



Inspection Report on

Spring Gardens

**Spring Gardens Care Centre
Belle Vue Terrace
Newport
NP20 2LB**

Date Inspection Completed

30/01/2020

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Description of the service

Spring Gardens is situated in Newport. Newport City Council Adults and Children's Services, the service provider, is registered with Care Inspectorate Wales (CIW) to provide a Care Home Service for 33 adults. The responsible individual for this service is Lucy Jackson. There is a manager in post who is registered with Social Care Wales. The home's Statement of Purpose says that care and support for people with a diagnosis of dementia is provided.

Summary of our findings

1. Overall assessment

People we spoke to were satisfied with the care and support provided at the home. We found the home to be comfortable and the environment met the needs of people living there. We observed that staff knew people well, were responsive to their needs and we saw people having opportunities to take part in activities that interested them. Staff and management demonstrated a commitment to providing a good quality service and they had a range of policies and processes in place to help them achieve this.

2. Improvements

This was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include recommendations in relation to staff and service users' records, appraisals and medication.

1. Well-being

People's health and well-being is promoted and there are opportunities for people to remain socially stimulated. We found that, in addition to the care and support provided by staff, people who live at the home benefitted from referrals and regular visits from external health and social care professionals. Other visitors included relatives, friends and a hairdresser. We saw family members welcomed into the home and noted the contributions they made in promoting the well-being of their relatives. One person told us that they can visit at any time. We observed that people had access to a range of activities within the home and noted that some people attended church services and went to a local restaurant on a weekly basis. We received positive feedback in relation to catering arrangements at the home. We were told "*food is excellent*". We observed people's lunchtime experience and saw that people had a choice of meals and received support if they required this. We also saw that people sat with others with whom they had some connection and that positive social interactions took place. In one instance, we observed three people sharing a newspaper and discussing a news item. We conclude that, overall, people are supported to access external healthcare, have contact with people who don't work in the service and that they are supported to do things that matter to them.

There are systems in place to safeguard people. We found that care documentation was in place to let staff know what matters to each person and how they should be supported and to record changes. We noted that this documentation was reviewed on a regular basis. One person who uses the service told us that they felt safe in the home. Staff were aware of the procedures to follow if they had concerns about people's safety and we noted that they had attended training in relation to the safeguarding of vulnerable adults. People who use the service and their representatives knew who they could approach if they had any concern. In addition there was information in communal areas which contains details of who they could contact. Finally, we saw that the service provider had robust recruitment processes and quality assurance in place. We conclude that people are safeguarded.

People are supported to live in an environment that meets their needs. The home is comfortable and provides a range of indoor and outdoor facilities enabling people to spend time in several communal areas or in the privacy of their bedrooms. Throughout our inspection visit, we observed residents and their relatives making use of the indoor facilities. We saw that systems were in place to ensure the environment was maintained and to ensure safety checks and repairs were carried out in a timely manner. We noted that people's personal records were securely kept. Overall, we conclude that the environment people live in can contribute to their well-being.

2. Care and Support

There is documentation in place in relation to the care and support each person must receive. Our discussions with staff showed that they had a good knowledge of individuals' needs and were able to explain how they can anticipate and respond to them. We saw that there was care documentation in place for each person, including a 'What matters to me' document, personal care plans (detailing their medical history, their needs and how people should be supported), risk assessments and monitoring charts. We also noted that records were reviewed on a regular basis. Staff told us that care plans are discussed with families and this was confirmed to us by a relative. Overall, we found that all the necessary documentation was in place and was comprehensive. Therefore, we conclude that people can feel confident that there are good plans in place to ensure they are supported as they wish to be supported and that their needs are fully met.

Overall, people can be confident that they will get the right care and support in the way they want and need it. We observed staff to be attentive to people's needs and proactive in responding to these. We noted that these included people's needs for personal care, for meaningful occupation and social interactions. Our observations on the day of the inspection showed that the service provided was in line with people's care documentation. At mealtimes, we observed staff providing direct hand-on-hand support to some people, verbal encouragement to others and that people were supported to eat at their own pace. We saw that specialist equipment was used when required. A person who uses the service told us "*I am looked after*". One person told us "*majority of staff are lovely*" and that their relative "*appears to be well looked after*" and "*is always clean and tidy*". Another person commented that staff knew their relative really well. In addition to the care and support delivered by the service provider, we saw that people were referred to appropriate health and social care professionals when their needs changed. One person told us they felt that their relatives had not been supported to shower as often as expected and told us that they spoke to the manager who addressed the issue. We examined a selection of the documentation used to record what care and support had been provided. We noted some gaps in relation to personal care, activities people had taken part in and fluid intake. We brought these to the attention of the manager. They explained that they had identified these and they showed us the new 'staff allocation' sheets they introduced to ensure records are fully completed at all times. We also discussed the need to record if support has been offered (for example a shower) but was declined by the service user. Staff we spoke to told us about the changes introduced and told us that these were working well. Based on the above, we conclude that, overall, people can feel confident that the right care is provided at the right time.

The service provider has mechanisms in place to ensure that people are safe and protected from neglect and abuse. Discussions with people who use the service, relatives and staff showed that they knew who to approach if they had any concerns. We noted that contact details of people and agencies which can be contacted to raise concerns or get advice are

readily available on notice boards and in information given to people. We observed that the service provider had ensured that where restrictions were placed upon an individual, the relevant agencies were involved and relevant assessments had taken place and authorisations were in place, for example the Deprivation of Liberties Safeguarding (DoLS) and Lasting Power of Attorney. We saw that the service provider had a policy in relation to 'Safeguarding (Adults at Risk)' and a policy relating to 'Comments, Compliments and Complaints'. In addition, staff have received the relevant training. We examined the records relating to a formal complaint received by the home and noted that it was investigated, that actions were taken as a result and that the person who raised the complaint was kept informed. Overall, people are safe and protected from abuse.

Systems for medicines management are in place. We observed staff administering medication and examined records. We saw that medication was securely stored and administered to people as per their individual medication plans. We observed that when covert medication was administered, the relevant authorisations and plans were in place and reviewed in a timely manner. Overall, people's medication administration records examined were fully completed however, we noted an instance where reasons why 'as required' medication had been administered had not been recorded. We discussed our findings with the manager who took immediate action to address this. Overall, we concluded that there are systems in place for the management of medication to ensure people receive the right medication at the right time.

3. Environment

People's well-being is uplifted from having access to a comfortable and personalised living environment. The home a purpose-built building comprising of 33 single occupancy rooms with en suite toilet and washing facilities. The accommodation is situated on two floors and fully accessible to wheelchair users. The communal areas include one large dining room and two smaller kitchenette/dining areas, one on each floor. There are five separate lounges, a visitor area, an activity room and a reminiscence room. We noted that the furniture, furnishings, artwork, photographs and keepsakes on display in the different parts of the home, including in people's own bedrooms, reflected the needs and interests of the people who lived there. In addition, people had access to four enclosed garden/patio areas. We saw that these included seating areas, flowers and plant containers. We were told that when the weather allows these areas are well used and included facilities to host barbecues. At the time of our visit we observed refurbishment of one of these areas taking place. We also observed that the home is modern, spacious and light. Based on our findings, we conclude that people's well-being is enhanced by having access to a pleasant environment that is a relaxing place in which to live.

The home's environment is safe and secure. Upon arrival at the home, we found the entrance to the home to be locked and our identity was checked before entering the property. We had sight of the home's health and safety records and saw that there was a process in place to ensure that safety checks, by external contractors as required, and by staff, were all completed in a timely manner. These included gas, electrical, fire and water checks. In addition, we saw that people had a personal emergency evacuation plan. We carried out a visual inspection of the home and found it to be mostly hazard free. We found areas that would benefit from cosmetic upgrades, the service provider told us that a rolling maintenance plan was in place and shared the improvements planned for the near future. We discussed the large size of the building with the manager and responsible individual. They outlined the benefits of having space and several communal areas which meant that people could choose where and with whom to spend time. In addition, people had opportunities to remain physically active by walking longer distances. We observed people spending time with others who shared similar interests. On the other hand, they spoke to us about the challenges they face when providing support in a large building; for staff to ensure they provide the right level of supervision each person may require. In relation to food hygiene, we noted that the Food Standards Agency (FSA), gave the home a five star rating (excellent). Based on the above we conclude that, overall, the service provider identifies and mitigates risks in order to ensure people's safety and security.

4. Leadership and Management

People are provided with accurate information about the service. Statement of Purpose describe how the service w be provided and states that the arrangements to support the delivery of the service need to be available. We found that the home had a Statement of Purpose that contained all necessary information. In addition, we saw the home's service guidance which was available to individuals, the placing authority and any representatives, and which provided information about the service. Both documents included all the necessary information. In addition, we observed that information, photos and contact details relating to the management of the home, to who was in charge on the day of our visit, and to outside agencies were displayed on a notice board in the entrance hall of the home. We conclude that people are provided with sufficient accurate information about the service to make informed choices.

Overall, people can be assured that care staff have the necessary knowledge, competency, skills and qualifications and they are supported and developed. We found that the service provider had arrangements in place to ensure that staff were supported and developed. Staff told us that they had training, received one to one supervisions, and were supported. The managers told us that they received ongoing support from colleagues and the responsible individual. The records showed staff had received bi-monthly supervisions and had accessed regular training. We saw staff had accessed training relating to dementia and some staff had accessed additional training in this field enabling them to become 'Dementia Champions' and 'Dementia Care Mappers'. The records for a newly recruited member of staff showed that they were in the process of completing the All Wales Induction Framework. We found that staff employed in managerial and supervisory roles benefited from an appraisal system. We recommended the system be extended to all staff. Finally we noted that 87 % of care workers held the recommended qualifications. We conclude that staff are equipped to make positive contributions to the wellbeing of people using the service.

Systems are in place to ensure staff are recruited in accordance with requirements. We examined three staff personnel files and found the relevant criminal disclosure checks had been carried out. Employment histories were available and the required employment references had been obtained prior to them starting in their post. We saw the service provider had taken actions to ensure the reasons why people left previous employment which involved work with children or vulnerable adults were systematically checked. We saw the service provider had systems in place to get all the required documentation and carry out all the necessary checks. We noted these systems involved staff based at the home but also the service provider's human resources department. We recommended the responsible individual kept these arrangements under review in order to satisfy themselves that the regulations (in relation to staffing) were adhered to at all times. We conclude that processes are in place to ensure people are safe.

The service provider has robust arrangements in place for monitoring the quality of care and support provided by the service. The manager described the quality assurance measures in place and provided us with documentary evidence. These included audits of the care documentation, bi-monthly visits carried out by the responsible individual, monthly monitoring reports compiled by managers for the responsible individual and six-monthly quality of care reviews. We noted that these activities covered all aspects of the service delivered including outcomes people experienced and feedback sought and received from people. Feedback received from relatives indicated the service provider was engaged with them on an ongoing basis. Our discussions with managers and the responsible individual, and the records we examined, showed that the service provider has good systems in place to identify areas in need of improvement. We conclude that people receive a service from a provider that sets high standards, has processes and procedures to monitor the quality of care at the home and takes actions to ensure a quality service is provided.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

Not applicable, this was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

We made the following recommendations:

- We recommend that the responsible individual keeps recruitment check arrangements under review in order to satisfy themselves that the regulations (in relation to staffing) applicable to care home services are adhered to at all times. We made this recommendation because current arrangements involve managers based at the home and Newport City Council's human resources department.
- Always record reasons why 'as required' medication has been administered.
- Evaluate the impact of the new 'staff allocation' sheets in order to satisfy themselves that there are no longer any gaps in relation to personal care, activities people had taken part in, and fluid intake.
- Record if support was offered (for example a shower) but was declined by the service user.
- Extend the appraisal system in place for staff employed in a managerial and supervisory role to all staff.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 30 January 2020 between 9:00 and 17:00.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by CIW about the service.
- We reviewed the home's Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how the service will promote the best possible outcomes for people they care for.
- We carried out a visual inspection of the home to consider the internal and external environment.
- Discussions with the responsible individual, manager and staff.
- We spoke to people living at the home.
- We spoke to relatives.
- We spoke to a visiting professional.
- We examined care documentation for four people.
- We examined three personnel files.
- We considered staff supervisions, appraisals, induction and training.
- We considered records relating to the home's internal auditing records.
- We considered the home's policies and procedures.
- We carried out observations of care practices and routines at the home.
- We used Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

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	Newport City Council Adults and Children's Services
Responsible Individual	Lucy Jackson
Registered maximum number of places	33
Date of previous Care Inspectorate Wales inspection	First inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	30/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 28/07/2020