



# 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**

14/05/2024

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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	06 February 2024
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

This was a focussed inspection to look at the provider's progress towards achieving regulatory compliance since the last inspection. We therefore did not look at all inspection themes in full.

People are supported by kind and caring staff and like living in the home. The proposed Responsible Individual (RI) visits the home regularly and provides support and oversight to the management team. Progress towards compliance has been made across the home since the last inspection, but further improvements are needed to achieve compliance. The provider and management team are working with CIW and commissioners to follow advice and make the required improvements. We will consider all outstanding non-compliance in full at the next inspection. We expect the service provider to ensure compliance with the regulations by that time.

## Well-being

People have some control over their day to day lives. People are able to move about the home as they wish throughout the day and can socialise together or spend time in their own rooms if they prefer. People can get up when they want and care staff do what people ask them to. Comments from people we spoke with included “*they look after me well here*”. Records show people and their relatives or representatives are involved in reviews of their plans for care and support. People can personalise their rooms with pictures, ornaments and objects that are important to them. Feedback from people and their relatives is sought and valued by the provider.

People are encouraged to participate in planned activities with staff in groups or as individuals. The provider ensures people can access healthcare services and other professionals as required. During our inspection visit the management team acted promptly to refer people who needed medical reviews. Documentation shows more work is needed to ensure this is consistently done at all times. Care staff are attentive and respond in a timely way to call bells when people want their help. They are kind, respectful and caring, and have good relationships with people. We saw staff chatting in Welsh with people during our visit.

Staff receive training in how to protect vulnerable people. The provider ensures appropriate policies and procedures are in place to guide staff, however records show staff inconsistently follow these. Improvements continue to be required in this area and this is being addressed by the provider through staff training and supervision. The provider ensures appropriate Deprivation of Liberty Safeguards (DOLS) applications are made for those who lack capacity to make decisions about their care and support or where they live.

People like living in the home which is well maintained and contains the equipment they need. The provider has improved health and safety oversight and monitoring in the home, and improvements to individual and whole home risk assessments are ongoing. There is some secure garden space accessible to people, but they told us they cannot access the wider grounds whenever they would like as this area is not fully secure.

## Care and Support

People can be assured the provider considers information from a range of sources before confirming they can meet people's needs. Pre-admission assessments are conducted face to face by management. Care planning and individualised risk assessment processes continue to improve, but more work is needed to ensure every detail known about people is included in their personal plans and risk assessments. We found key details about current mobility needs are not present in all relevant parts of one person's plans. Another person's preferences for how care staff should support them in certain situations is unclear. We raised this with the management team, who are taking further action to ensure the service achieves compliance in the timescale agreed after the last inspection.

People are supported by appropriate numbers of kind, friendly and respectful care staff who have good relationships with them. Care staff routinely provide support bilingually and know who prefers to chat in Welsh or English. People's personal plans are reviewed regularly to ensure they reflect people's current needs. The review documentation shows people and their relatives are consulted to gather feedback on whether the plan is meeting their needs. Risk assessments are in place and these are reviewed along with plans for people's care. Changes in people's needs are not consistently updated across all relevant risk assessments and plans for their care and support. Outcomes of referrals to healthcare professionals are not consistently documented, and records do not accurately show everything care staff do to support people to achieve their desired outcomes. Records show care staff do not always follow current guidance or the provider's policies. More work is needed to ensure the provider is fully compliant in the timescale agreed after our previous inspection.

The provider has appropriate hygienic processes and procedures in place which are followed by staff. We saw the home was clean and there are good stocks of Personal Protective Equipment (PPE) available. Appropriate processes are followed to reduce the risk or spread of infection in the home as far as possible. The home has appropriate policies and procedures in place for the safe management, administration and storage of medicine, and staff administering medication receive the appropriate training.

## Environment

People live in a comfortable and secure home. The provider ensures the building and grounds are well maintained. Since the last inspection bedrooms and bathrooms have been renovated to a good standard, including new flooring, new windows, and new furniture where needed. We saw specialist bathing equipment is available to meet people's needs. People's rooms are nicely decorated and contain the furniture and equipment people need. There is a variety of communal spaces for people to use throughout the home. These spaces are pleasantly decorated and have large picture windows which let in plenty of natural light. The various communal areas contain ample seating for people to use, and dining areas have enough dining tables and chairs for the majority of people to enjoy sociable mealtimes together. Outside areas contain suitable garden furniture and seating. People told us they enjoy sitting in the gardens but would like additional secure space made available so they can enjoy of the grounds safely.

The provider has health and safety policies and procedures in place to guide staff and keep people safe. Records show routine audits of health and safety in the home are completed and health and safety checks of equipment, facilities, and mains services to the home. Risk assessments for the whole home are reviewed and updated regularly by management. However, these do not adequately show who is allocated actions to complete or timescales for these actions. Some potential hazards have not been considered for people living with dementia in the home who may pace, or wander, or become disoriented. Further work is needed to ensure regulatory compliance is achieved in the timescales given at the previous inspection.

Equipment is serviced and maintained in accordance with relevant legislation, however the provider must ensure that staff are performing routine calibration of equipment that requires it and documenting it. The home has a food hygiene rating of five, which is the highest level achievable. Corridors and walkways through communal areas are clear of clutter. There are Personal Emergency Evacuation Plans (PEEPs) in place for people to guide emergency services personnel in the event of an evacuation. We saw these do not always contain the level of detail and instruction needed. We raised this with the management team, who are taking steps to ensure this is addressed.

## Leadership and Management

The RI continues to demonstrate their oversight of the service. They visit regularly to review records and speak with people and staff about their experiences in the home. There is comprehensive and appropriate review of the quality of care and support provided in the home. The report includes analysis of findings from external inspections and audits by professionals, monitoring visits by commissioners, and internal audits by the manager of the home. The RI ensures the policies and procedures to guide staff are reviewed and updated where required. More work is needed to ensure the policies accurately reflect the needs of people in the home, and to demonstrate that staff are aware of the policies and follow them consistently. The management team and RI meet regularly as part of the RI's oversight of the day to day running of the service. Following recent changes in the management team, the deputy manager has taken on the manager's role. The new manager has ongoing support from the RI and another experienced home manager from outside the service.

There are adequate numbers of staff in the home to support people living there. Staffing numbers on each shift are based on assessment of people's current dependency levels in the home. Gaps in rotas due to planned and unexpected staff absences are covered by a combination of permanent and regular agency staff. The manager uses the same individual agency staff to cover gaps as this ensures continuity of care for people. Records show agency staff work alongside permanent staff whilst on shift. The provider is actively advertising and recruiting to vacant posts. Records show correct vetting processes are followed for new staff. Ongoing vetting checks for staff are also completed appropriately.

There are plans underway to improve the induction training for new staff and to increase training and development opportunities for experienced staff. Training compliance is monitored for all staff working in the home and suitable action is taken if they are not completing the required training updates for their roles. Training is currently provided online only and there are plans to source face to face training where appropriate for some topics. Staff receive regular one to one supervision and annual appraisals, as required by the regulations.

### 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.	Reviewed
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 the service including feedback from people using the	Reviewed



	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.	Reviewed
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.	Reviewed

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

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