



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

02/07/2024

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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	10 October 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 living at Plas Cae Crwn are supported by a friendly, committed staff team who treat people with respect. They are able to enjoy a varied activities programme which they are involved in developing. Personal plans are centred around the individual and provide good information for care staff to follow. Opportunities for people to be involved in reviewing their personal outcomes and having more choice around some aspects of their personal care need to improve, as does audits of health records and medication management to ensure people are kept as healthy and safe as possible. Care workers are recruited safely and have training to develop their knowledge and skills. Improvements are needed to the support and guidance care staff receive so they feel more supported and confident in their role. The environment is clean, tidy, and appropriately maintained. The RI has very good oversight of the service. They, along with the rest of the senior management team are committed to the ongoing improvement and development of the service. They are proactive and responsive to issues raised with them.

Well-being

People have choice and control in most areas of their day-to-day life. They can choose where to spend their day, what activities they want to join in and what they would like to eat and drink. However, making decisions around when and how often they bath or shower or being involved in reviewing outcomes in their personal plans is limited. There are opportunities to give their views on the service, but suggestions are not always actioned quickly. The provider is working towards the Welsh Active Offer. Signage around the home is bilingual and key documents can also be made available bilingually.

People are supported with their physical and emotional well-being. They can do as little or as much as they want with their time. The activities coordinators work hard to get to know people so they can tailor activities to their individual preferences. People spoke enthusiastically of a planned trip on the canal and recent trip to the garden centre. They enjoy visits from friends and family. We saw people spending time in their rooms doing things important to them including reading or watching the television. Other people were going out meeting friends in the community. Information in personal plans has improved and is centred around the individual. However, improvements are needed to medication management and the monitoring of health needs to improve outcomes for people and keep them safe.

Processes to keep people as safe as possible have improved but need further monitoring. Care staff spoken with know the process to follow if they are concerned for people's well-being. They have training relevant to safeguarding. Deprivation of Liberty Safeguarding (DoLS) referrals are made to ensure people are lawfully deprived of their liberty. Further training has been arranged for management and staff to increase their knowledge in this area.

People live in accommodation to meet their needs. Their bedrooms are personalised to suit their needs and lifestyle. Systems are in place to identify and mitigate risks to health and safety to support the well-being of people involved with the service.

The provider has implemented measures to support the day to day running of the service and to ensure issues raised from recent safeguarding referrals and the inspection are addressed for the benefit of people living and working at the service.

Care and Support

People enjoy good relationships with care staff who are kind and considerate. They know what is important to people. We witnessed friendly interactions between individuals and care staff with gentle reassurance and guidance given when needed. People told us “*Staff are very kind*” and “*I feel well looked after here.*”

Care staff work hard to provide care and support in line with people’s personal plans. These documents are person centred showing what is important to the person. They are detailed and have relevant up-to-date information for care staff to follow. Risk assessments have clear guidelines to reduce any identified risk to the individual. Whilst some people and/or their representatives have had opportunities to review their personal outcomes, this has not yet been extended to everyone. This was raised as an area for improvement at the last inspection. The provider has given assurances opportunities will be made available for individuals and/ or their representatives to be involved in regular reviews. This continues to be an area for improvement, and we expect the provider to take action.

Some improvements to the care and support people receive would benefit and improve their well-being. The provider has put measures in place to strengthen the admission process. This includes ensuring better communication with external professionals prior to admission and regular meetings to support people in their transition to the service. Records seen show people are not having baths or showers as often as they want. They have raised this in their regular resident/relative meetings. This was confirmed by care staff who told us staff shortages impacts on the care they can give people. Agency staff are used to supplement the permanent staff, but it is often difficult to cover shifts at short notice. Some people who choose to have their meals in their bedrooms, tell us food is not always as warm as it should be. We saw this had been raised previously during a residents meeting and has not been sufficiently addressed. Information about individual health needs is detailed in their personal plan. Records show medical services are contacted but this is not always timely or consistent. Records for people who need their food and fluid intake monitoring to maintain their well-being, are not always fully completed, or appropriately monitored. This is an area for improvement, and we expect the provider to take action.

The provider uses an electronic system for the management of medication. Care staff who administer medication have training and their competency is regularly assessed. Frequent medication audits take place. However, we found errors in medication management with potential to impact on the well-being of people. This is an area for improvement, and we expect the provider to take action.

Processes to keep people as safe as possible need to further improve. Issues identified during the inspection continue to put people at potential risk of harm and impact on their wellbeing. This includes inconsistent monitoring of people’s health needs and untimely

reporting to health professionals and inadequate management of medication. This continues to be an area for improvement, and we expect the provider to take action.

Environment

People live in an environment which helps to promote their independence. Accommodation and communal areas are on one floor making it accessible. Bilingual signage helps people to find their way around. We saw people who could, walking freely around the home and spending time in the garden which is accessible. Bedrooms are personalised with items of importance to them. We saw individuals spending time in their own room or socialising in the lounge areas. They said care staff respect their decisions about where they spend their time. Outside space is accessible and safe. Garden furniture in the courtyard area would benefit from refurbishment but this is a nice safe space for people to enjoy.

Infection prevention and control measures are in place which include training for staff. Personal Protective Equipment (PPE) is available throughout the service. Housekeeping staff told us they have sufficient equipment and products to do their job. We saw them working hard to make sure all areas of the home were clean and tidy. They engaged in friendly conversations with people in their bedrooms as they went about their work.

Measures are in place for the maintenance of facilities and equipment at the service. At the time of our visit, a new maintenance officer had been recruited and was going through the required recruitment checks. The home is currently being supported by a maintenance officer from another service within the organisation. Appropriate checks are carried out including fire safety checks. Equipment including hoists and slings are tested regularly.

All visitors must ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Confidentiality is maintained with personnel records available to authorised staff and care records are held electronically.

Leadership and Management

Systems are in place for the oversight of the service to drive improvement. This includes regular audits of accident, incidents, and safeguarding referrals. These are overseen by the senior management team who have been proactive in addressing issues raised from safeguarding investigations. The RI visits the service regularly and talks to individuals and care staff to gain their views. A six-month review of the service shows what is working well and where improvements are needed.

Care workers told us they enjoy their job but do not always feel supported in their role. They told us morale amongst the team is low. Contributing factors to this include shortages of care workers. There is a heavy reliance on agency workers to help ensure the home is fully staffed whilst the provider is actively looking to recruit permanent staff to the team. Some care staff feel well supported by the management team who they say are approachable and supportive. A comment includes “*I love my job.*” Others feel frustrated that issues raised are not always dealt with in a timely way. Comments include “*nothing changes,*” and “*we are not listened to.*” The frequency of one-to-one meetings between care staff and their line managers has improved since the last inspection. Annual appraisals of their work where they can reflect on their practice and identify any areas for training and development to support them in their role have not all been completed within the required timescale. The provider has given assurances this will be addressed. Support for staff remains an area for improvement to make sure they feel supported in their role and are confident that issues raised with the management team will be considered in a timely way.

Recruitment practices ensure new staff do not start work until all the required checks are in place. They are supported to register with the workforce regulator Social Care Wales. Training opportunities have improved, and more is planned to further develop the skills of the care staff team.

The provider recognises improvements are needed to establish, develop, and embed a culture which ensures the best possible outcomes are achieved for people. Increased management resource is in place to support the day-to-day running of the home. Action plans are being developed taking into consideration outcomes from recent safeguarding meetings and issues raised as part of this inspection to help improve outcomes for people.

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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58	The provider must ensure medication practices support the wellbeing of individuals and enable them to have their medication as prescribed.	New
21	The standards of care and support do not always support people to meet their personal outcomes and impacts on their wellbeing.	New
16	People are not always involved in regularly reviewing their personal outcomes	Not Achieved
26	Processes in place to make sure people are as safe as they can be need to improve to ensure good outcomes for people.	Not Achieved
36	The provider has not ensured staff have regular supervision and an appraisal of their work.	Not Achieved
15	Personal plans and risk assessments do not contain sufficient, accurate information for how people's care is to be provided.	Achieved

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