



Inspection Report on

Plas Cae Crwn

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

Date Inspection Completed

14/06/2023

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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	This is the first inspection for this service since registration of the new provider.
Does this service provide the Welsh Language active offer?	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 happy with the care they receive at Plas Cae Crwn and speak highly of the staff who support them. They are treated with respect by staff who demonstrate a commitment to improving people's lives. Activities are tailored to people's likes and wishes helping people to achieve their personal outcomes.

People have access to health professionals as and when they require it. Personal plans and risk assessments need improvement to make sure staff have the right information to provide the right care and support to people. Improvements to communication and reporting procedures are needed to make sure people are kept as safe as possible. There is a programme of redecoration in place to make sure the environment remains suitable for people to live in.

Staff have training relevant to the role they perform at the service. The frequency of one-to-one meetings between staff and their line manager needs improvement. This is to make sure staff feel supported to carry out their role effectively. 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 an oversight of the service and visits regularly.

Well-being

People have opportunities to exercise choice and control over their day to day lives. They can choose where they want to spend their day, what they want to eat and drink and what activities, if any they want to be involved in. People's views about the service are sought through resident meetings, discussions with staff and surveys undertaken by the provider. The service is working towards supporting people who want to have their service in Welsh. Signage in communal areas is in Welsh and English. Some key documentation including the statement of purpose is available in Welsh. Staff tell us Welsh speaking people living in the service are enjoying helping them to improve their Welsh language skills.

People are supported to manage their physical and mental wellbeing. Without exception, staff show a commitment to making people as comfortable as possible. People are treated with respect and kindness. Activities are person centred, Staff take time to ask people what interests them and what they want to do. Group activities include knit and natter, pub night and bingo. A coach trip to the seaside is planned because someone asked for this. Referrals are made to health and social care professionals when needed. Improvements are needed to care documentation to make sure staff have the right information to support people how they want to be supported. People should be given the opportunity to regularly review their personal outcomes in relation to the care and support they receive to see if they want to make any changes.

Systems in place to keep people as safe as possible need improvement. Access to the service is by authorised personnel only. Risk assessments, communication within the staff team and reporting of incidents needs to improve. This is so all relevant information is relayed to staff and outside agencies in a timely way to ensure people are as safe as they can be.

People live in accommodation which suits their needs. Accommodation is on one level so people can move freely around the home. Ongoing improvements are being made to benefit people. Systems are in place to make sure equipment is maintained regularly.

Care and Support

People are supported by staff who are kind and patient. People look relaxed in their company. Comments from people include “*staff are lovely, very helpful*”, and “*staff are helpful, very good food just like I have at home.*” The mealtime experience is good with staff available to give people support when they need it. Staff talk to people about what their interests are and what they would like to do so activities are tailored to what people enjoy.

People, and /or their family or representative participate in initial assessments of their needs to make sure staff have information about what is important to them. The service uses an electronic care planning system. Records seen are inconsistent and confusing to follow. Whilst information about people’s life history is detailed, care and support plans are not always accurate or clear for staff to follow. We could not evidence people are involved in reviewing their personal outcomes. Staff tell us they are struggling to do reviews of the care documentation because they do not have time. The management recognises further improvements are needed to make sure staff are confident using the system and have the right information to safely support people. Further training is planned. This is an area for improvement, and we expect the provider to take action.

People are supported with their physical and emotional wellbeing. Referrals are made to health and social care professionals in a timely way. Systems are in place to manage medication safely. A policy is in place to guide practice. Staff have medication training, their competency is assessed, and we saw evidence of reflective practice in one-to-one discussions where issues have been identified.

Processes to safeguard people need improvement. Staff we spoke with were able to tell us the process to follow if they suspect a person’s wellbeing is compromised. Policies and procedures are in place to guide practice and staff have safeguarding training. However, information in risk assessments is limited and does not always show measures in place for staff to manage an identified risk. Handovers after each shift do not involve all relevant staff meaning essential information about people’s wellbeing is not shared. A new incident reporting system is in place which means senior management will receive all incident reports and make appropriate referrals without delay. However, the manager and staff tell us incidents/safeguarding are not always identified and reported in a timely way. This is an area for improvement, and we expect the provider to take action.

Environment

People live in an environment which promotes their independence. Accommodation is on one level meaning people who can, move freely around the home. Bedrooms are personalised with items important to them. People who need it have equipment to aid their mobility. This is serviced regularly to make sure it is in good working order. People spend time in their bedroom or the lounges depending on where they are comfortable. Some signage in the home is in Welsh and English. Not all bedrooms have names on the doors or something important to help people, particularly those with dementia to recognise their bedroom. The manager said this is discussed with people and plans to record their decision in their personal plans. There is a programme of redecoration in place. The manager told us new furniture has been purchased for the bedrooms as part of this programme.

The gardens are accessible to people. There is an inner courtyard with flowers people have planted. The garden furniture needs painting to make it more inviting for people to use. The manager told us people living in the home are currently choosing new furniture they want for outside. Staff told us a gazebo is on order so people can sit in the shade. We saw people using the outside space. They told us they enjoy being out in the garden. The home is clean and tidy, bathrooms are clean with liquid soap and hand towels for use. Personal protective equipment is available in all areas of the home. Staff have infection control training.

People are safe from unauthorised visitors entering the building. Our identification was checked on arrival. Visitors are asked to sign the visitor's book when they enter and leave the building.

There are measures in place to make sure health and safety is well managed. We saw the maintenance officer carries out regular checks of the environment. There is a book staff use to report any maintenance issues they see so they can be addressed. Fire safety checks and checks of the equipment including hoists are carried out regularly.

Leadership and Management

People have information about the service and how to raise any concerns they may have. Resident and staff meetings are held as well as surveys to gain the views of people using

and working at the service. The statement of purpose and guide to the service describe what people can expect if they choose to live at Plas Cae Crwn.

During our visit, there were sufficient staff on duty to meet people's needs. The manager tells us there is little need to use agency staff, new care workers have been recruited meaning shifts can be covered. Recruitment practices make sure relevant checks are carried out before staff start work. They have training relevant to the role they perform in the service. Staff tell us training opportunities are good now. There is a new online system and more face-to-face training delivered at their request.

Management support for staff needs improvement. Team meetings are held so information can be shared. The home is not running at full capacity, but staff are not having one to one supervision meetings as often as they should be. Staff tell us morale has been low recently however, they say it is now starting to lift. They raised concerns including not having time to complete paperwork and concerns about the lack of senior cover in the home during lunch time. These issues were raised with the RI and manager who gave assurances they will involve staff in discussions about how this can be resolved. Staff told us they feel well supported by the wider management team and said increased training has helped to increase their confidence and knowledge. Not everyone has an annual appraisal of their work. This needs to be addressed to ensure staff have the right support. This is an area for improvement, and we expect the provider to take action.

There is a clear management structure in the service. The RI visits regularly and talks to people living in the home and staff. Staff tell us improvements are being made to the overall leadership and management and this ongoing. The management have recognised audits of areas including falls need to improve and have put systems in place 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
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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.	New
16	People are not always involved in regularly reviewing their personal outcomes	New
26	Processes in place to make sure people are as safe as they can be need to improve to ensure good outcomes for people.	New
36	The provider has not ensured staff have regular supervision and an appraisal of their work.	New

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