



Inspection Report on

April Court Care Home

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

Date Inspection Completed

15 & 16 December 2021

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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	17 December 2019
Does this service provide the Welsh Language active offer?	Working Towards. The service 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 the Welsh language and culture.

Summary

People and their relatives are happy with the care and support they receive. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care staff are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made in order to promote peoples' health and well-being. Opportunities for people to take part in activities are available.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The management team have put checks and processes in place to keep service delivery under constant review.

Improvement has been made to supporting and developing staff with supervision and appraisal and the rear garden has been successfully developed into an accessible area to rest and relax.

Improvement is required with monitoring of care activities such as food and fluid and ensuring emergency call system buttons are available to all residents.

Well-being

People have control over day-to-day life. People told us they get on well with staff and commented, *“the staff go the extra mile”* and *“they’re always there to help me”*. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them. Staff told us they feel well supported by the management team and commented, *“everything is provided for by the management team”* and *“there is good team work”*.

People mostly get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry and physiotherapy. This is confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at April Court. However, monitoring of care activities requires strengthening and is discussed later in this report.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to the residents. Throughout our visits on both days, we observed a number of organised activities taking place facilitated by care workers as the two activities coordinators have left their posts. People told us they enjoy taking part in a variety of activities such as arts and crafts and having a singalong. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people’s records.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People living at the home tell us they feel safe and secure.

People live in suitable accommodation, which overall supports and encourages their well-being. People’s bedrooms contain personalised items of their choice and are suitably furnished. They have facilities, which encourage their independence and enables them to have private time. However, emergency call system button leads need to be reviewed with view to ensuring these are available to all residents. This is discussed later in this report.

Care and Support

People are provided with the care and support they need, but this could be improved further by more consistent completion and monitoring of care documentation. We examined a sample of care files which all required reviewing and updating. Diet and nutrition records (All Wales Fluids Charts) were inconsistently completed resulting in insufficient monitoring of people's fluid intake. The sample of records seen by us show that skin integrity monitoring and risk assessments also need updating. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People enjoy a positive dining experience. We observed people during two lunchtime meals and saw the care workers assist people in a relaxed and dignified way. Dining tables have tablecloths, flowers, placemats, cutlery and condiments in place in readiness for the meal being served. Staff assist residents in a respectful and dignified way and are aware the people's dietary requirements. Where people wish to dine alone or eat in their rooms this is respected and facilitated by the staff.

The service has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff.

Policy, procedure and application of hygienic practices and risk of infection are in place. Staff demonstrated an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stock of PPE and there are PPE stations in various areas throughout the home.

Environment

The service provider ensures the environment supports people to achieve their personal outcomes. The home is informal and relaxed. We saw people sitting in the two lounge areas on the ground floor in both parts of the home, sitting in the comfort of their bedrooms, relaxing or asleep in bed. The accommodation is clean and comfortable and benefits from good quality decor and furnishings. We were told by the manager that ongoing refurbishment work to the bedrooms is taking place and further works are planned. This includes the refurbishment of the smaller garden in the residential side of the home. This follows a successful development of the rear garden on the nursing side of the home. Bathrooms and other communal areas are clean and free from excessive clutter.

The service provider mostly ensures measures are in place to manage risks to people's health and safety. Maintenance records show that checks are carried out to identify and address any issues; we saw these checks are up to date. Materials that have the potential to cause harm are well organised and stored securely in various secure cupboards at the home. Window restrictors are in place to ensure people's safety. Emergency alarm pull cords in some instances are tied up out of the way. These were immediately freed by the manager who informed us emergency call bell audits are carried out at the home. We saw records of these checks. However, during inspection of a sample of bedrooms, we identified that two bedrooms did not have the emergency call system alarm button leads in place. The manager informed us that this would be addressed immediately. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The home is safe and secure. Visiting professionals are requested to undertake a lateral flow test and sign into a visitors' book on arrival, ensuring people's safety is maintained. Visitors are also required to have their temperature taken, complete a short questionnaire and follow the home's infection control procedures in relation to COVID-19. There is a visitor pod at the rear of the building, which has recently been developed. This is clean and well organised. Information is stored securely electronically and in a locked office and care documentation is treated sensitively ensuring people's privacy is upheld.

The laundry room is well organised and has a separate entry and exit. Appropriate systems are in place and all laundry equipment is in working order. There is shelving for linen storage in place, ironing and labelling facilities. There is a storage area for household waste and clinical waste bins.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment care planning, monitoring and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated.

Records seen by us relating to how the service is delivered were sufficient. Care files contain person centred information, personal plans, risk assessments and are well organised. Arrangements are in place for the oversight of the service, through ongoing quality assurance processes that review standards of care. Quality of care reviews and visits to the service by the RI are completed consistently. Audits of care practices are in place and mostly completed but monitoring of care such as food and fluid and skin integrity would benefit from reviewing. People and relatives told us they felt management listened to them and their views are respected.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The manager told us of plans for investment at the home such as the creation of a quiet lounge which has had to be put on hold during the pandemic. The room earmarked for the quiet lounge has been used to create the Covid 19 - secure visiting pod, which has enabled families and residents to see each other safely. Outdoor facilities have been improved with the extensive remodelling of the garden. The ongoing programme of refurbishing bedrooms continues.

There are sufficient numbers of staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available and this was seen during our visit. People living at the home told us “*yes, the staff are very helpful*” and “*they are very good, I can always get help when I want it*”. A relative commented “*the staff seem to have the skills and training to support my relative*” and another commented, “*the staff are excellent*”. The sample of staff supervision and appraisal records seen were carried out at the required frequency and staff files are well organised. We were shown a training matrix, which includes mandatory courses as well as other courses. The staff training matrix needs updating to ensure staff are completing all the training required.

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
48	The registered person is not compliant with regulation 48 - Facilities and equipment because emergency	New

	call systems did not have the alarm call button leads attached in place in 2 of the bedrooms seen by us in the sample of rooms checked. The emergency alarm pull cords in several bathrooms and toilets were tied away and maintenance had to be called in one instance to address this.	
21	- The registered person is not compliant with regulation 21 - Standards of care and support. - This is because monitoring of care plans were not kept up to date or fully completed. Auditing of care files failed to identify where omissions in monitoring had recordings had occurred.	New
36	The registered person has not ensured that any person working at the service receives appropriate supervision and appraisal at the required frequency.	Achieved

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