



## Inspection Report on

**Spring Lilly Care**

**Princess House  
Princess Way  
Swansea  
SA1 3LW**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

21/06/2023

**Welsh Government © Crown copyright 2023.**

*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](mailto: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	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	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

Spring Lily Care Ltd is a newly established domiciliary support service that provides care and support to adults living within the Western Bay area- mainly Swansea at present. The registered office is in the city centre. People receive a good and reliable service from consistent and happy care staff. People have personal plans in place which reflect their current needs and are easy to follow. Care workers are recruited safely, feel supported by management, and adequately trained in their roles. The responsible Individual (RI) is present in the office daily and is supported by a dedicated administration manager and coordination team. There are good systems in place to oversee and monitor the delivery and quality of the service. The RI visits people routinely and speaks to people, families, and staff to drive improvements.

## Well-being

People have a voice and are involved in the planning and reviewing of their care. Personal plans are person-centred and are completed from information shared by the individual and their representatives. Personal plan reviews are completed on a regular basis and any issues or changes are noted. There is good communication between the service and the people they support. People are happy and complimentary about the service they receive. The RI routinely visits people and speaks with care staff to obtain their feedback to drive improvements in the service.

People are protected from the risk of harm and abuse. Care workers are recruited safely with appropriate checks in place. Staff receive safeguarding training and are aware of the procedures to follow if they have any safeguarding concerns. The service has policies and procedures in place to assist in the smooth running of the service. People are treated with dignity and respect by a passionate care team. Care workers are recruited and vetted safely and feel supported and content in their roles having completed sufficient training.

People have access to accurate information about the service. A service user guide is available for people detailing what services are available to them. Personal plans are accessible within people's own homes for them to read. There are policies and procedures in place which are up to date and available upon request; there is a copy of the complaints procedure and contact numbers available with the personal plan in people's homes.

There is good oversight in the service. The RI and management team are reachable and there is effective communication within the service. Systems have been implemented to maintain, audit, and monitor the service and ensure any reviews and updates are completed at appropriate intervals. Regulatory reports are completed as required. To assist with recruitment, a small fleet of company cars is available in the service to assist staff until they can purchase their own vehicle. The well-being of staff is considered by management.

## Care and Support

People are provided with the quality of care and support they need through a service designed in consultation with them. Personal plans are written from the persons perspective and are reviewed and updated as needed. Care workers confirm personal plans are easy to follow and meet the needs of people well. People told us that they were involved in the production of their personal plans from the point of assessment. Comments included: *“They have spoken to us about the care plan, and they spoke to X directly to ask him what he wants”* and *“Communication is very good, and they are very helpful at understanding our needs and offer good support”*.

There are effective mechanisms in place to safeguard vulnerable individuals receiving the service. The service has a safeguarding policy in place which reflects the Wales Safeguarding Procedures which care workers have a good understanding of. People told us they have built good relationships with care staff and are comfortable and familiar in their company. A professional told us *“The management team are very professional, get the urgency for care, and are happy to help”* and *“They take on board the needs of people and understand any safeguarding concerns.”*

The service has safe systems in place to support people with medication. Consistent care workers know people well and will seek medical advice promptly if needed. We saw that care workers have completed medication training and competency tests to ensure they have the necessary skills to support safe administering of medication. Medication Administration Records (MAR) are audited routinely and are sent to the medication management team as required. Although the service is relatively new, people told us that they have regular care workers supporting them, comments included: *“we have a team of about six care workers now, but to be fair we know them all and they know X well”* and *“they always ask Y if they are ok and if they can do anything else to help.”*

## Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. The service has policies and procedures in place which are reviewed and updated to reflect any change in legislation. We saw the service Statement of Purpose (SOP) which is a true reflection of the service and what it delivers. The service has an electronic call system in place to monitor care staff attending their calls safely and in a timely way. This assists the oversight of service delivery, can trigger prompt action if any alerts are raised and minimises the risk of missed calls. The management team have set up spreadsheets to ensure routine checks and audits are carried out. This includes reviewing care plans, staff supervision and Disclosure and Barring service (DBS) updates for care staff. We saw systems are in place to ensure all audit checks are completed within the required timeframe.

People are supported by care workers who are suitably vetted, recruited and trained to meet their needs. We viewed two personnel files and saw appropriate recruitment and DBS checks are in place, including appropriate work permit checks for overseas workers. We looked at the staff training matrix and noted that all staff have attended mandatory training to support them in their caring role. Care workers spoken with are complimentary of the management, who are approachable and supportive. Care workers are provided with the necessary training required in their role. The RI told us they have arrangements in place for new care staff to access company vehicles until they can purchase their own vehicles. We saw that some care workers are registered with Social Care Wales (SCW) the social care workforce regulator. Arrangements are in place for new care workers to complete registration. Care workers receive supervisions routinely and arrangements are in place for appraisals to be completed annually once the service has been operational a year.

The service provider has good arrangements in place for the effective oversight of the service. The RI is an active member of the office team and is visible in the service daily. The RI is supported by an administration manager and team who also cover community calls if required to maintain continuity of care to people. The RI routinely obtains feedback from people receiving the service and care workers to drive improvements in the service. We saw the first quality of care review completed by the RI detailing how the service is performing, improvements noted and how these would be implemented. People, professionals, and staff spoken with were all very complimentary about the management of the service, comments included: *"They are very accessible and always call back if they are busy"*, *"we are very valued as a care team"* and *"they really helped us out at a time when we were really struggling"*.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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** 21/08/2023