



# 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**

**Date Inspection Completed**

06/02/2024

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## About Springholme Care Anglesey Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	SPRINGHOLME CARE ANGLESEY LTD
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	22 November 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

Improvements have been made across multiple areas of non-compliance identified at previous inspections. We found improvements in staff training, and care planning for some people. However, there is still some detail missing and inconsistency in the new plans that needs addressing, and the remaining people's plans require improvement.

Staff support people in a kind and caring way and have the required training and skills to meet people's care and support needs. The home is warm, welcoming, and well maintained. People's rooms are comfortable and nicely decorated. The communal spaces have ample seating for people to socialise.

The provider is actively working towards achieving the outstanding non-compliance, and a new Responsible Individual (RI) has been identified. They are supporting the new manager of the service to drive the required improvements forward and progress made at this inspection is positive.

## Well-being

People have control over their day to day lives. Records show people and their relatives or representatives are involved in reviewing and planning their care. We saw people are supported by staff in a warm, kind, and respectful way. People are able to make choices about when and how to spend their time, what they would like to eat and where they would like to be. Bedrooms we saw were personalised with people's ornaments and pictures on display.

People are supported by caring staff and told us they like living in the home. Records show people receive care from health professionals in a timely manner, and daily care records reflect the care plans in place for some people. Improvements are being made to those plans yet to be updated, but we observed staff were attentive to people's needs and know them well. We heard staff and residents chatting in Welsh and observed positive interactions when care staff were supporting people with mobilising or eating and drinking.

Improvements have been made in the way the home protects people from harm and abuse. Updated policies and procedures are in place and staff have completed training required. Improved documentation to guide staff to effectively assess risks to people and identify possible safeguarding issues is now in place. However more evidence is needed to demonstrate these changes are effective in practice.

People live in accommodation which meets their needs. The provider ensures adequate equipment, supplies and facilities are in place for people. There are policies and procedures in place to guide staff and visitors in maintaining good hygiene practices and reducing the risk of infection in the home. Improvements have been made to processes and procedures for identifying health and safety risks in the home and mitigating and reducing them as far as possible to keep people safe.

## Care and Support

At this inspection we found improvements have been made in the care planning and risk assessment of people's care and support needs. Records show just under half of people in the home have had a full review of their care needs and new personal plans have been written for their care and support. This work has been completed by a single member of the management team who has been supernumerary throughout and continues to work on updating the remaining residents' plans. We saw clear evidence of people being involved in the reviews of their needs and routine reviews of plans. The new personal plans we saw completed are more detailed than at previous inspections and in the main are more reflective of people's care needs, including relevant measures to reduce risks to people being clearly highlighted. Risk assessments specifically in relation to falls have improved since the last inspection and consider all relevant influencing factors such as previous history of falls, mobility issues, skin integrity, medication, and any potential diet and nutrition risks. We found that more work is still needed to improve the detail and consistency in people's personal plans, however. Care and management staff we spoke to were able to tell us valuable details about one individual's preferences for support and care which were not present in their personal plans. We saw nutrition and skin integrity plans for one person at risk of weight loss and skin breakdown contained inconsistent guidance for care staff on recording their food and fluid intake. The new manager told us they will provide additional support and work alongside staff updating the remaining plans and completing personal plans and assessments for new residents being admitted. This issue is still placing people at risk of harm to their well-being, safety, and health. Where providers fail to take priority action, we will take enforcement action.

We saw care staff have good rapport with people and provide kind, gentle, respectful, and timely care, and support. We heard care staff and people chatting in Welsh and saw care staff making good eye contact and using physical touch to guide and reassure people as needed. We saw good moving and handling practice and staff were confident in talking to us about people's needs and preferences. Care records show the care people receive as described in their personal plans but more detail could be included describing people's mood and experiences each day; this would support routine review of their personal plans in the future. Care staff regularly update these records throughout their shift. We saw care staff communicate well with each other and management throughout their shift, including updates following visits from external professionals.

There have been some improvements in processes in place to safeguard the people in the home. The safeguarding policy is now reflective of Welsh legislation and local safeguarding procedures. Training records show all staff, including the new proposed RI, have received training in all Wales Safeguarding procedures, the Mental Capacity Act and Deprivation of Liberty Safeguards, which was identified at the last inspection as lacking. We saw newly implemented post falls documentation signposting for staff to support identifying when

safeguarding referrals should be made and how to make them. We saw the Deprivation of Liberty Safeguard procedures have been followed appropriately when applying for individuals on the advice of professionals. The provider has not yet been able to adequately demonstrate these changes have been effective in identifying and reducing risks for people. People continue to be at risk of potential harm to their well-being, health, and safety. Where providers fail to take priority action, we will take enforcement action.

The provider ensures there are good supplies of cleaning equipment and personal protective equipment (PPE) in the home. Staff are on shift in the home to clean every day. There are policies and procedures to guide staff and visitors in reducing and managing risk of infection in the home. The home recently had an external pharmacy audit and records showed they have already resolved some of the issues identified and are working on the remaining ones. We saw good medication administration practice during our inspection visit.

## Environment

The home is warm, clean, and welcoming. The grounds are well maintained and we saw pleasant seating areas for use during warmer months. The home is across different levels and there are multiple communal areas for people to choose from. The main dining area in the centre of the home is large and accommodates most residents at mealtimes. We saw multiple dining tables were laid out for groups of four to six people with menu and place settings at mealtimes, providing an enhanced and social dining experience for people. The two main lounges offer ample comfortable seating for people and one lounge also offers an additional dining space should people prefer to eat there. We saw the decoration in communal areas was fresh, bright, and homely.

We saw different bedrooms across the home. People were pleased to show us their rooms and told us they like spending time in them. We saw bedrooms are nicely decorated with all the furniture and equipment people require. Most have a seating area with a comfortable chair and a television as well as a bed and clothes storage; all the larger pieces of furniture are fixed to the walls where required. We saw sensor mats and other specialist equipment are in place where needed. Bathrooms, and ensembles where seen, are well maintained and clean, with space for bathing equipment as required. We saw storage for people's personal toiletries provided in their rooms, even if they didn't have an ensuite.

We saw evidence of testing of electrical equipment and servicing of specialist equipment is in date, including fire safety equipment. We saw a maintenance team on site during our visit who were in the process of refurbishing some of the bedrooms and bathrooms. The service provider has invested in the ongoing maintenance of the property and ensures routine repairs and maintenance tasks are completed in a timely way and to a good standard.

## Leadership and Management

At this inspection we identified recent improvements made in the monitoring of the day to day running of the home and the oversight of management by the service provider. The new manager came in to post a few weeks prior to our inspection but has already implemented a raft of new processes and systems to support staff and monitor the quality of care and support people receive. Another director of the service provider is applying to become RI and has been supporting the manager and wider management team in recent weeks. We saw a new bi-monthly quality monitoring checklist between the manager to the service provider and RI. This includes an overview of issues and events in relation to resident welfare, staffing including levels, issues and recruitment, the premises including maintenance and equipment issues, finances and general management and administration issues. The manager showed us recently implemented audits of care records, falls, new dependency tool and rota systems to ensure adequate staffing levels. The manager told us they are in regular contact with the director and they feel well supported by them. Records show the director has met with commissioners and visited the service in recent weeks, and plans are being made for regular visits in the future. More time is needed for the director / proposed RI to fully demonstrate they are able to meet the requirements of the regulations but the improvements seen at this inspection are positive.

We saw a report on the most recent review of the quality of care in the home shows feedback from people is considered, but still does not demonstrate adequate analysis of outcomes of audits, any safeguarding issues, complaints, or concerns during the reporting period. While improvements have been made to systems for reviewing quality of care in the home since the last inspection, further progress is needed to achieve compliance. The ongoing issues identified at this inspection continue to place people at potential risk of harm to their well-being. Where providers fail to take priority action, we will take enforcement action.

The service provider ensures that new staff undergo robust vetting checks prior to employment and that checks of fitness to work in social care are ongoing. Records show the manager audits staff files and routinely monitors care staff registration with Social Care Wales and updates from the Disclosure Baring Service (DBS). The service is currently not fully occupied but is due to start admitting people again; current staffing levels are appropriate for the number of people living there. We discussed the provider's plans to ensure this is done in a sustainable way that does not negatively impact on people currently living in the home. The manager showed us the new dependency tool they have implemented to support staff allocation and rotas. This is detailed and robust and will be used when pre-assessing prospective new admissions to ensure the skills set and staffing levels can meet everyone's needs. This has yet to be demonstrated effectively in practice. The provider needs to further demonstrate the systems they have in place ensure staffing



levels are adaptable and maintain safe and effective and good quality care and support for people. People are still at potential risk of harm to their safety and well-being due to this issue. Where providers fail to take priority action, we will take enforcement action.

### 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
21	The provider has not yet demonstrated sufficient improvements in the detail and consistency of guidance for care staff in people's care plans, nor in the consistency and accuracy records of the care and support people receive. The provider must ensure care plans consistently provide relevant information to guide staff about how best to support people to achieve their desired outcomes, and that care plans maintain, promote and protect people's well-being and safety.	Not Achieved
80	The quality of care review report does not comply with what is required by the regulation. The responsible individual must ensure there are sustainable ongoing arrangements in place for monitoring, reviewing and improving the quality of care and support provided by	Not Achieved

	the service including feedback from people using the service and other stakeholders.	
26	While some improvements have been made, the provider has not yet sufficiently demonstrated the new safeguarding related processes and systems are effective in practice and keep people safe. Staff and the Responsible Individual must demonstrate they have sufficient knowledge and oversight of incidents in the service to safeguard people in a robust manner.	Not Achieved
34	The provider has not yet sufficiently demonstrated that new systems in place will sustain current staffing levels in the event of increased dependency and occupancy. The provider must ensure improvements to staffing levels are maintained as occupancy levels increase and demonstrate there are enough staff on duty at all times to supervise people and keep them safe from harm.	Not Achieved
35	The responsible individual has failed to inform the relevant professional bodies when a person is no longer fit to work at the service. The responsible individual must inform the relevant professional body and regulator when a person is no longer fit to work at the service.	Achieved
60	The provider has failed to notify CIW of some events as required in regulations. Notifiable events must be reported to CIW within the required timeframe.	Achieved
57	The service provider is not proactive in their approach towards the safety of the people using the service. The provider must ensure that unnecessary risks to the health and safety of people are identified and eliminated.	Achieved
36	Not all staff, including the responsible individual, have completed training in Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards. All staff must attend training in these subjects to ensure they have the knowledge and skills to care for people in a safe manner.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
35	The provider has not ensured new DBS certificates have been issued within the three-year timeframe. The provider must ensure there are systems in place to identify when a staff member's DBS is due to expire so that appropriate action can be taken.	Achieved

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