



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

06/08/2024

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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	14 May 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

We found improvements in multiple areas across the home. The provider has achieved compliance with the regulations as a result of these improvements. There is increased oversight of the home by the Responsible Individual (RI) and sustained improvements to the management of the home day-to-day, including increased audits and analysis of quality of care delivered. People feel their voice is valued and they feel well cared for by kind and respectful care workers. People and their families or representatives are involved in planning and reviewing their care needs. Records show care is provided in line with the latest advice from professionals and people's preferences for their care and support.

The provider makes investment in the building and grounds with an ongoing programme of refurbishment of the facilities. We saw work being done on the gardens during our visit, and recently completed rooms were decorated to a very good standard. People are supported by good numbers of vetted, trained, and skilled care workers. Care workers we spoke to like working in the home and feel well supported by management and the provider. They are approachable and welcoming to visitors and take pride in the work they do for people.

Well-being

People have good well-being by exercising control over their day to day life as far as they are able to. They and their relatives or representatives are involved in planning and reviewing their care and support needs. People routinely make choices about how and where to spend their time each day. We saw care workers provide care and support to people in a warm, kind, and dignified manner and people told us their individual preferences are listened to and respected. The provider consults people about how the service is run and their views are valued and acted upon by management. We saw a 'You said, we did' notice board in the main foyer demonstrating how management have responded to feedback from people and relatives.

People are supported to maintain their physical and mental health and well-being. Care workers liaise closely with healthcare professionals to ensure people receive appropriate and timely advice and treatment. Records show care workers follow the latest advice for individuals from healthcare and social care professionals. During our inspection call bells were discrete and answered in a timely way. There are planned activities in the home at least three days a week, supported by an allocated member of care staff. One person told us care workers "*look after us well...and we have a chuckle together*". People told us they feel safe and well cared for living in the home; feedback from relatives was also positive.

People are supported to stay safe and protected from abuse and neglect by trained and knowledgeable care workers. The provider ensures all staff receive the required safeguarding training and understand the importance of reporting concerns. Staff are confident in speaking with the manager if they have any concerns. The manager ensures people who lack capacity to make decisions about their care and support needs are protected from harm because appropriate Deprivation of Liberty Safeguards (DOLS) and/or best interest decision making guidelines, processes and policies are followed. The manager ensures appropriate concern reporting mechanisms are in place and followed by care workers reporting concerns to the local authority. The manager takes timely action to address emerging practice issues identified through routine audits, which reduces the risk of harm and neglect for people. Individualised and whole home risk assessments are in place to keep people safe by reducing risks to their health and well-being.

Care and Support

We found improvements to the pre-assessment, care planning, and risk assessment of people's needs and preferences for their care and support. Personal plans and risk assessments for people recently admitted to and long-term residents of the home were reviewed. There is clear evidence of people and their relatives or representatives' involvement in reviewing personal plans. Records of reviews are thorough and show people's physical and emotional health and well-being are considered. Detailed records of communications with healthcare and other professionals are also kept. Care workers are verbally informed of changes in people's planned care as they occur; this is reinforced through handovers at the start of each shift. The manager holds briefing meetings every afternoon with the management team and senior care workers, to keep abreast of emerging issues and changes in people's needs.

People receive a good standard of care and support from kind and attentive care workers who have good relationships with them. Care records show people receive the care and support they need and prefer, and in line with their current needs and latest advice from professionals. The manager monitors personal plan reviews and risk assessments as part of quality assurance processes in the home. Care workers chat in both Welsh and English with people. The menu on offer changes daily and is displayed on a white board near the dining room, and on a pictorial menu on dining tables to accommodate different communication needs. The food served during this inspection looked and smelt appetising. People told us they like it.

Improvements have been made to measures that ensure the safety and well-being of people in the home. Care workers are aware of their individual responsibilities for raising safeguarding concerns and how to do this; contact details for the local safeguarding authority are displayed prominently in the entrance for visitors. Safeguarding themes are discussed at staff meetings, supervision meetings, and training sessions online and face to face. There are appropriate safeguarding reporting mechanisms in place which align with the Wales Safeguarding Procedures, and which staff follow.

Good medicines management practices in the home ensure people are safely supported to take their medications. Training and administration records demonstrate this, as do records of audits by management and external professionals. Good hygienic practices in the home help people maintain their health and well-being. Equipment used to help people mobilise around the home is thoroughly cleaned by care workers after each use. Domestic staff are in the home nearly every day to keep it clean and do the laundry. We saw good supplies of personal protective equipment (PPE) available to care staff and visitors to reduce risk of spread of infection.

Environment

The provider has invested in ensuring the building itself, the equipment in the home, and the surrounding grounds meet people's needs. Refurbishment of bedrooms and communally used rooms in the home is ongoing. The finished rooms have been decorated to a very good standard and contain the furniture and equipment people need. The home is secure with key code access to the front entrance. There is wheelchair friendly access to the grounds from some communal areas and the lower ground floor. Outside areas include patios with ample seating for people to relax in the garden. Internally communal lounges are bright and airy and provide different levels of socialising to meet people's needs. One person told us they enjoy spending time quietly watching the scenery out of the lounge window, and we saw several people watching television together in another lounge. The dining room provides ample seating for the majority of people in the room to eat their meals together if they prefer. We saw good supplies of equipment in the home, all of which meets the needs of people living there. The management team highlight people's potential changes in needs for equipment to relevant professionals in a timely way to ensure the right assessments are completed.

The provider has processes and policies in place to maintain people's health and safety in the home. All equipment and services to the home are audited, monitored, certified, serviced and maintained appropriately in line with current health and safety legislation. The manager makes sure routine monitoring of health and safety in the home is completed by the relevant staff and completes their own routine audits of this. These measures ensure emerging issues are identified and addressed in a timely way. We saw appropriate whole home risk assessments are also in place; these are reviewed and updated in line with legislative requirements. The manager ensures all staff are up to date on their fire marshal training, and there are regular fire alarm tests and drills. There are detailed and instructive personal evacuation plans (PEEPs) and Herbert protocol documents in place for people as part of measures to reduce risks for them. There is a visitor logbook to record who is coming in and out of the building which also acts as a fire register.

Leadership and Management

We found improvements in the provider's governance and quality assurance arrangements that support the provision of good quality of care and support in the home. The manager completes routine audits of all aspects of the quality of the service provided. They take timely action to address any issues they find and report their findings in a monthly quality of care report to the RI. The RI visits the home regularly to review a selection of records, and talk to residents, relatives, and care workers about their experiences in the home. They collect feedback from people and relatives through twice-yearly questionnaires, and an anonymous suggestion box by the front entrance. The new manager has implemented a monthly check-in with people's families or representatives to ensure people's preferences and needs are being met and as part of individual, person-centred reviews of every aspect of the service provided in the home. The RI and manager analyse all feedback and audit findings to identify areas for improvement or development across the home. They report their findings twice a year to the provider and highlight what actions they have already taken and what further action the provider needs to take to address them.

People are supported by good numbers of suitably fit, trained, competent staff. Staff recruitment records show appropriate vetting procedures are followed to keep people safe when appointing new members of staff. All new staff complete an induction appropriate to their role when they start, and this is followed up with regular refresher training throughout their employment with the home. Care staff told us they feel confident in their skills and knowledge, particularly following face to face training. They told us they like working in the home and feel well supported by the new manager and the wider management team. Care staff told us "*The team pull together well and we communicate well so everything remains calm*", and the best thing about working in the home is, "*we care for them [people living in the home] really well*". Records show care workers receive regular one-to-one supervision and annual appraisals of their practice. Regular staff meetings are used by management to keep staff up to date on developments in the service and refresh understanding of different training topics through discussion about best practice in those areas. Records show care workers in the home value being kept informed and the opportunity to revisit learning as a group, for the benefit of people living in the home.

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
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.	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	Achieved

	improving the quality of care and support provided by 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.	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.	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.

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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