



Inspection Report on

Spa Residential Home Ltd

**Spa Residential Home
Temple Street
Llandrindod Wells
LD1 5HG**

Date Inspection Completed

23/11/2022

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About Spa Residential Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Spa Residential Home Ltd
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	18 October 2021
Does this service provide the Welsh Language active offer?	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 are happy with the care and support they receive. Care staff are caring, respectful and friendly which helps to create a relaxed atmosphere. There are opportunities for people to take part in activities if they wish to and contact with family and friends is encouraged to maintain relationships.

Improvements have been made to many aspects of the service which impact positively on people living in the home and staff working there. These include improved recruitment processes and support for staff, people being consulted about their wishes and preferences and having up to-date information about the service and what they can expect from it. Care documentation has improved but further work is needed to make sure people's personal outcomes are known and identified risks are clearly documented for staff to follow.

Improvements have been made to the environment including redecoration of the communal areas and some bedrooms. Work is ongoing. Improvements have been made to health and safety practices helping to keep people safe and well.

Improvements have been made to the oversight of the service meaning there is improved compliance with regulations.

Well-being

People who can, make choices about their day-to-day life. Support from staff and advocacy services is available for people who need help with decisions that affect their lives. People are asked about their likes and preferences and are given opportunities to comment on the service. People's Welsh language needs are identified prior to admission. People's personal outcomes and what they want to achieve are not recorded in care documentation. There is some evidence, where possible, people are involved in assessing and planning their care needs but not in reviewing them to make sure they agree with how their needs will be met. Information about what people can expect from the service is available in Welsh and English.

People are supported to manage their physical health and emotional well-being. Care staff are knowledgeable about people's needs and are friendly and caring. We saw them offering reassurance to people in the dementia care area when needed and providing support in a timely way. Some people told us they sometimes have to wait a while for their call bell to be answered if they ring for help. We raised this with the manager. There are opportunities for people to take part in group or individual activities. Family and friends are welcome to maintain good relationships and help support people's emotional well-being. Timely referrals are made to health professionals. This was confirmed by a professional visitor to the home during our visit.

Processes to keep people safe have improved including recruitment of staff, updating safeguarding and other policies to make sure they contain up-to-date information and ensuring staff are aware of and understand current safeguarding procedures. However, care documentation including the process staff should follow to manage identified risk to people, needs improvement. Access to the home is for authorised persons only. Visitors are asked to sign when they enter and leave the property, but we saw not everyone does. We raised this with the manager to address.

People live in accommodation which suits their needs. Rooms are personalised and there is bilingual signage around the home to help with orientation. There is a programme of redecoration in place which is ongoing.

Care and Support

People receive the care and support they need. During our visit, care staff were visible in all areas of the home. Staff told us staffing levels are good and there are no concerns about staff shortages. We saw staff visible in the dementia care area. They are attentive and respond quickly to people who need support, particularly at mealtimes. Meals seen looked appetising and plentiful. People we spoke with all complimented the food and food choices.

People can join in activities of interest to them. People told us staff are very helpful and support them with their hobbies. They are asked what their interests and preferences are when they move into the home. Resident meetings are held so they can contribute ideas and give their view on the activities provided. There were no activities taking place on the day of our visit, however, we saw evidence people take part in group or individual activities. Some people told us they want to go out more, records show this does not happen frequently, but the manager said people who want to, are taken to the shops on a regular basis. We raised this with the RI who told us at the moment it is difficult for people to access the minibus due to extensive road works outside the main entrance. He gave an assurance this will be addressed as soon as possible.

People's needs are assessed to make sure they can be met. This includes identifying Welsh language needs. We saw assessments are completed within seven days of people moving into the home and are updated when needs change. Personal outcomes are discussed as part of the assessment process, but these are not clearly recorded so staff know how to support people to achieve them. Outcomes recorded are generic and not personal to individuals. Records we viewed are signed by people to confirm their involvement in this process.

At the last inspection, a priority action notice was issued because care and support was not given in line with people's care plans. This has improved, evidence shows people receive the care and support they need from staff who know people well. However, we evidenced reviews of personal files are taking place, but we could not see people, their representatives and where appropriate the local authority are involved. Risk is assessed but identified risk is not always recorded with instructions for staff to follow to manage the risk. Whilst we did not identify poor outcomes for people, this is an area for improvement, and we expect the provider to take action.

People are supported to manage their physical and emotional well-being. Personal files document visits from health and social care professionals. The manager said they feel very well supported by the GP services who contact the home regularly. One visiting health professional told us the staff are "*marvellous*," always keep in touch and make appropriate referrals. We saw weight loss is monitored and concerns reported to appropriate professionals.

Improvements have been made to how medication is managed. The medication policy has been reviewed, staff have training and regular audits take place. Medication records we looked at were completed fully. We did not view competency assessments during this visit, but the provider confirmed they take place for staff who administer medication.

Improvements have been made to how safeguarding is managed. The safeguarding policy has been reviewed, staff have training and sign to confirm their understanding of the safeguarding policy and the app. A log of safeguarding incidents has been devised so management can evaluate and undertake a lesson learnt exercise to help make improvements if need be. The provider is reminded to inform CIW when safeguarding referrals are made. Notifications are not always made in a timely way.

Environment

People tell us they are happy with their bedrooms which we saw are personalised with photographs and items important to them. During our visit, people were spending time in their bedrooms and the communal areas. Some, who are able, were walking freely around the home. Others had assistance from staff members to go where they wanted to go. We saw people had access to a call bell when in their rooms to call for assistance if needed. Some people told us they sometimes have to wait a while for their call bell to be answered if they call for help. We noticed a bell took some time to answer during our visit and raised it with the manager to address.

Since the last inspection, improvements have been made to the environment. Communal areas have been decorated to a good standard and some bedrooms and bathrooms have been updated. There is a plan in place to finish the hallway in the dementia area and further plans to continuously improve the environment for people living there. New furniture has been purchased along with new beds.

Improvements have been made to infection control processes in the home to promote hygienic practices and help reduce the risk of infection. During our visit, staff were following current government guidelines in relation to Covid. Staff have training to make sure they are up to date with current guidance and audits of the environment including infection prevention and control are carried out.

The provider has taken steps to improve health and safety measures in the home since the last visit. The door to the dementia care area is secure to ensure peoples safety. Staff are visible in the area to allow authorised entry and exit. Improvements have been made to the building following recommendations from the Fire Service following a visit to the home. Records show the fire system is regularly checked and the fire risk assessment has been updated.

Leadership and Management

People have access to information about what the service can provide. The statement of purpose (SOP) and guide to the service have been reviewed since the last inspection. They contain information about Welsh language and culture and updated information about avenues people can take if they want to raise a concern about the service.

The sample of policies and procedures we viewed have been updated since the last inspection, so staff have up to date information to guide their practice.

People are supported by care staff who are appropriately recruited and receive training relevant to their role in the care home. We saw improvements to recruitment processes. The files we checked show the required checks are carried out before the staff member starts work. Staff speak positively about working at the Spa and the support they get from the management team. New staff tell us induction is good and they feel very well supported. Staff meetings take place, documentation seen confirms this. We saw and people confirm they have regular themed supervision and an annual appraisal of their work. People have core training. Documentation confirms this. The provider told us other training as detailed in the Statement of Purpose for example end of life care and diabetes is delivered by the District Nursing Team.

The RI visits the home regularly. The visits are now documented, and evidence people and staff are spoken with in line with the legal requirements. The quality of the service is reviewed six monthly and a report produced.

Improvements have been made to the auditing process in the home. We saw audits of falls, safeguarding referrals, infection control and the environment. We did not see audits of care plans, accident incident records although the RI reports state these are viewed as part of their visit. The improved monitoring arrangements have helped to ensure improvements in the quality of care and support.

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
57	Health and safety measures are not always in place to keep people safe and well.	Achieved
58	Measures are not in place to ensure medicines are administered and recorded in line with good practice. A lack of management oversight means this has not been identified.	Achieved
36	Staff are not provided with formal support through supervision and appraisal or specialist training in line with assurances given in the statement of purpose.	Achieved
21	People are not involved in developing personal plans and care and support is not always provided in a way	Achieved

	that promotes their well-being.	
34	The manager does not ensure there are always staff on duty in the area where people with dementia live.	Achieved
56	Measures are not in place in line with good infection prevention and control.	Achieved
80	We found potential poor outcomes for people because systems are not in place to regularly review the quality of the service provided.	Achieved
73	The responsible individual does not record their visits to the home and produce a report in line with the requirements of the regulations.	Achieved
35	Staff start working at the home before the necessary checks are completed.	Achieved
8	The provider does not ensure there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support.	Achieved
23	The provider does not ensure individuals have the information they need to make or participate in assessments, plans and day to day decisions about the way care and support is provided to them and how they are supported to achieve their personal outcomes.	Achieved
26	The service provider must provide the service in a way which ensures that individuals are safe and are protected from abuse, neglect and improper treatment.	Achieved
44	The premises must be free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably practicable. The premises must have external grounds which are accessible, suitable for, and safe for use by, individuals and appropriately maintained.	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
15	Personal plans do not show personal outcomes people would like to achieve and do not always show steps to be taken to mitigate any identified risks to individual's well-being.	New
16	There is no evidence people, their representative or where applicable the placing authority are involved in reviewing personal files.	New
7	The statement of purpose does not contain all the required information so people can make an informed choice when considering using the service. Some information is inaccurate and misleading.	Achieved
18	The provider does not undertake assessments of people's needs within seven days of people moving into the home.	Achieved
21	People are not provided with opportunities for occupation and stimulation.	Achieved
12	Policies and procedures are not always relevant, dated, reviewed or updated.	Achieved
19	The guide does not contain all the required information.	Achieved

Date Published 03/01/2023