



Inspection Report on

April Court Care Home

**April Court Care Home
137-144
St. Helens Road
Swansea
SA1 4DE**

Date Inspection Completed

30/08/2024

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About April Court Care Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Wellchime Ltd |
| Registered places | 78 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 19 July 2023 |
| Does this service promote Welsh language and culture? | This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service. |

Summary

April Court is a lively home with a team of friendly, hard-working staff. People value their interactions with care staff and enjoy spending time with others in the home's communal rooms and gardens. People's needs and wishes are outlined within detailed personal plans. Care staff are familiar with these and committed to helping people have the best possible experiences. However, they must keep more accurate records of the care and support they provide and ensure this is consistent with personal plans.

Staff have adjusted to changes within the team and are working together to improve care practices. The home is run by a manager and new deputy, who is also the clinical lead. Managers set high standards for care staff, providing them with the training and support they need to carry out their roles well. The Responsible Individual (RI) and Head of Region oversee the running of the home and support managers to raise standards.

People are invited to contribute their views to help drive service improvements. To fully protect people's rights, managers must ensure people do not face restrictions without legal authorisation. The provider invests in resources to improve the delivery of the service and the accommodation and facilities. There are frequent renovations to enhance people's living environment.

Well-being

People live in accommodation that has a good range of facilities. Private and communal rooms are suitably adapted to meet people's needs. They are generally bright, spacious and well-furnished and decorated. People enjoy spending time outdoors in the home's two attractive gardens. The provider has invested heavily in upgrading indoor and outdoor areas. Managers are considering ways to enhance the décor further, so hallways and bedrooms are more homely and include dementia-friendly features.

People receive emotional support and assistance from care staff, which helps them lead a happy, healthy lifestyle. Care staff have a good understanding of people's needs and preferences. People told us *"There's no fault with the care"* and *"They are very good; I've no complaints"*. People receive appropriate support with their medication, to promote their continued health and well-being. They have opportunities to socialise with others and do things they enjoy, although their activities and interactions could be better captured within records.

People are cared for in a dignified and respectful way. They enjoy meaningful interactions with care staff, who support them to make their own decisions as far as possible. People's views are respected by the RI and considered when identifying service improvements. The service works with other professionals to make best interest decisions for those who are unable to contribute to decisions about their care. However, Deprivation of Liberty Safeguards (DoLS) procedures must be tightened, as there have been occasions when authorisations have expired or requests for renewals have been delayed.

People have enjoyable mealtime experiences. One person said, *"The food is lovely; you can have what you want"*. A relative also commented *"They have a better menu than I have at home... different varieties of meals and desserts"*. Weight audits are carried out regularly and medical referrals are made where there are concerns about people's weight, nutrition or hydration. However, record-keeping must improve to ensure professionals have access to accurate information about what people eat and drink.

The service promotes people's safety. Personal plans identify what matters to people and how care staff should safely support them. Managers keep staffing levels under review to ensure people continue to receive timely care and support. The building is secure and properly maintained. To further reduce environmental hazards, managers have agreed to look at alternative arrangements for storing equipment. The provider invests in resources which help the home run smoothly. Staff go through a robust recruitment process to ensure they are fit to work in their caring roles. They receive effective training and support to practise safely. Managers are open and responsive to concerns. The RI regularly visits the home to monitor the quality of the service and promote its continuous development.

Care and Support

People enjoy meaningful activity and interaction. We heard conversation and laughter flowing freely as people socialised with staff and managers. One person said, “*They’re a very good bunch here*”. Care staff have a good understanding of people’s backgrounds, care preferences and routines. They support people to make decisions regarding their day-to-day activity. People feel there is plenty going on to keep them occupied and stimulated. For example, they enjoy frequent visits from singers and various art and craft activities. They have also enjoyed partying with family and friends during a summer fete. Some care staff receive designated time to promote activities. The service plans to recruit an extra full-time well-being coordinator to support a more structured programme of activities.

The service makes DoLS applications to secure the necessary authorisations for people who are unable to make decisions about their care and accommodation. However, renewals are not always requested before they expire and details regarding authorisations and attached conditions are not always reflected within personal plans. Therefore, managers need to follow DoLS procedures more carefully to ensure people are not deprived of their liberty without lawful authority. This is an area for improvement and we expect the provider to take action.

The service uses an electronic system to plan and record people’s care. It prompts staff to complete essential tasks and make detailed, time-specific recordings. We saw clear records of the support people receive to maintain their personal hygiene and skin integrity. However, records relating to other aspects of care are inconsistent and do not show that people’s weight, nutrition and hydration are being monitored in line with personal plans; an issue also identified during internal audits. Failure to maintain accurate records could impact assessments and affect care and treatment decisions made by professionals. Records relating to activities and interactions are also limited and do not accurately reflect the social and emotional support people receive. Care staff must keep accurate records of the care and support they provide and ensure this is consistent with personal plans. This is an area for improvement and we expect the provider to take action.

The service develops personal plans which outline in detail people’s care and support needs. They also provide insight into who people are and how care staff should minimise risks to their safety and well-being. Staff regularly review personal plans and make specialist referrals to promote people’s health and well-being. They keep relatives updated about changes and consult them about care arrangements. People consistently receive their prescribed medicines, which are stored and administered safely. The home has a varied menu for people to choose from and care staff assist people with their meals in a dignified way. We also saw care staff carrying out moving and handling procedures correctly and communicating with people in a calm and reassuring manner.

Environment

The environment promotes both privacy and social interaction. People spend time together relaxing or completing various activities in the spacious communal rooms. These are light, welcoming and suitably furnished. There is also space for people to meet privately with visitors if they wish. Dining rooms are thoughtfully presented at mealtimes, creating an inviting atmosphere that encourages people to eat well together. People often enjoy the peace and privacy of their own bedrooms, which are set out and furnished according to their needs and wishes. We saw some damaged furniture which managers assured us would be replaced. The home's two enclosed gardens have a peaceful, private feel. We saw people using both gardens at their leisure. The larger garden has a greenhouse and raised flowerbeds for people to enjoy gardening activities.

Work to enhance internal and external areas is underway. The home is a listed building that also houses a GP practice. Considerable work is continuing to restore exterior walls while maintaining the building's original appearance. Bedrooms and hallways are also being refurbished. Managers told us of plans to add colour to these areas to make them more homely. They are also considering dementia-friendly features that will help people easily identify with their surroundings.

The home is maintained to a good standard of cleanliness. A food hygiene rating of 5 (very good) was awarded by the Food Standards Agency in November 2023. Domestic staff follow checklists to ensure all parts of the home are kept clean. Cleaning materials and personal protective equipment (PPE) are easily accessible. We saw care staff promptly cleaning up after meals. An officer from the Local Health Board has carried out recent infection control audits and supported the home to improve standards. There are plans to appoint infection control champions, who will receive further training. We found the flooring to be peeling away at the edges in a sluice room and some toilets. This needs to be addressed, so these areas can be effectively decontaminated.

The building is safe and secure. Exits are fitted with keypads to prevent people leaving the building without support. Visitors cannot enter the building without permission. Gardens are secure and windows above ground level are restricted. People have the safety equipment they need, which we found to be in good working order. Equipment is serviced within recommended timescales, although better storage arrangements will help eliminate potential trip hazards. Managers have discussed this issue with the company's design team and will address it as part of ongoing renovations. The home employs a maintenance officer to carry out general repairs and routine health and safety checks. Fire safety is a high priority as prompt action is taken to address any concerns highlighted following independent fire risk assessments. Regular fire drills and fire safety checks are carried out. All staff complete training in relation to fire safety and health and safety.

Leadership and Management

Managers review and adjust staffing levels to meet people's care and support needs. Care staff told us staffing numbers have recently increased to accommodate the home's growing occupancy, which we saw reflected in rotas. The service generally uses the same group of agency workers to cover nurse vacancies, mostly during night shifts. Nursing staff are allocated to work on the same unit for a given period of time, providing good continuity of care and clinical oversight. People told us they have regular contact with care staff, who are visible within communal areas. Staff feel they are gelling as a team after experiencing some staff and management changes. New staff undergo the required recruitment checks to ensure they are suitable for care work. This includes a check via the Disclosure and Barring Service (DBS), which is renewed every three years.

Staff receive effective support. They complete a range of mandatory and specialist training relevant to their roles. This is delivered in person and online. Staff are allocated extra training when needed, to support their continuous learning and development. The Head of Region told us in-depth training around recognising early signs of declining health is being organised for care staff, so they can be as proactive as possible in accessing specialist advice and guidance. The deputy manager has also provided focused training and supervision to help staff better understand certain aspects of care and improve their practice. Staff reflect on their roles, performance and goals during their routine, one-to-one supervision. The manager has also prepared to complete staff's annual appraisals during September. Staff are clear about the home's whistleblowing policy and can discuss any concerns during staff meetings and formal supervision. Staff spoke fondly about the people they support and the relationships they have built. They are confident managers would act upon any concerns regarding people's welfare.

The quality of the service is closely monitored. The RI regularly visits the home and gathers feedback about people's experiences. In addition, well-being coordinators often support people to complete quality questionnaires, which the manager reviews and actions. These systems help identify service improvements, so people continue to have positive experiences. People appear at ease when speaking with managers. We saw them happily discussing what was important to them and enjoying light-hearted conversation. The home's statement of purpose informs people about how to make a complaint and access advocacy support. Managers investigate complaints and any concerns about practices in the home. Records confirm that outcomes of investigations are clearly communicated and acted upon. Staff told us the RI and managers are visible and approachable.

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.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|--|--------|
| 31 | People have been deprived of their liberty without lawful authority. The service provider must ensure Deprivation of Liberty Safeguards (DoLS) | New |

| | | |
|----|---|-----|
| | procedures are consistently followed. | |
| 21 | Care recordings do not consistently demonstrate that people receive care and support in accordance with their personal plans. The service provider must ensure that where individuals are identified as being at risk of weight loss or dehydration, there is effective monitoring of weight, nutrition and fluid intake. The support people receive in relation to activities and well-being must also be accurately documented. | New |

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