



Inspection Report on

Spring Lilly Care

**Unit 2, Prospect Park
Queensway
Swansea
SA5 4ED**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27/02/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Spring Lilly Care

Type of care provided	Domiciliary Support Service
Registered Provider	Spring Lilly Care Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	19 June 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported with dignity and respect by dedicated care workers who work hard to ensure their needs are met. Personal plans are in place that give the care staff the information they need to support people effectively. Overall, these plans are reflective of people's current care needs. People are grateful of the support they receive from Spring Lilly and were complimentary of the consistency of call times and the familiarity of the care team supporting them.

Care staff receive training suitable for their roles, however we saw routine supervision and appraisals to support staff are not taking place, Feedback from care staff confirmed this. Care staff also commented on their long working days and that they are often tired and this can cause them to make mistakes. Staffing rota's confirmed care staff regularly work very long days consecutively. Care workers said they feel tired and overworked. Prior to this inspection, we were made aware of several safeguarding issues raised due to staff performance.

Following this inspection, the service has been issued with a Priority Action Notice (non-compliance) as the service is not being delivered in accordance with its Statement of Purpose (SOP). The provider needs to take urgent action to ensure the well-being of staff is prioritised. The Responsible Individual (RI) needs to significantly improve their governance and oversight arrangements to ensure the service is being delivered as expected. There is a newly appointed manager in post who has already identified many of the issues raised at this inspection, however as they are new in post has not had sufficient time to implement any changes.

Well-being

People are treated with dignity and respect by care workers who want to do their best for people. Most care workers are on sponsorship schemes from overseas and all those spoken with had good English and enjoy working as care workers. Feedback from people about the care workers supporting them was very positive, with all saying that they felt respected and had built up good relationships with most of the care staff supporting them.

Overall, people feel listened to and have good lines of communication with the service. People told us that call times are quite consistent, and any problems are usually communicated with them appropriately. Personal plans are written at the time of assessment and reviews take place when any changes are needed. Some people told us they feel involved in the planning of their personal plan, but this was not consistent with all those spoken with. The service is implementing improvements to their review processes at present.

Overall, people are protected from the risk of harm and abuse. Care workers are recruited appropriately with background and up-to-date Disclosure and Barring Service (DBS) checks in place prior to commencing employment. Care workers undertake an induction programme on commencement of employment which includes safeguarding training. Care staff understand their responsibilities to report any concerns they have about people they support. We saw the safeguarding policy, which needs updating to reflect the current Wales Safeguarding procedures.

Significant Improvements are needed to enhance the well-being of staff working for the service, to ensure they can continue to provide a good service to people and minimise the risk of errors. Staff do not receive routine supervision or annual appraisals at present and feel that they are not able to discuss issues about their work or well-being with the management team.

Significant improvements are needed to the overall oversight and governance of the service. Recent visits by the Local Authority contract monitoring team evidenced several areas of concern in the service that had not been identified by the RI. At this inspection we found despite doing occasional visits to people receiving the service, the RI had no tools in place to collate, analyse and evaluate information on how the service is performing and how to improve it. Quality of care reviews are not completed sufficiently. As a result of this lack of oversight and staff well-being deficiencies, the service is not being delivered in line with the Statement of Purpose (SoP).

Care and Support

People are supported with personal plans that detail their current needs. We looked at seven care files. Personal plans appear to be accurate in reflecting the up-to-date needs of people. The information available to staff is easy to understand to ensure the correct support is given to people. The new manager has identified improvements needed in personal plans to develop a more person-centred approach ensuring people's own voice is included. Care workers confirmed that personal plans are easy to follow and clear. Whilst care plans reflect people's current care needs, personal plan reviews are not carried out quarterly as required, however, the manager is aware of this and is implementing a programme to ensure these are completed consistently going forward.

There are sufficient systems in place to support people with their health and medication. We saw on the training matrix that care workers undertake medication training and competency checks prior to supporting people with medication. Errors that are identified are explored and further training given if required. Medication Administration Records (MAR) seen in people's homes are completed correctly. The manager told us that these are audited on return to the office. We saw that continuity of care takes place where possible on staff rota's and many of the people visited confirmed they have a regular care team visiting them who have come to know them quite well. This continuity enables care staff to identify any deterioration in health quickly and report to the office for further support and medical intervention if required.

The provider has mechanisms in place to safeguard people receiving the service. We saw that care workers undertake safeguarding training as part of their induction process, and some have also completed a full course on safeguarding adults. Care workers spoken with are aware of the action they should take if they are concerned about people they support and who to report to. People told us that their call times are consistent, and they often see the same staff members supporting them. They were very complimentary of the care staff and said that they felt safe in their presence and there was a good level of trust with them. Comments included: "*We feel safe with the staff that come in here*", "*Yes, I feel safe. They are wonderful*", a family member also said, "*they are respectful of X and that's all we can ask*".

Leadership and Management

Improvements are needed to ensure robust governance arrangements are in place to support the smooth operation of the service ensuring there is a sound basis for providing high quality care and support to people. There is a very newly appointed visible manager in post who is eager to improve systems in the service. They are supported by an office team who have designated roles and responsibilities to maintain the daily running of the service. There is an electronic call monitoring system in place which is monitored throughout the day and alerts are followed up to minimise the risk of missed calls. At this inspection there were no quality assurance monitoring tools in place to identify, assess and evaluate how the service is performing and how to drive improvements. Feedback obtained from people was minimum and this was documented in a very summative way, e.g. "*X is happy with their care*". We saw no evidence of staff feedback. Whilst a quality-of-care review was seen it did not contain analysis of performance or identify areas for improvement by the provider.

There are good procedures in place to ensure care workers are suitably vetted to carry out their roles. We looked at seven personnel files and found required documentation for safe recruitment and background checks including up to date Disclosure and Barring Service (DBS) checks. Many of the care team are registered with Social Care Wales (SCW) the workforce regulator with many others working towards this.

People are supported by a care team where training is being prioritised. Improvements are needed to ensure the well-being of care staff is prioritised to minimise the risk of human error whilst delivering care to people. There is a training programme in place to ensure care staff receive training suitable for their roles. We saw the training matrix and most staff are up to date with the providers mandatory units which include manual handling, food safety and first aid. Staff spoken with confirm that training with the provider was good and ongoing, comments included: "*I feel like I've had a lot of training with them, and this is ongoing*" and "*they are helping me grow at the moment*". Whilst staff were complimentary about their training, most spoken with told us that they do not feel supported in their roles. Staff feel over worked with long working days and don't receive routine one to one supervision to discuss any concerns they have in work or with their general well-being. Personnel files viewed did not contain any documented evidence of quarterly supervision and annual appraisals taking place: this is a regulatory requirement to support care staff.

A priority action notice has been issued to the service provider as the service is not being delivered in accordance with the SoP. We found failures in supporting the well-being of care staff, the non-completion of regulatory notifications, quality of care reviews not being completed in a satisfactory manner, and Feedback from people and staff is not used to drive improvements in the service. These failures have the potential to have significant impact on people if they are not addressed. The provider must take immediate action to address this issue. Where providers fail to take priority action, we will take enforcement action.

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
6	The service is not being delivered in accordance with the statement of purpose. Staff at the service do not feel valued, feel overworked and do not feel supported in their roles or receive adequate supervision. We also found several failings around leadership and management in the service and lack of oversight in general to collect information, analyse performance and action improvements in the service. The provider must take action to ensure that staff well-being is prioritised and improvements are made in the oversight of the service to ensure that the service is provided to people as explained in the Statement of purpose.	New

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

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 03/04/2024