



Inspection Report on

Plas Cae Crwn Care Home

**Park Street
Newtown
SY16 1EW**

Date Inspection Completed

06/02/2020

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Description of the service

Plas Cae Crwn is a care home located in Newtown, Powys. The registered provider is Shaw Healthcare Ltd and they have appointed a person to represent them as the responsible individual, Jeremy Nixey. The service provides accommodation and personal care for up to 40 people. There is a separate unit that provides personal care and accommodation for up to 12 people living with dementia. There is a manager in post who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People receive care and support from staff familiar with their needs and are treated with respect and courtesy. They have little opportunity to do things they are interested in and are not provided with a stimulating atmosphere. Personal plans are detailed, but not developed with people's involvement or based on a person centred approach. The environment requires significant investment and improvement to ensure the well-being of people who live at the service. Staff are provided with basic training and some support but measures are not in place to ensure qualifications don't expire. Information about the home requires improvement so people can make an informed choice. Improvements are needed in the day to day management to ensure positive outcomes for people. Improvements are needed to ensure the service is monitored, reviewed and constantly improving.

2. Improvements

This is the first inspection since the service re registered under RISCA.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the service is not meeting the legal requirements. These include the following:

- Welsh active offer.
- Activities.
- Personal plans.
- Environment.
- Staffing levels.
- Staff training and support.
- Quality assurance.

1. Well-being

Summary

People do not always have control over their day to day lives. People appeared comfortable with staff and received care and support from staff familiar with their needs in a respectful and dignified way. Their healthcare needs were met promptly. People told us they were able to choose their daily routines. A lack of activities and opportunities to be occupied resulted in an institutional culture which meant many people spent long periods of time asleep and disengaged. Records did not evidence people's life history or views were taken into account in how care and support was delivered. People were provided with a range of meals they told us they liked but did not always receive appropriate support at mealtimes. The environment required considerable updating and improvement to offer a reasonable standard of living.

Some measures are in place in relation to the Welsh 'active offer'. The SOP tells readers it could be made available in Welsh on request and that the service intended to provide signage in Welsh. It did not state it could offer care, support or documents in Welsh on request. The staff application form didn't ask applicants about their Welsh language skills. We saw limited signage available in Welsh. We conclude, further work is necessary to ensure people are provided with information and support in line with their language and cultural needs.

2. Care and Support

Our findings

People spoken with were generally positive about living at the service. People's needs were assessed before they moved into the service although an admissions and commencement of service policy was not in place. Comments included, "*Staff are helpful*", "*Staff are kind*", "*They couldn't do any better – I love being here*" and "*I would tell staff if I had any complaints*". The responses in questionnaires were positive and included, "*Care is fantastic*", that a person was, "*Surprisingly happy, (they) are good to me*" and "*I am as happy as I can be*". A relative commented, "*We are always kept informed*" and they had, "*Confidence that my mother is being well cared for*". A staff member told us they believed staff delivered, "*A good standard of care*". Care records were detailed and included guidance for staff about care and support needs and how they should be met. However, they were a record of tasks to be carried out by staff and not based on a 'what matters to me' approach. The very brief information known about people's life history was not used to inform the way care and support was delivered. Not all records were dated, signed or completed, with two records including the wrong person's name, and some in the name of the previous provider. We also noted where issues of concern had been identified there was not always evidence of any action taken. There was no evidence of people's involvement in care planning if they were able to, or that they were offered a copy of their plan. This is a breach of regulations. We conclude, people generally receive the right care at the right time, but records require improvement to support people to achieve personal outcomes.

People are provided with a choice of food and drink. People were positive about the food telling us, "*It's good*" and "*There's always two choices*". However, the menu was not displayed and measures to offer people realistic choices such as using pictures or plating up both meals were not available. Staff confirmed people, including those with dementia, were asked to choose food the day before. No one spoken with was able to remember their choices. Coloured plates were not used to make sure people living with dementia could see the food in line with good practice. Whilst staff were attentive at mealtimes in the dementia unit they were not proactive in ensuring all possible efforts were made for people to eat and drink. All staff told us they would welcome more in depth training on dementia to support them to provide good care. We conclude, people are offered a variety of food and drink but improvements are needed to promote independence, choice and good practice.

People receive health and medical care. We spoke to visiting healthcare professionals who described the service as, "*Making appropriate referrals*" and being "*On the ball*" in relation to seeking help and advice. Professionals comments included, "*Prompt referrals received and good rapport with staff*". Comments also included, "*Staff appear to be giving appropriate care but are stretched with their time management*". Records showed people were supported to access healthcare professionals but some health appointments such as eye tests were overdue. Records did not contain information about diagnosed health conditions and how they impacted on care and support needs. We looked at the way medicines were managed. Although we saw a prescribed cream in one person's room which did not belong to that person, (label had been removed), generally people received medicines as prescribed and in line with good practice. However, prescribed creams and ointment were stored in people's rooms. The majority should be stored at below 25 degrees

but the temperature in bedrooms was not checked. We conclude, people are supported to access health and medical services.

People are not offered activities and chances to be occupied contrary to assurances given in the SOP. A very limited range of activities were available to people. People told us they enjoyed activities available but also commented, "*It's a long day with nothing going on*", "*time can drag*", "*I'd like to go out more, into town*" and "*I'd like more to be going on*". We saw people asleep and disengaged for long periods because of a lack of opportunities for stimulation and occupation. The activity room was cluttered, cold, used for storage, and did not provide a positive environment. The SOP stated 'activities are planned on a daily basis' by staff but we saw no evidence of this. Staff confirmed that being able to provide activities was dependent on staffing levels and how busy they were providing care, support and doing laundry. There was no evidence the range of activities detailed in the SOP were provided or that as the guide stated, 'activities are an important part of life' at the home. It also stated the home has 'its own dedicated activities co-ordinator' but did not make it clear the person was only employed for 20 hours a week to provide activities for up to 40 people, including 12 people in a separate dementia unit. We did not see rummage boxes, soft toys or dolls for people to occupy themselves or find comfort from. We conclude, people are not provided with activities in line with their interests and abilities as promised in the SOP.

3. Environment

Our findings

People do not live in an environment which is in a good state of repair and provides an adequate standard of living. The home was clean. A professional commented the home was, *“Always warm and clean”* but would also benefit from, *“Smaller, quieter areas”*. Staff notices in communal areas were institutional and irrelevant to people living in the home. A relative commented, *“Bathrooms/shower room would benefit from updating”*. The majority of the furniture was institutional, worn and in poor condition through wear and tear. We saw a plant growing through a wall into the corridor which had not been identified by the manager. We saw nails and hooks on the walls in people’s room and many carpets in poor condition. Sensory walls were not in place to provide items of interest and stimulation. Although memory boxes were provided outside some bedrooms the majority were empty so ineffective in promoting independence. Not all clocks were correct and the notice board telling people what day it was, was incorrect. Pictorial, bi lingual signage at the right height, was not always in place to promote independence. The wallpaper in the dementia unit was in poor condition and throughout the home walls and skirting boards needed painting and curtains were hanging off rails. There were water leaks in three ceilings and several double glazed windows had ‘blown’ which compromised visibility. The laundry was in a very poor condition and required considerable work to make it fit for purpose. Issues which presented a fire risk such as the fan covered in dust and fluff had not been identified or risk assessed. The sink was filthy and washing had been left on the floor. People were not provided with cabinets to put their personal toiletries in and we saw dental tablets in a room occupied by a person with dementia although a risk assessment had not been undertaken. There was no evidence people were provided with lockable storage in line with assurances given in the SOP and guide. There were garden areas around the home, including a fenced off garden by the dementia unit. However, garden furniture was in poor condition and the gardens lacked items of interest or opportunities for activities. We were told new garden furniture had not been ordered as the manager told us they, *“Had not got round to it”*. A relative told us, *“The outside areas (need to be) made more accessible”*. We saw checks were in place for equipment used by people who live and work at the home. The fire risk assessment had not been reviewed since the registered provider took over the service in June 2019. A senior manager told us this would be addressed. The issues detailed about the premises constitute a breach of regulations. We conclude the service does not provide a well maintained, reasonable standard of accommodation.

4. Leadership and Management

Our findings

Information is provided in a SOP and a guide. Neither document included all the required information. The guide was not written in plain English and made no reference to being available in alternative, accessible formats. It did not include, the contact details of the Older Persons Commissioner for Wales, local advocacy services or how the service intended to meet the requirements of the Welsh 'active offer'. We conclude improvements are needed in the information available to make sure people are making an informed decision when considering using the service.

There is not always enough staff to meet people's needs. The manager told us three staff were always on duty in the dementia unit to provide care and support for 12 people. They were also responsible for doing laundry, fetching meals (leaving only two staff on the unit), and providing activities. On the day of the inspection in the morning, there were only two staff on duty because other staff had not turned up and staff were redeployed. Because some people required support from two staff with personal care, we saw an ancillary worker asked to stay in the unit whilst staff attended to a person's needs. Staff spoken with confirmed there was often only two staff on duty which was, "*Not enough*" given people's complex needs. The manager administered medicines in the dementia unit every morning because staff were busy supporting people to get up. Comments received from professionals included, "*Staff have several tasks to perform. This results in time limiting involvement with service users*" and staff attitude was, "*Not always consistent with a supportive approach to service user. Home can be very busy*". Four out of five professional questionnaires stated there was 'mostly' or 'sometimes' sufficient numbers of staff on duty. A relative commented, "*There are sometimes too few staff on duty in the evenings when residents need help with getting to bed*". We saw staff were very busy and did not see staff in any area of the home spending time with people except when undertaking tasks. We conclude people do not always benefit from a service where there are enough staff on duty.

Staff are provided with basic training but this is not always renewed. Staff were positive about working at the home. Senior staff and the manager were described as, "*Approachable*". A relative commented the manager was, "*Very enthusiastic, approachable, friendly and leads by example*". Relatives comments included, "*Friendly, informative staff*" and "*Friendly, approachable staff*". A member of staff told us the manager was, "*Very helpful*". We were provided with the results of a staff survey, (2019). It showed an overall satisfaction with their employment. Staff had been asked 'what one thing they would change' but there was no evidence of any collation of the comments or action taken to address issues raised. A record of staff supervision and appraisal showed not all staff were provided with formal supervision in line with the required frequency. One person told us although they had worked at the home for some time they had not started an induction training course and had not been provided with any training about how to complete care records. A training programme was in place and staff told us they enjoyed the training which was mainly completed on line. Staff told us only basic dementia training was provided which was not sufficient when providing a specialised service for people living with dementia. Staff told us they would welcome more in depth dementia training so they would better understand people's needs. A senior manager told us this would be addressed. Training records showed training qualifications had expired, including safeguarding, health

and safety, food hygiene and infection control. We conclude, people do not benefit from a service where staff are provided with support and a range of appropriate training to ensure they have the necessary skills and knowledge.

Some measures are in place to review the quality of the service. We were provided with two RI visit reports from October and December 2019 and an internal compliance audit completed in September 2019. The compliance audit did not identify the long standing issues detailed in this report in relation to improvements needed in the environment. The record of adverse incidents was not always checked by the manager. Two staff meetings had been held since the service re registered under RISCA. Records included a list of topics discussed but no record of discussion or the views of staff. The record also included personal information about people living at the home, rather than a focus on staff issues and development. One residents meeting had been held in six months. The record included comments made by people including wanted a brighter room, a TV loop system, more chair exercise and more visiting entertainment but no evidence of any action taken to address the issues raised. We conclude measures are not in place to monitor, review and improve the quality of the service.

5. Improvements required and recommended following this inspection.

During this inspection, we advised Shaw Health Care Limited that improvements are needed in relation to the following in order to fully meet the legal requirements.

- Regulation 15 (1). Personal plans must provide constructive information based on people's life histories for staff about individuals, their care and support needs and the outcomes they wish to achieve.

We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered provider to take action to rectify this and it will be followed up at the next inspection.

During this inspection, we advised Shaw Health Care Limited that improvements are needed in relation to the following in order to fully meet the legal requirements.

- Regulation 21 (1). Activities must be provided in line with the statement of purpose.

We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered provider to take action to rectify this and it will be followed up at the next inspection.

During this inspection, we advised Shaw Health Care Limited that improvements are needed in relation to the following in order to fully meet the legal requirements.

- Regulation 44 (2) (a) (b) (c) (3) 4 (c) (d) (h). The premises must meet the needs of individuals, be suitably furnished, kept in good repair and maintained.

We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered provider to take action to rectify this and it will be followed up at the next inspection.

5.1 Areas of non-compliance from previous inspections.

This is the first inspection since the service re-registered under RISCA.

5.2 Recommendations for improvement.

- Measures must be in place to ensure the requirements of the Welsh 'active offer' are met.
- The menu should be displayed and accessible formats and other approaches considered to offer people realistic choices.
- Consideration should be given to monitoring the correct storage temperature of prescribed creams and ointments.
- Measures must be in place to promote people's independence in line with good practice, for example in the use of signage and memory boxes.
- An up to date fire risk assessment must be in place.

- The guide must be reviewed to make sure it includes all the required information and is provided in accessible formats.
- The statement of purpose must include all the required information.
- All staff must be provided with formal supervision in line with the required frequency, at least four times a year.
- Improvements must be made in the quality of dementia care training provided to staff.
- All staff must complete necessary training. Training qualifications must not be allowed to expire.
- A review should take place of staffing levels, particularly in the dementia unit to make sure there are always enough staff to meet people's assessed needs.
- An admission and commencement of service policy and procedure must be in place to provide guidance for staff about admission processes.
- Improvements are needed in the way the service is overseen and quality assurance measures must be in place.
- Improvements are needed to the way the service is managed to ensure the issues raised in this report are addressed.

How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit on 5 February 2020 between 10.10.am. and 4.30.p.m. and an announced visit on the 6 February between 9.10.a.m. and 2.20.p.m.

The following methods were used:

- We spoke with the manager and a senior member of the organisation. We spoke with five staff and two visiting professionals. We also spoke with nine people who live at the service.
- We used the Short Observational Framework for Inspection, (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We toured the premises
- We reviewed how medicines were managed.
- We looked at a sample of care records. We also looked at records relating to staff recruitment, training and support. We reviewed the statement of purpose and guide to the home and other records related to the running of the service.
- We sent out questionnaires. We received five from professionals, three from relatives, three from staff and nine from people, who live in the home. The ones from people who live in the home were all completed in the same handwriting, although with different people's names. The comments are included in this report.
- We reviewed information held by CIW about the service.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Shaw healthcare (Group) Limited
Responsible Individual	Jeremy Nixey
Registered maximum number of places	40
Date of previous Care Inspectorate Wales inspection	This is the first inspection since the service re registered under RISCA.
Dates of this Inspection visit(s)	5 February 2020 & 6 February 2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'active offer' of the Welsh language and intends to become a bilingual service, or demonstrates a significant effort to promoting the use of Welsh language and culture.
Additional Information:	

Date Published 30/07/2020