



Inspection Report on
SPRINGHOLME CARE ANGLESEY LTD

**SPRINGHOLME
RED WHARF BAY
PENTRAETH
LL75 8EX**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Springholme Care (Anglesey) Ltd is registered to provide a care home service for up to 45 people. It is situated in spacious grounds close to the main road between Pentraeth and Benllech. There is a designated responsible individual for the service and the manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home are offered opportunities to participate in a variety of activities of their own preference. They are offered a range of healthy and nutritious food, a bilingual service and their views and concerns are listened to. Care plans and risk assessments are reviewed and updated whenever people's needs change and people receive person centred care from staff who understand their needs. Positive changes have been made to the home's security arrangements and to various areas of the home. Staff are well-led by a supportive manager and receive regular supervision and training opportunities. Quality monitoring processes are in place and the provider is committed to making positive changes to the service.

2. Improvements

This is the first inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report highlights our recommendations to improve the service. This includes:

- Medicines management.
- Completing the five yearly electrical fixed installations check.
- Fitting additional tamper proof window restrictors.
- Covering radiators with a suitable guard.

1. Well-being

Summary

People living in the home can participate in a range of activities of their liking and are encouraged to be as healthy as they can be. Their dietary needs are understood and respected and they have access to a bilingual service. There are various policies in place which safeguard people's needs and wishes and they have access to independent advocacy services.

Our findings

People living in the home can choose to participate in activities that matter to them. The service employs an activities co-ordinator who arranges activities on a daily basis during the week. People were encouraged to attend morning and afternoon activities and we observed them smiling, laughing, sharing jokes and socialising when completing activities. People's activity preferences had been recorded along with written records of their daily participation and a review of the activity provided. Photograph albums documenting people's participation were available for them and their family/representatives to view at any time. We saw activities were varied and included celebrating themed events, table top/board games, hand massage, visits to local places of interest and visits from singers, entertainers and choirs. We were informed of future plans for children from a local school to visit the home on a monthly basis to integrate and participate in activities with people living in the home. Each person we spoke with stated activities were varied and could choose which activity they wanted to participate in. Staff and visiting relatives also praised the amount of activities available and believed people were encouraged to be physically and mentally stimulated. People are as active as they choose to be and the activities are personalised to suit their choices, interests and abilities.

People living in the home receive a healthy diet. The service was awarded a food hygiene rating of 5 (very good) in May 2018 which is the highest possible rating available. We viewed the four week menu and saw it offered a variety of healthy and nutritious meal choices. Staff stated meals were prepared with fresh ingredients whenever possible and we saw this during our observations. We saw people enjoying their meals and heard them complimenting the taste and quality. Each person we spoke with stated they enjoyed the food and praised the available choices. We saw alternative meals had been prepared for those who did not want what was being offered. Discussions with kitchen staff highlighted they were aware of people's dietary needs and preferences and they stated they were kept immediately informed of any changes to people's dietary needs. They stated they had access to relevant plans, assessments and advice provided by the dietician and speech and language therapist. We also saw people living in the home and visitors had access to drinks and snacks whenever they wanted. People's dietary preferences are understood and they have access to freshly prepared meals.

People's individual identities and cultures are respected and the home is working towards actively providing a consistent service in Welsh. The home primarily operates through the medium of English but can provide a bilingual service. Welsh speaking staff are available but are not consistently available on each shift. Many staff understand Welsh but do not speak it as their first language. Bilingual signs have been placed within the home and documents such as the Statement of Purpose, Service Users Guide, templates for

assessment of needs and care plans are being translated. We also saw three staff had expressed an interest in completing a Welsh language course to further develop their skills which the service supported. We spoke with a Welsh speaking member of staff on duty and heard people living in the home speaking Welsh with each other. One person told us speaking Welsh was "*pwysig*" (important) to them and were happy with the provision available. People living in the home, staff and visitors told us Welsh and other countries' cultures were respected and themed events were arranged to celebrate this. People have opportunities to express themselves in the language of their choice and the service is actively working towards providing a service in Welsh.

The service has complaints and safeguarding procedures in place and people living in the home can access independent advocacy services. We viewed policies relating to complaints, whistleblowing and safeguarding. We viewed the complaints procedure and looked at an example of a complaint raised by a person living in the home. We saw the manager had investigated the issue in a timely manner and had been thorough in their approach. Records of discussions with the complainant and how the matter was resolved had been dated and documented. Discussions with staff highlighted they would not hesitate in reporting concerns to the manager and were aware of the whistleblowing and safeguarding process. They also stated they were confident concerns would be dealt with quickly and professionally. Each person we spoke with told us they would report any concerns to the manager and we saw they had access to independent advocacy services whenever they wanted. We also saw safeguarding issues were reported in a timely manner to the local authority and Care Inspectorate Wales (CIW). People living in the home, staff and relatives/representatives can be confident that concerns are listened to and are dealt with professionally.

2. Care and Development

Summary

People living in the home receive timely care and are supported by staff who understand their care and support needs and personal preferences. Care plans are updated in timely manner and people are involved in their care planning as much as possible. People have access to various health and social care services and are encouraged to be independent. Improvements are required in relation to staff signatures on Medication Administration Record (MAR) charts.

Our findings

People living in the home receive person centred care and care plans contain information about their personal needs and preferences. We viewed three people's care files and saw they contained detailed, easy to read, person centred information about their identified care and support needs. Each file contained pre-admission information obtained from health and social care services and family/representatives. The care plan information provided staff with guidance in how people liked their care delivered and how to provide it in a pro-active, preventative manner to minimise potential risks to the individual and others. Each plan we viewed had been signed by the person and we saw evidence that family/representatives had been consulted and documented their views. Staff told us people were involved in their care planning as much as possible and each person we spoke with confirmed this. We saw care plans had been reviewed on a monthly basis and any changes to the persons' circumstances were recorded and updated within the plans. People living in the home and visitors were complimentary of the care provided and described it as *"da iawn"* (very good), *"excellent"*, *"methu cael gwell"* (can't get better) and that staff *"go over and beyond"* and that *"nothing's too much trouble for them"*. People's care and support needs are assessed, identified and they receive the right care, at the right time and in the way they want it.

People living in the home receive timely care as referrals are made to professional services. The care files viewed showed timely referrals were made to various health and social care services whenever people's needs changed. The type of support and advice provided by external services was documented within people's care plans and files and was accessible to staff. People living in the home told us they had access to services such as the doctor and district nursing team and told us staff arranged appointments for them. We saw health service staff visiting the home during our visit and saw staff liaising with them in a professional manner. Staff stated they had developed positive working relationships with services and regularly attended review meetings. We saw Deprivation of Liberty Safeguards (DoLS) applications had been completed and reviewed in a timely manner to safeguard people's vulnerability and the information was shared with CIW. People's individual health needs are understood and anticipated as they have access to professional services for advice, care and support.

People living in the home are supported by staff who involve them in conversations, understand their needs and encourage them to be independent. During our observations we saw staff treating people with kindness, respect and compassion. They took their time speaking with people, involved them in conversations and displayed empathy and patience when they required re-assurance. People living in the home and visitors described staff as *"lovely"*, *"caring"*, *"friendly"* and *"good fun"*. We saw staff using 'banter' with people in a

friendly manner and whenever possible, encouraged people to maintain their independence by encouraging them to participate in daily living activities. Staff respected people's choices and discussions with them highlighted they understood their individual needs and preferences. People living in the home stated staff encouraged them to be independent, understood their preferences and discussions with family visitors also confirmed this. The family visitors we spoke with also praised the way care was delivered and stated their loved ones' dignity and respect were considered at all times. People living in the home are treated with respect and have developed positive relationships with staff who are aware of their preferences.

Overall, safe practices are adhered to in relation to the management and administration of medication. We viewed each person's Medication Administration Record (MAR) and saw they contained people's photographs and any known allergies they had. We saw seven instances within a month when MAR charts did not contain a staff signature to show medication had been administered. We also saw eight instances when two staff countersignatures had not been recorded on MARs' when prescriptions were hand written. We did not see any of these issues had negatively impacted upon people's well-being. We discussed the issues with the manager who informed us they would increase the auditing of MAR charts and would address the issue with the staff team. Further vigilance is required when completing MAR charts to ensure correct procedures are followed.

3. Environment

Summary

People live in a home which is clean, spacious and well-maintained. The provider has ensured the home is secure from unauthorised access. Regular maintenance checks, audits of the home and identified improvements are completed in a timely manner. Improvements are required in relation to fitting additional tamper proof restrictors to upper floor windows, covering radiators with suitable guards and completing the five yearly electrical fixed installations check.

Our findings

People live in a clean, comfortable and secure environment which meets their individual needs. A new front door had been fitted at the home and cameras installed which enables staff to see who was entering the building. Each member of staff we spoke with told us they were happy with the changes made and acknowledged it had made the home “safe” from unauthorised access. Upon our arrival staff checked our identification and requested we sign the visitor’s book in line with fire safety procedures.

We toured the building and saw each area was clean, well-maintained and contained sufficient space to meet people’s needs. The provider had arranged for the entrance area and ground floor extension wing to be re-carpeted, two new profiling beds had been purchased and three bathrooms had been fitted with non-slip flooring. We viewed two lounge areas and saw people using them to socialise or to enjoy their own company. One of the lounges contained a separate kitchenette and seating area which people referred to as the “café”. It was used for social activities and as an area where visitors could spend time with their loved ones.

People’s rooms were tidy and contained personal belongings such as photographs, ornaments and electrical items. Each person we spoke with told us they were happy with the size and décor of their rooms and two visiting relatives told us their loved ones’ rooms were well-maintained. We saw that information regarding people’s personal care were not kept in their rooms, wardrobes had been securely attached to walls and additional tamper proof window restrictors had been fitted within peoples’ rooms. Despite this, we saw a number of upper floor windows had not been fitted with additional tamper proof restrictors and radiators had not been covered with suitable guards. Two radiators within people’s rooms were too hot to touch and posed a potential risk. This was acknowledged by the manager who contacted the provider prior to our second visit and informed us each radiator would be reviewed and suitable guard covers would be fitted. We recommended the provider refer to current Health and Safety Executive (HSE) guidance in regard to these matters and these were seen as areas for improvement.

We viewed the activities room, dining room, kitchen, laundry, two bathrooms, two toilets and the outdoor area. The activities room contained a bar area, storage for activity equipment and space for people to complete table top activities. The dining room was large, contained ample seating and tables were nicely presented with clean tablecloths. It also displayed the daily menu which informed people of the meals being prepared. The kitchen was clean and staff told us the equipment was in good working order. Written records

showed daily fridge, freezer and food temperatures were being recorded and we saw regular food order and deliveries were being made. The laundry, bathrooms and toilet areas were clean and free from hazardous substances and visiting relatives praised the cleanliness of the home.

We checked a sample of health and safety records relating to fire safety, hoisting equipment, people's personal emergency evacuation plans (PEEPs) and electrical goods testing and saw they had been completed within the required timescales. The homes' electrical fixed installations five yearly check was overdue and saw arrangements had been made for it to be completed in February 2019. We strongly recommended this be completed in a timely manner and was seen as an area for improvement. A maintenance schedule and audit system was in place which monitored various areas of the home which required improvements. We saw they were being recorded and completed in a timely manner. We also saw that the large outdoor area was well-maintained and contained areas where people could sit and enjoy the view. People live in a home which meets their needs and supports them to maximise their independence and achieve a sense of well-being.

4. Leadership and Management

Summary

People living in the home receive care and support from a staff that are well-led by a supportive manager. Staff are securely vetted, receive a formal induction, regular supervision and have access to varied training opportunities. The service has quality monitoring processes and procedures in place which ensures it can make constant, positive changes when required.

Our findings

People living in the home and the staff team benefit from a service which looks to identify and respond to areas for improvement. We saw the recently updated Statement of Purpose provided a clear and accurate description of the service being offered. The service was in the process of completing its' quality monitoring report and we saw examples of questionnaires completed by people living in the home, staff, family/representatives and commissioning services. We also saw the manager had identified areas for improvement and had devised an action plan to address the issues. We were informed the report would be completed and be made available within a month. We saw the provider made regular visits to the service and viewed two recent three-monthly reports they had completed. The reports showed they had spoken with people living in the home, staff, had viewed people's care files and monitored environmental improvements. People living in the home benefit from a service which is committed to ongoing improvements and has quality assurance processes in place.

People living in the home benefit from a service which follows a robust recruitment process and ensures staff members receive training opportunities. We viewed three staff files and the staff training records. The staff files consisted of application forms, employment history, reasons for leaving previous employment and references. Enhanced Disclosure Barring Service (DBS) records had been completed and newly appointed staff completed the Social Care Wales induction programme. We saw an example of positive employment practice whereby the service engaged with the 'Engage to Change' project which supports young people aged 16-25 with a learning disability and/or autism into paid work placements lasting 6-12 months. As a result, the service had offered a full-time contract to an individual and would be arranging for them to complete a formal qualification in care at level 2. Each member of staff had obtained a nationally recognised, formal qualification at level two or above and improvements had been made in relation to staff training. The staff training records showed staff had completed a variety of training pertinent to their roles which was provided on a regular basis. Staff told us they had seen an improvement in the frequency of training provided and stated they were pleased with the quality of training. People living in the home benefit from a service where staff members are securely vetted, receive a formal induction, provides staff with positive employment opportunities and receive care which is informed by best practice.

The manager values the staff team and staff receive regular supervision and an annual appraisal. The staff supervision record showed they received formal support on a two to three monthly basis and a timely annual appraisal. Each member of staff spoke positively about the support they received from the manager. They described it as "*excellent*" and

stated the manager was “*cefnogol*” (supportive), “*approachable*”, “*fair*” and “*understanding*”. Staff stated the manager was available at all times and they could discuss any work or personal related concerns at any time. Information contained within staff supervision records showed the manager focused upon staff practice, career and personal development, and staff satisfaction. Staff told us their views and suggestions were listened to, acted upon and that staff meetings were held on a regular basis. They also stated the staff team worked well together and it was noted many staff had worked together at the service for a number of years. The staff rota showed the service had a consistent number of staff on duty. Staff told us they felt the service was not understaffed and this was confirmed by our discussions with visitors who stated they regularly saw a high number of staff on duty. People living in the home benefit from a service which has a consistent number of staff on duty and their well-being is prioritised by a supportive manager.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

The following are recommended areas of improvement to promote further positive outcomes for people:

- More vigilance is required by staff when signing MAR charts to ensure each entry is correctly completed. The MAR charts also need to include two staff countersignatures when prescriptions are hand written.
- We strongly recommend that the five yearly electrical fixed installations check is completed as soon as possible.
- Fitting additional tamper proof window restrictors within people's rooms as identified during the inspection. The Provider should seek advice from the Health and Safety Executive regarding their guidance upon the matter.
- Covering radiators with a suitable guard. The Provider should seek advice from the Health and Safety Executive regarding their guidance upon the matter.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, routine inspection at the home on 22 January 2019 between the hours of 09:40 am and 18:30 pm and on 23 January 2019 between the hours of 14:10 pm and 16:10 pm. The following methods were used:

- We spoke with eight people living at the home, the manager, four care staff, two kitchen staff, one domestic staff, the activities co-ordinator and two visiting relatives.
- We used the Short Observational Framework for Inspection (SOFI2). The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We viewed 10 bedrooms, two lounges, dining area, an activities room, kitchen, two bathrooms, two toilets, laundry and the outdoor area.
- We looked at a wide range of records. We focused upon three people's care records, three staff files, quality assurance documents, two staff and one residents' meeting minutes, medication records, staff training, staff supervision, the complaints, whistleblowing and safeguarding policies and a selection of health and safety records regarding fire safety, legionella and electrical items.
- Additional information was also obtained from the previous CIW inspection report.

The recommendations were discussed with the manager on the days of inspection.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	SPRINGHOLME CARE ANGLESEY LTD
Manager	The person appointed to manage the service is registered with Social Care Wales
Registered maximum number of places	45
Date of previous Care Inspectorate Wales inspection	This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	22 January 2019 & 23 January 2019
Operating Language of the service	Welsh and English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service
Additional Information:	