



Inspection Report on

Spa Residential Home Ltd

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

Date Inspection Completed

16/11/2023

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
You must reproduce our material accurately and not use it in a misleading context.

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	23 November 2022
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

People are supported by friendly staff who are familiar to them. They appear happy and can join in activities arranged by the service or pursue individual interests. Staff know people well and personal relationships with family and friends is encouraged.

Personal plans and risk assessments need improvement to make sure there is clear instruction for staff to follow to manage any identified risk. Processes to make sure Deprivation of Liberty Safeguarding authorisation reviews are requested in a timely way need to be implemented. The responsible individual (RI) is addressing this. Access to health professionals is available when people need it. Training is available for staff to make sure they have the knowledge and skills to support people. Recruitment practices make sure staff do not start work until all the required checks are in place.

The RI has good oversight of the service. They know the staff and people living at the service well. Staff have good support from the management team. Reviews take place of the quality of the service provided. An improved monitoring system would help identify areas for improvement or further development so the service achieves the best possible outcomes for individuals and improves their well-being.

Well-being

People have choice and control over their daily life. They choose where to spend their day, what food and drink they want and what activities they wish to join in. They give their views on the service through discussion with staff and management and during resident meetings. Where people can, they are involved in reviewing their personal plans, so they have care and support how they want it. Information about what the service provides is available in the Statement of Purpose. This can be made available in Welsh.

People have support to make sure their physical and emotional needs are met. Activities are available to take part in if people wish. Contact with family and friends is encouraged to maintain personal relationships. Care staff provide reassurance to people when they need it and have a good understanding of individual likes and preferences. Personal plans and risk assessments need further improvement. This is to make sure information is accurate and measures are in place for staff to follow to manage any identified risks. Processes to manage medication and referrals to health professionals, make sure people remain as healthy as they can be.

There are systems in place to protect people living in the home. Entry is via authorised persons. Training opportunities are available to staff to further develop their skills so they can support people in the right way. Recruitment practices make sure all the right checks are in place before staff start work. Improved processes to request reviews of Deprivation of Liberty Safeguard authorisations is needed so they do not run out. The RI is managing this.

People live in an environment to suit their needs. There is an ongoing programme of repair and refurbishment. Checks of equipment and facilities take place regularly so issues can be identified and rectified quickly.

Care and Support

People are supported by staff who are respectful, kind and know the support needs of people they care for. People are relaxed in the presence of staff. We saw a number of occasions when people were eating their meal or taking part in activities, where staff offered gentle reassurance when a person became anxious. People responded positively to this. There is a varied activities programme. People choose if they want to join in group activities or can pursue their own interests. They are asked what activities they would like to do including trips out in the community. People tell us the food is good. Alternatives are offered if people do not want what is on the menu.

People are provided with the care and support they need but further improvements are needed to the recording in personal plans particularly around risk management. Where people can be, they are involved in reviewing their personal plans. For people who lack the capacity to be involved, it will be beneficial to involve family/representatives to further strengthen this process. Personal plans are updated to reflect any changes in care needs. Staff know people well, but the amendments are not always dated when the changes occur. This makes it difficult to see what the current care needs are. Where risks are identified, there are not always clear measures in place for staff to follow. This was raised at the last inspection, but further improvements are needed to manage risks to people. This is an area for improvement, and we expect the provider to take action.

Measures are in place to support people to remain as healthy as possible. They have access to healthcare and other services to maintain their health and well-being. Good support is given to attend GP and hospital appointments. Staff remind people of the importance of keeping hydrated to remain as healthy as possible. This is in the records of resident meetings seen. Systems are in place for the management of medication. Staff have training and there is a policy relating to medication to guide staff.

The service takes reasonable steps to identify and prevent the risk of abuse. Staff have training on how to identify and report alleged abuse. There is a policy relating to safeguarding for them to follow. Concerns raised with the provider are recorded with outcomes so improvements can be made if necessary. A better process needs to be in place to make sure reviews of Deprivation of Liberty Safeguarding Authorisations are requested before they run out

Environment

People are cared for in an environment which meets their needs. The provider has a programme of redecoration in place. Regular environmental audits identify areas in need of redecoration. This includes bedrooms following recent roof repairs. There are a number of communal areas for people to socialise. People also spend time in their bedrooms which we saw contain items important to them. The call bell system allows people to call for assistance. This is regularly checked to make sure it is in good working order. There are safe garden areas for people to enjoy. In the summer months, people enjoyed a garden party and sitting outside to do painting.

During our visit, the home was clean, warm and comfortable. Some issues relating to infection prevention and control were discussed with the management and plans put in place to address them. Domestic staff have suitable training and tell us they have all the equipment they need to carry out their role.

Measures are in place to identify any risks to the health and safety of people. There is a programme of safety checks, servicing and maintenance of equipment and facilities at the service. This includes fire safety checks. People are safe from unauthorised visitors entering the building. All visitors must ring the front doorbell to gain entry. They are asked to sign the visitors book when they enter and leave the building.

Leadership and Management

The provider has good oversight of the service. People can give their views about what is working well for them and what they want to see improved. The RI and manager are visible at the service and regularly take individuals to medical appointments. They spend time talking to people, their family members, and staff. Resident meetings are held so people can make suggestions for any changes they would like to see. The quality of the care is reviewed six monthly so the provider can continue to make improvements to benefit people.

People are supported by a staff team who are recruited, trained, and receive good management support. There is a stable team of regular staff who provide continuity for people. The staff rota reflected the number of staff on duty during the inspection. They were visible in all areas of the home, providing support to people when they need it. Staff do not start work until all the required recruitment checks are in place. They have training opportunities to make sure they have the skills needed to support people. Regular one to one meetings with their line manager allows them to discuss any issues they may have and identifies any training needs. Staff meetings take place to share information and discuss any issues they may have. Staff tell us they feel very well supported by the RI and manager.

Information about what the service offers and what people can expect is available in the statement of purpose. This can be made available in Welsh if people want it. Policies and procedures to guide staff practice are available. The service would benefit from an improved audit process to make sure documentation is completed fully and the policies and procedures are easily accessible. The RI is taking steps to address this.

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

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
15	Personal plans do not always contain up to date information or show steps to be taken to mitigate any identified risks to the individual's well-being.	Not Achieved
16	There is no evidence people, their representative or where applicable the placing authority are involved in reviewing personal files.	Achieved

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 19/12/2023