



Inspection Report on

Springbank Care Home

**SPRINGBANK NURSING HOME
COLLEGE ROAD
BARRY
CF62 8HS**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

3 June 2019

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Description of the service

Springbank Care Home is located in a quiet area of Barry in the Vale of Glamorgan and operated by Springbank Care Home Limited.

The home is registered with Care Inspectorate Wales (CIW) to provide nursing or personal care for a maximum of 62 adults aged 18 and over.

The responsible individual (RI) is Sanjiv Joshi, who has overall responsibility for the management and operation of the home. There is a nominated manager who is registered with Social Care Wales and who was present during the inspection.

Summary of our findings

1. Overall assessment

We found that people living at Springbank and their families are complimentary of the care they receive. People's health needs are understood by staff and the home is supported by a range of visiting health care professionals to remain as healthy as possible. Staff are caring and knowledgeable about people's needs.

2. Improvements

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Therefore this area was not considered at this inspection.

3. Requirements and recommendations

There were no non-compliance notices issued following this inspection, and no areas of non-compliance were identified. Section five of this report sets out our recommendations to further improve the service.

These include the following:

- Ensure staff request the Identification as necessary of people visiting the premises prior to entry and the signing of the visitor's book.
- Ensure all hazardous substances are safely and securely stored.
- Medication; Strengthen practices at the home to ensure medicines are administered and recorded correctly.

- Remove all clutter from bathroom areas throughout the home to promote a more conducive environment for bathing.
- Ensure there is an effective system in place in which the temperature of all areas that are used to store prescribed items are checked and monitored on a daily basis. This ensures that prescribed items are stored under conditions that allow their quality to be maintained.

1. Well-being

Summary

Overall people are satisfied with the care and support they receive and have a good relationship with the staff that care for them. People are stimulated and are able to choose and participate in activities. People are able to experience care in the way they want it and when they need it.

Our findings

People living at the home relate well and have good relationships with the staff that care for them. Residents we spoke with told us:

"I am very happy living here".

"I couldn't ask for more".

"There are things to do here, I enjoy the day".

"The food is very good".

We were unable to gain the views of many people living at the home through conversation, due to their health conditions affecting their communication skills. However, we spoke to a number of residents' relatives throughout both visits, all of whom were very positive about the service provided at the home. Relatives were complimentary about the staff, quality of food, activities and being able to approach management. We saw care workers spending time with residents, chatting, delivering care and assisting during meal times. Staff appeared to be aware of people's individual needs and responded to residents with kindness and respect. We observed residents were comfortable and at ease with staff and we saw genuine warm interactions between care workers and people living at the home.

People told us they are able to rise and retire to bed whatever time they chose and they were able to sit wherever preferred during mealtimes. When we arrived at the second early morning visit we noted every resident to be sleeping with staff carrying out regular checks and assisting people when they chose to rise. One resident we spoke with told us *"I always come in to breakfast in my dressing gown, as I like to dress later on in the morning"*. Thus people views and opinions are acknowledged, promoting a sense of belonging and value.

People are mostly able to choose and participate in activities and have opportunities to socialise with others and we saw staff had time to sit and talk with people. At the time of our visit we saw people visiting the in-house hair salon. We spoke with the hairdresser who told us that ten people were booked to have their hair done that day and we observed staff having gentle banter during this time which made people laugh. We saw there was a variety of recorded activities over the previous month which people did as a group or individually such as a regular quiz and music games. One person told us *"I enjoy visiting the hairdressers, I always feel better with my hair done"*. One person told us *"I enjoy the activities but sometimes I choose not to take part, but there is always something to do"*. On the day of our first visit we observed activities taking place in the main lounge area, people were happy and participating in a sing-along. We were told by the manager that activities are available throughout the week with plans to include weekends. We spoke with the

activities coordinator who told us that 1-1 activities are carried out with people who prefer to remain in their own rooms and included people's interests. We conclude that people are happy and content living at the home and they have good relationships with the staff that care for them.

People appeared happy and at ease with staff when interactions were taking place. We observed on two occasions where staff were assisting a resident using a walking aid to the dining area. On both occasions staff talked to the person explaining and reassuring them as to their safety. Overall people were complimentary of the staff providing care. Examples of what people told us are;

"Staff are very attentive" (Relative).

"I visit here daily and I have no concerns at all, staff are always available" (Relative).

"No worries at all with staff, all very good" (Relative).

Therefore, we conclude that the home provides facilities and support which meets the social needs of residents and where people's choice and preferences are acknowledged.

2. Care and Support

Summary

Overall the home provides a good standard of care. People are treated with dignity and respect in their day to day care. They benefit from care that is planned accordingly to their individual needs and preferences. Staff are caring, compassionate and knowledgeable about people's individual needs and how those care needs are to be met. Care is provided promptly and effectively.

Our findings

People are as safe as they can be because they receive proactive, preventative care and their needs are anticipated. We examined three residents' electronic care files and found updated and reviewed documentation on each file. Care plans are important documents which should outline a person's entire needs and the support they require from staff to meet those identified needs. We saw each file detailed essential information in relation to people's preferences, personal care needs, medical conditions and medication requirements. We noted care plans were directed to people's individual needs and detailed the support that staff should provide in order to meet people's physical and emotional health needs.

Residents' dietary requirements and food preferences were clearly recorded. We saw that residents had drinks available and within their reach throughout the day. However, we saw one care file had not been updated with the daily fluid balance requirement. Target intakes need to be recorded and 24 hour totals calculated so that the risks of dehydration could be easily identified and promptly addressed. We discussed this matter with the manager at the time of the visit who assured us she would speak to the staff without delay. We were told this was an oversight as the fluid balance charts are completed by night staff during the night shift.

Discussions with staff demonstrated they were aware of residents' individual needs, their current conditions and what interventions had been taken. We saw that people's life histories had been collated to encourage and enable staff to respect residents as unique individuals with different life experiences and personal preferences. Thus we conclude that the service provides the correct support to promote residents' health and well-being.

Generally, the well-being of people is mostly promoted regarding safe systems for management of medication. We viewed a sample of medication administration records (MARs) and saw that medication had been administered as prescribed. However, we identified several gaps in recording (where a signature was required), we noted that several hand written entries on MARs had not been appropriately documented. In addition, there was no information of the effectiveness of medication administered on an 'as required basis'. We saw medication was stored safely and monitoring of the medication fridge was undertaken to ensure efficacy of medication. We discussed our findings with both the manager and operations manager who agreed that improvement was required. Based on the above we conclude that the processes in place required further development to include management oversight and ensure the ongoing safe administration of medication. As we

did not identify immediate impact on people living at the home we did not issue a non-compliance notice, however we will consider this at the next inspection.

People are supported with their nutritional needs and offered healthy nutritious meals. We observed meal provision at breakfast and lunchtime. The food appeared appetising and there was no delays in serving people. People's various dietary requirements were catered for and feedback from residents and relatives about the quality and choice of food was good. We were told by the cook there was a rolling four weekly menu and that people had a choice of two meals or if a resident requested a particular food the cook told us they always tried to accommodate. We saw people served and supported during mealtimes in a dignified manner. We saw hot and cold drinks being served throughout the visits. The home had been inspected by the Food Standards Agency and had been awarded a food hygiene rating of five (this means that the food hygiene standards were found to be very good). We conclude overall mealtimes are a positive experience and that people's nutritional needs are being met.

Referrals to relevant health and social care professionals are made in a timely way in accordance with resident's needs. We saw evidence that external professionals were involved in people's care within the home. These included dentist, optician, GP and tissue viability nurses. This good communication helped people stay as healthy as possible.

3. Environment

Summary

The home is welcoming and provides a comfortable and clean environment for people. There are outside areas and pleasant seating areas for people to use in warmer weather. Overall people are safeguarded by the health and safety checks and measures at the home. Some areas of the home are in need of refurbishment.

Our findings

Overall people are protected and their safety maintained. We found the entrance to the home was secure with accessibility via a call bell system. When we arrived we found the home to be locked and had to ring the call bell for entry. However, we were not asked for proof of identification or to sign the visitor's book prior to entering the home and we discussed this issue with the manager at the time of the visit who told us the matter would be dealt with immediately.

We saw evidence of safety checks carried out such as manual handling equipment, lifts, hoists were undertaken. We observed medication was stored securely. However we identified the hairdressing room containing hazardous substances to be open. We alerted the manager immediately who told us this was an oversight and the door was locked by the manager immediately. We noted on our second visit that the room was locked when not in use.

We considered various records relating to health and safety checks which indicated that management maintained effective oversight to ensure the environment was safe. A Fire Risk Assessment carried out on 16 January 2019 identified areas for improvement and we were told by the manager that works were mostly complete and another visit by the South Wales Fire and Rescue Service was due to be carried out. In relation to electricity, Portable appliance testing (PAT), gas installation and safety records these were found to be up to date and satisfactory. All confidential files were stored securely. We saw the fire evacuation documentation for people living at the home on display as appropriate. However, we discussed with the manager at the time of the visit that any confidential information relating to personal emergency evacuation plans (PEEPs) be stored appropriately but accessible by all staff. Thus people's right to privacy is respected within a secure environment.

People feel uplifted and valued because they are cared for in a comfortable clean and homely environment. The home provides accommodation across three floors. People's bedrooms were individualised and contained personal items of their preference as well as their own valued possessions. There were sufficient bathing and toilet facilities for people living at the home and we saw these were generally clean and well maintained. However, we noted inappropriate clutter stored in bathrooms which included hoist slings and other items which was not conducive to a relaxing bathing experience. We discussed this issue with the manager who removed the items immediately. The outside of the home was pleasant with seating areas for people to enjoy in the warmer weather. Overall, the home was well maintained with no malodour noted. However we saw some areas on the first and second floors which looked tired and worn and required redecoration.

The manager told us this is an area which had been identified as requiring attention and painting was planned in the next few weeks. At the time of the visit we were told several people had temporarily moved bedrooms due to a flood and five bedrooms were in the process of full refurbishment. Throughout both visits we saw domestic staff undertaking cleaning throughout the home and we saw maintenance staff had carried out the required checks. However, we identified the first floor corridor to be extremely warm and we noted that prescribed nutritional supplements were stored in this area. We discussed this issue with the manager and recommended that daily temperatures be carried out. The manager agreed and told us this issue would be dealt with immediately.

We spoke with the cook on duty and viewed the kitchen, food stores and laundry which we found to be neat and well organised.

This indicates that people live in an environment which meets their needs.

4. Leadership and Management

Summary

Staff are positive about the support provided by the managers and we saw the home was well led. People using the service and their representatives are regularly consulted about their care experiences and the quality of the service provided. Overall staff are recruited appropriately and receive relevant training.

Our findings

The home's vision and purpose is made clear through its statement of purpose. This is an important document which should be kept under review. The document should provide people with detailed information about the service and the facilities offered within the home. It should also outline the home's philosophy and approach to care delivery. We examined the statement and purpose and saw it contained all the required information under regulation. Therefore we found the home provides clear information so that people know and understand the care support and opportunities available to them.

People are cared for by staff that are supported by their management team. We saw evidence that regular staff meetings took place in which staff were able to express their views about the service. We saw that the manager had provided staff with support in formal supervision. Formal supervision in this sense relates to a recorded, confidential one to one discussion between a member of staff and their supervisor to reflect on their practice, the home's approach to care, discuss any concerns and identifying development needs. We viewed three staff recruitment files which evidenced regular supervision had been carried out. We spoke with care staff who confirmed that they received regular supervision every three months. Staff were complimentary about the support provided by the management team. They told us the manager was supportive and approachable. Staff comments included:

"The manager is very approachable, I can ask her anything and feel supported".

"Management is very good here, training, everything".

"The manager is very good, I can see a difference here".

People can be sure that there are robust transparent systems in place to assess the quality of the service they receive, which includes gathering feedback from staff questionnaires, relatives and people using the service. The quality assurance report dated 2017-2018 included questionnaires returned by staff, relatives and people using the service and which were overall positive. We saw the responsible individual (RI) had undertaken three monthly official visits to the home and we saw that the RI had spoken with staff, examined care plans and notifications and produced a written report. This indicates that people are provided with opportunities to be consulted about the service and also that the RI demonstrates a commitment to quality assurance and strives for improvements.

Overall people receive care and support from staff who are safely recruited and appropriately trained for the roles they undertake. We examined four staff files which contained the required information to ensure suitability and fitness. It was evident from the

staff personnel files examined that most of the necessary pre-employment checks to ensure staff were 'fit persons' to work at the home such as references and disclosure and barring service (DBS) had been completed. However, it was noted that for one staff there were several gaps in employment which were not appropriately documented. We discussed this with the manager who provided a reason for the gaps and we advised that this information was recorded within the recruitment file. We also noted one file did not contain a reference from the previous employer and we raised this issue with the manager immediately who told us the matter would be addressed and who told us this would be remedied in future.

Staff we spoke with told us they had sufficient training to undertake their role competently. We saw training records contained details of training relevant to the care needs of the people living at the home such as Manual Handling, First Aid, Medication Administration, Food Hygiene and Dementia Care. Staff we spoke with told us they felt supported. We saw staff meetings were held regularly and minutes detailed the issues discussed. This indicates that staff are well lead, supported and trained and the process by which staff are recruited is sufficient.

People are supported by a stable and dedicated team. Staff we spoke with were happy and enthusiastic. This was also confirmed by the staff questionnaires received. We saw during both visits sufficient staff to assist people with their needs. We were told the home sometimes used agency staff, where the same agency was used for continuity, but for the most part people were cared for by familiar staff. This was confirmed by staff who told us there were sufficient staff always on duty to meet the needs of residents.

Thus we conclude that staff have sufficient time to spend with people to ensure their emotional and psychological needs are met as well as their physical health care needs.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection of the service following registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Recommendations for improvement

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

- Identification: Ensure staff request the Identification as necessary of people visiting the premises prior to entry and the signing of the visitor's book.
- Hazardous substances: Ensure all hazardous substances are safely and securely stored.
- Medication: Strengthen practices at the home to ensure the administration of medicines are recorded correctly.
- Bathrooms: Remove all clutter from bathrooms throughout the home to promote a more conducive environment for bathing.
- Temperatures; Ensure there is an effective system in place in which the temperature of all areas that are used to store prescribed items are checked and monitored on a daily basis. This ensures that prescribed items are stored under conditions that allow their quality to be maintained.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. The unannounced inspection visits were carried out on the 29 May 2019 and 3 June 2019. We considered four themes; well-being, care and support, environment and leadership and management.

The following methods were used to provide evidence for this inspection report;

- Consideration of information held by CIW about the service, and records of notifiable events;
- Observation of daily life, care practices and interactions between care staff and people living at the home;
- Conversations with care staff, visiting relatives at the home, kitchen staff, domestic staff, activities coordinator and nursing staff;
- Discussions with people living at the home;
- Discussions with the manager and operational manager;
- Observations of the care home environment;
- Detailed examination of the care documentation relating to four people living at the home;
- We carried out a SOFI2 observation during the lunchtime. The Short Observational Framework for Inspectors 2 is an inspection tool which enables us to observe daily life from the perspective of people living at the home.
- We looked at a copy of the RI's Regulation 73 visits carried out.
- We looked at a copy of the resident/relative meeting minutes;
- Detailed examination of three staff recruitment files;
- We examined the relative/resident quality feedback;
- We looked at a range of documents relating to the running of the service which included; fire safety records, the homes Statement of Purpose, serve user guide and health and safety records;
- We looked at the Medication Administration Records (MARs)
- We examined the arrangements to review the quality of care provided;
- Care documentation in respect of three residents.

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	Springbank Care Home Limited
Manager	There is a manager at the service who is registered with Social Care Wales.
Registered maximum number of places	62
Date of previous Care Inspectorate Wales inspection	This is the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.
Dates of this Inspection visit(s)	29 May 2019 and 3 June 2019.
Operating Language of the service	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 demonstrates a significant effort to promoting the use of the Welsh language.
Additional Information:	

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