. Plans include individual likes and dislikes, routines and preferences for support ensuring the person’s voice is central to the care provided to them. Personal plans are reviewed regularly to ensure they remain up to date. Personal plans are discussed with people, although the details and outcomes are not always documented every three months. The manager is committed to addressing this.

Improvements are required to ensure that safe systems are in place for the management of medication to maintain people’s health. A thorough medication policy is in place, but the service is not currently operating in line with it. We found medication auditing requires significant improvement. People are unable to always access medication because, particularly at night, care staff are not fully trained to safely administer them. This includes PRN, ‘as required’ medication. This is an area for improvement, and we expect the provider to take action to address these matters and will follow it up at the next inspection.

There are consistent staffing levels in place to meet the care and support needs of people living at the service. There is a core staff team who know people well. The care workers we spoke with are aware of their personal responsibilities in keeping people safe and told us they would report any issues of concern.

Environment

People enjoy a homely environment. The location, design and size of the premises are as described in the statement of purpose. The premises, facilities and equipment are suitable for the provision of the service. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised. Window restrictors are in place and harmful chemicals are stored securely. The laundry facilities are suitable to meet the needs of people living in the home. People's well-being is enhanced by living in an environment that is clean and suitable for their needs.

Procedures are in place to ensure people's health and safety at the service. Records relating to health and safety such as gas and electricity certificates are in place. A fire safety risk assessment is in place. People living at the service have a personal emergency evacuation plan (PEEP), which guides care workers on how to evacuate people in the event of an emergency. There have been inconsistencies with the regular checks of health and safety matters. The new management team have identified this, and a new suite of audits has been introduced.

Leadership and Management

The service provides detailed information to people. The statement of purpose sets out the service's aims, values, and support provided. An individualised written guide is given to each person living in the home and contains practical information about the home, the care provided, and how to make a complaint. We looked at several key policies and found them to be up to date and relevant.

Records relating to training and development show the service is compliant with its training requirements. A new training matrix has been implemented, which clearly evidences both online and face to face learning. The care workers spoken with told us they feel well trained and can perform their duties safely and effectively. Electronic staff personal files require some attention as they have not had all the regulatory required paperwork uploaded. New care workers complete an induction programme. We saw evidence that care workers have Disclosure and Barring Service (DBS) checks undertaken to ensure their suitability to work with vulnerable people. They are also registered with the workforce regulator, Social Care Wales.

People spoke positively about the new management of the service and told us when something is brought to their attention, they listen and act. We were told "*She was needed*", "*She's lovely*" and "*We can see changes for the better already*". There was little evidence available to show that care workers had received regular formal supervision since the last inspection. A new supervision programme, including a more structured agenda has been introduced and the care workers we spoke with all stated that the new manager was approachable. We were told, "*She listens, she's got empathy and she's caring*".

There are some opportunities for people and their representatives to verbally express their views and wishes however feedback is not routinely sought from people, staff and stakeholders. There is little evidence to show the RI has robust systems in place to monitor, review and improve the quality of care and support provided by the service. Improvements would ensure the RI has effective oversight of the management, quality, safety and effectiveness of the service. Whilst this is not currently impacting on people, it is an area for improvement, and we expect the provider to take action to address these matters and will follow it up at the next inspection.

| 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.

| Area(s) for Improvement | | |
|-------------------------|---|--------|
| Regulation | Summary | Status |
| 58 | The service provider does not have robust | New |

| | | |
|----|--|-----|
| | medication administration practices in place | |
| 74 | There are not robust systems in place to ensure the RI has a good oversight of the service | New |

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