



Inspection Report on

Spring Meadows (Care) Ltd trading as Manorleigh

**Manorleigh Spring Meadows Care Ltd
66-68
Cecil Street
Swansea
SA5 8QH**

Date Inspection Completed

14/08/2023

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About Spring Meadows (Care) Ltd trading as Manorleigh

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | SPRING MEADOWS (CARE) LTD |
| Registered places | 8 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | [Manual Insert] 12 July 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 a team of staff that know them well and care about them. They are supported to achieve optimum well-being with choice and as individuals are respected. Staff ensure they support people to do what is important to them and maintain a purposeful day-to-day routine.

Care documentation is accurate, and improvements have been seen to ensure this is more person centred. Improvements have been seen to the review process which enables people and their representatives to contribute as they wish, with personal outcomes being the focus of the review.

Referrals are made to health and social care professionals as required to ensure people receive optimum timely care or reassessment as required.

The environment enables people to be as independent as possible. There are ongoing works to improve the garden and home as part of the provider's quality assurance process.

Staff are safely recruited, trained and supported to ensure they provide a good standard of care to people. The manager and Responsible Individual (RI) are accessible and work towards improving the home and service provided to people.

Well-being

People have a voice and are supported to make choices. Resident meetings take place regularly with discussions around menus, personal goals, holidays and days out. Reviews are completed to a good standard with a focus on people's outcome. Whilst people do not speak Welsh as their first language the provider is still working towards providing the Welsh language active offer. This is by incorporating the use of the language and traditions within day-to-day life. Choice is provided around day-to-day activities with people attending community groups to socialise or going to places such as the cinema. Family feedback includes *"They do some special occasions when family are invited such as a summer garden strawberry tea. It's nice to catch up with other families"*.

Privacy is respected. When people's bedroom doors are knocked a response is waited for. If people do not want visitors this is respected and staff know people well anticipating what people's preference would be whilst still providing a choice. Closed-circuit television (CCTV) cameras are in communal areas for security and safety. People were consulted and agreed to them and a policy is in place.

People live in an environment with staff enabling and supporting them with independence, whilst ensuring a home from home atmosphere. People can access all areas of the home and outside as detailed within their personal plans. We saw people independently go to town and access the garden area. People have allocated days to do their own laundry enabling people to be as independent as possible whilst supporting infection control practice. People are able to access the kitchen area for example, whilst assisting with clearing the tea trolley giving them a sense of purpose.

People are treated with dignity and respect and their individuality is maintained. We saw people dressed smartly and ready for their daily activities. Staff support with painting nails and other activities to positively enhance people's well-being. Staff told us *"We would not treat a relative any differently"*.

An up-to-date safeguarding policy and process is in place. Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings are held to determine best interest decisions.

People are part of their local community. They are involved with charity events such as walks and afternoon teas. We saw people were relaxed with each other and staff around the home. On return from trips out people shared their news with each other.

Care and Support

The manager, deputy manager and care staff ensure people have access to health care services when required, promoting good health and well-being. We saw staff following health care recommendations to ensure optimum well-being for people. Health profiles are consistently completed to ensure continuity of information if people require hospital admissions with 'important things to remember about me'.

Care documentation is completed with a person-centred approach. We saw up to date personal plans, risk assessments and review forms. Personal plans include a family tree to represent people's history and what and who are important to them. Care documentation is stored securely so people's information remains private.

Positive improvements have been seen to the personal plan review process. Personal outcome reviews are dated. They show who has been involved and people's opinion of their personal outcomes and how these have been met or changed. Pictorial images/faces are used for people to express their reactions or feelings. This is beneficial to people as it enables their participation in the review process to determine if their personal outcomes are being met.

Medications are administered as prescribed with medication records completed accordingly. We saw good practice with medication administration. Recording of temperatures of the room the medication is stored in. Additional documentation is completed such as blood sugar level recordings to ensure people receive the right treatment at the right time. This information is shared with health professionals as required. We saw good use of personal protective equipment and good infection control practices being followed.

A family friend and professional told us the following: "*X absolutely loves it in Manorleigh. They are treated like an extended family – they go over and above*" and "*They always act in X's interest*". Both family and professional feedback included good communication is provided from the staff at the service, ensuring representatives are informed of changes.

Environment

Improvements have been made to the environment with an ongoing programme of redecoration in place. We saw newly decorated bedrooms decorated to people's preference of colour and furnishings. We saw people had things of interest to them such as sensory lights and rooms are adapted to suit people's needs. We did note one communal shower room had a curtain as opposed to a fixed door to enable people to access easily. We did discuss audible privacy and the provider will consider how this can be improved. Since the last inspection new furniture has been purchased such as settees for the communal lounge, where we saw people enjoyed spending time with each other and relaxing.

People can access the rear enclosed garden. Since the last inspection the rear decking has been repaired and new fencing panels are in place. People have a space for quiet time or to receive visitors in the garden or summer house. Staff have supported people to plant vegetables and flowers. The manager told us that plans are in place for garden maintenance such as; painting of the walls and fence panels, weeding of the front and rear garden and regular grass cutting. A position for a handy person is in the process of being agreed to support with such maintenance. In the front garden we noted some larger items for disposal and used medicine packs in an open bag. The manager agreed to look at ways to improve the appearance of the front garden with appropriate storage facilities for refuse.

Fire equipment checks for the fire extinguishers, alarm panel and emergency lighting system are completed. People have personal emergency evacuation plans in place. We saw some fire doors were open with the use of approved magnetic systems that would release in the event of a fire alarm. Two doors were propped open with other items. We discussed this with the manager and the appropriate magnetic systems were put in place following the inspection visit.

Other checks such as gas, weekly water temperatures and pest control checks are completed to ensure the environment is maintained and safe. Cleaning products are stored in a locked cupboard. The service has received a food hygiene rating of five earlier this year.

The manager ensures there is an 'open door policy' with the office in the centre of the home. It is apparent people feel comfortable to spend time with staff with an open, homely friendly atmosphere at all times.

Leadership and Management

People can access information about the service such as an up-to-date Statement of Purpose, a service user guide and provider policies.

The manager arranges the required Deprivation of Liberty Safeguard (DoLs) applications and measures are in place to support people's safety and best interest decisions. We did note Care Inspectorate Wales (CIW) are not consistently notified of these applications. Some clarity was given around events to inform CIW of and these notifications were completed retrospectively.

Recruitment takes place with staff having Disclosure Barring and Service (DBS) checks and reference checks prior to commencing employment. Staff are registered with Social Care Wales (SCW) as required. Annual appraisals and quarterly one to one supervision takes place. Team meetings are held regularly with a pre-arranged team meeting taking place on the day of the inspection. Staff are motivated with awards within the organisation such as employee of the month.

Staff on the whole are up to date with required training such as First Aid, Fire Safety and Manual Handling training. Some new starters are in the process of completing required training including Safeguarding. In addition to this the provider arranges training that is specific to people that they support such as Learning Disabilities training, Preventing Dehydration and Allergen training. The manager and deputy manager are very enthusiastic about training. They support staff to access as much training as they can to increase their confidence and knowledge with providing care and support to people. Staff told us *"We have lots of training"* and the manager told us *"How can you expect your staff to give good care if they haven't had adequate training..."*

The RI completes regular visits to the home in addition to the required quarterly visits. The manager and deputy manager are accessible with daily hands-on support. Quality assurance processes are in place and the RI reports show views are sought from staff and people living at the home. Throughout the inspection we noted the RI and manager are very responsive and demonstrated how important it is to them to continually improve the service they provide. Staff told us *"We have great support from management the owners and the manager"* and the manager is described by staff as *"Brilliant and supportive"*.

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 |
| 16 | A full CIW inspection took place on 12.07.22. As part of this an audit of support files took place. | Achieved |

| | | |
|--|---|--|
| | There was insufficient evidence of consideration of the achievement of outcomes by individuals in review documentation. | |
|--|---|--|

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