



# Inspection Report on

**Plas Cae Crwn**

**Plas Cae Crwn Care Home  
Park Street  
Newtown  
SY16 1EW**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

10/10/2023

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## About Plas Cae Crwn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shaw healthcare (Cambria) Limited
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	14 June 2023
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 told us they are happy and feel well supported living at Plas Cae Crwn. Care staff are dedicated to meeting the needs of the people they support. We saw kind and patient interactions throughout the day. People are engaged in activities arranged based on their interests.

At the last inspection we raised areas for improvement in relation to Regulations 15, 16, 26 and 36. These were not reviewed at this inspection. This is to allow the provider sufficient time to make the changes. These areas will be fully reviewed at the next inspection.

The management team are committed to making improvements to benefit people living and working at the service and recognise further improvements are needed. The responsible individual (RI) has good oversight of the service and visits regularly.

## Well-being

People have choice about most aspects of their daily life, such as when to get up and go to bed, when to have personal care, how to spend their time and what they want to eat. People are offered to participate in activities and the activity team work hard to find out what people like and centre activities around individual preferences. People are asked about what is important to them including language preferences. The provider is working towards a Welsh active offer by making signage around the home bilingual, making key documents available bilingually and empowering people to share their Welsh language skills with care staff and other people living at the service.

People enjoy the mealtime experience. Dinner tables are set, and music provides a pleasant atmosphere. People are asked what they would like to eat and can choose to have this in the dining areas or in their bedroom. People told us the food is very nice and if they want something different, this is provided. Specialist diets are catered for, and we saw guidance about this in dining areas to give information to care staff. People are not rushed during mealtimes. We saw staff sitting and talking with people afterwards when completing care records.

People are supported with their health and wellbeing. We saw call bells are responded to in a timely way. People told us if there is something wrong, the provider makes sure medical attention is sought, including during the night. People have specialist equipment in place to support with mobility and other health concerns. The district nurse team attend the service. The manager said they have a positive working relationship with them. Where people experience a change to their health, the manager carries out an assessment to ensure the correct support is in place and the service can continue to meet their needs.

The provider is working on improving the oversight and reporting of incidents, accidents and safeguarding. This is improving as staff become more confident in using the systems in place and receive training. There is good evidence of record keeping so when there is a concern, the provider is able to evidence what has happened and what action has been taken. Policies and procedures give guidance and support on processes and who staff can contact if they need additional support.

People live in accommodation which is accessible and meets their needs. People can mobilise independently and are free to access different areas of the home.

## Care and Support

People are happy with the care and support they receive. People told us they can spend their time how they want to, and staff respect their choices. We saw people choose to spend time in the communal areas of the home, their own rooms and in the activity room. Care staff know people well, and we observed caring and respectful interactions. On the day of our visit, people were enjoying visiting the hairdresser. We saw people looked tidy and well dressed. People had been making decorations ready for Halloween. There is a mobile library with a selection of magazines and books for people to use. We saw staff engaging in memory games with people throughout the morning and people had dolls and soft toys which appeared to provide comfort.

On the day of inspection, we found there to be a suitable number of staff working on shift, which meant people were being supported to have baths and showers. Care staff told us this can be difficult at times if staffing levels are low. We reviewed the care rotas and saw the provider ensures appropriate numbers of staff are rostered on each shift and where unexpected absences occur, this is addressed by the use of agency staff or the service manager providing support.

The provider has recently implemented an electronic care records system. The manager told us there has been additional training and support around the effective use of the system and feels they are now more confident with this. At the last inspection we identified improvements were needed to the consistency and structure of care records. Personal plans contain good information about people's life history and the provider has started to ensure people and or their representative are involved in the completion and review of personal plans.

We saw good evidence of daily checks and a "nudge" system ensures specific checks are carried out. This provides evidence of staff ensuring call bells and sensor mats are activated when needed and the care which people have received through the day.

## Environment

People live in an environment which promotes their independence. All areas of the home are accessible including outdoor spaces. People have the choice to spend time in a number of communal areas or in their own rooms. Bedrooms are personalised to peoples taste and they are encouraged to have items of importance to them. Some people have made signs and other decorations to help them identify their room. The provider makes a record if people choose not to do this.

We saw people mobilise independently around the home to access the activity room and other communal areas. Care staff support people who need it to spend time where they choose to. The home has bilingual signage which is dementia friendly to help people find their way around.

The provider employs a maintenance person who is responsible for maintaining the environment. There are measures in place to make sure health and safety is maintained. The maintenance person keeps a record of all checks carried out including safety certificates for areas such as gas safety and fire checks.

## Leadership and Management

People are consulted about their views and opinions. We saw resident meetings take place on a regular basis which people like to attend. People share what they feel is going well and what they would like to see change. In a recent resident meeting, people said they were happy with the way they are consulted about their opinions. The statement of purpose and guide to the service describe what people can expect if they choose to live at Plas Cae Crwn. People have access to information about who they can speak to if they have a concern.

During the inspection visit we found there to be a sufficient number of care staff to meet the needs of people living at the service. We reviewed staffing levels and found them to be consistent. Where staffing issues are experienced, the provider uses agency staff to ensure people's needs are met and works with the team in order to support. The provider continues to recruit with the support of a recruitment team.

People benefit from an experienced staff team, some who have worked at the service for a long time and know people well. Care staff told us they felt supported and are offered supervisions to discuss their work. Regular staff meetings take place which ensure key messages are communicated and people can discuss any topics they want to. Staff can also access a Whistleblowing phoneline, email and drop in sessions which encourages people to raise any concerns. Care staff benefit from having access to an onsite trainer who supports with safe moving and handling and dementia care. The service manager and wider management team continue to support staff with supervision, appraisal and training as well as use of the systems which support the effective running of the home.

The RI for the service, visits on a regular basis, taking time to speak with people who live there and the staff working there. There is good communication between the management team which means the RI knows what is happening in the service and has a good knowledge of people who live there. On the day of our inspection the quality assurance manager was carrying out an internal audit of the home. This supports the manager in identifying areas which are working well and if any changes are needed to drive quality improvement within the home.

### 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
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
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15	Personal plans and risk assessments do not contain sufficient, accurate information for how people's care is to be provided.	Reviewed
16	People are not always involved in regularly reviewing their personal outcomes	Reviewed
26	Processes in place to make sure people are as safe as they can be need to improve to ensure good outcomes for people.	Reviewed
36	The provider has not ensured staff have regular supervision and an appraisal of their work.	Reviewed

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