



Inspection Report on

Plas Cwm Carw Care Home

**Plas Cwm Carw Care Home
Oakwood Lane
Port Talbot
SA13 1DF**

Date Inspection Completed

03/02/2023

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About Plas Cwm Carw Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	66
Language of the service	English
Previous Care Inspectorate Wales inspection	10 June 2021 & 11 June 2021
Does this service provide the Welsh Language active offer?	The 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

Plas Cwm Carw Care Home has a new team of managers who have clear priorities and are committed to embedding new and improved ways of working. The responsible individual (RI) oversees the running of the home and is monitoring service standards. Standards are also being monitored closely by commissioners, who have implemented a corrective action plan for managers to progress. This is to drive up standards in relation to care and support, the environment and quality of leadership and management.

People have regular interaction with care workers which enhances their well-being. Care workers are willing to embrace changes that will improve people's experiences. The service is making improvements to its care planning and medication systems, which must continue.

The service uses regular agency workers to maintain safe staffing levels. A recruitment drive is underway, but the recruitment process needs to be more robust to ensure staff are adequately suited to their roles. The level of training and formal supervision of staff is increasing. Staff communicate well as a team and feel supported by managers.

The home has the facilities to meet people's care and support needs. Work is underway to personalise rooms further and make them more stimulating for people. Although overall standards of hygiene are improving, these must be maintained to reduce infection risks. Staff must also ensure that hazards are identified and reduced where possible to protect people from harm.

Well-being

The service is making improvements to ensure people receive a consistently safe, good quality service. Managers are progressing an internal action plan that includes the areas of concern identified by commissioners. Staff and managers are clear about their responsibility to keep people safe and to report any concerns about their welfare. Records confirm that staff complete training in relation to safeguarding. Those using the service are confident managers would listen to their concerns and take them seriously. Communication amongst staff is good and the level of training and support they receive is improving. We observed managers giving informal training and support, which care workers responded positively to. The recruitment and selection of staff must improve to ensure staff are suitable and effective in their roles. There are systems in place for maintaining a safe environment, although people have been exposed to hazards due to staff not keeping sluice and storage rooms locked. This must be addressed.

The service has the necessary facilities and equipment to promote people's health, independence and social well-being. People feel comfortable in their home, where they have opportunities to socialise with others. The home is generally well decorated and furnished. Colour contrasts and adaptations help people orientate to their surroundings and move around safely. Communal and private rooms have some homely touches, although there is scope to improve the level of stimulation for people within some rooms. Work has begun to personalise rooms, so they best accommodate people's particular needs and wishes. Action has been taken to improve standards of hygiene and infection control, although further improvement is needed to ensure acceptable standards are maintained.

People's care and support needs are generally recognised and understood. Overall, we received positive feedback from people and their families about the care they receive. People told us they are happy in their home and enjoy spending time with others. Personal plans are kept under review, although managers are working with staff to improve the quality and accuracy of the information they contain. A new record keeping system has also been introduced, which prompts care workers to deliver and accurately record the care they have provided. The service must ensure people are fully involved in the review of their personal plans. Action is being taken to address this. People receive their prescribed medicines and have access to the medical and specialist services they need. Work is underway to improve medication systems and minimise the risk of errors.

People are treated with dignity and respect. Care workers show an active interest in people's well-being and take time to listen to their thoughts and feelings. We saw people choosing where to spend their time and being given the opportunity to take part in a planned group activity. Care workers promote independence and are respectful of people's decisions.

Care and Support

The service completes risk assessments and personal plans that identify how care workers should meet people's care and support needs. These are generally detailed enough and take account of people's care preferences and routines. However, we found some information to be inaccurate or out of date. There is also little evidence that people have been involved in regularly reviewing their personal plans. Senior staff are in the process of completing care reviews with people and their representatives. A system is needed to ensure these are carried out at least every three months. This is an area for improvement, and we expect the provider to take action.

People receive input from medical and specialist services to support their health and well-being. Care workers document and follow advice from professionals. We saw people being provided with fresh drinks often, and they appeared to enjoy their meals. Records show that people's weight is monitored in line with their personal plans. Managers are working with care workers to improve the quality of their record keeping. This is to ensure records accurately reflect the care they have provided.

People have regular and meaningful interactions with care workers. People told us they are happy in their home; we saw them relaxing in their own rooms or smiling and laughing as they spent time with others. Care workers are visible within communal areas and people told us they receive frequent checks when spending time in their rooms. Records confirm that care workers carry out safety checks routinely. People have access to a call bell, and we saw care workers attending to people quickly when called. Rotas show that the service regularly uses agency workers who are familiar with the home, to maintain safe staffing levels. The service has increased the number of nurses working throughout the day, so a nurse is available on each floor. A recruitment drive is underway to support this and reduce the home's reliance on agency nurses. People described care workers as "*lovely*", and relatives told us they are "*always helpful*" if there are any issues.

The service is improving its medication systems. Medication rooms have been tidied and arrangements made for surplus stock to be collected. Protocols for the administration of 'as required' medicines have been introduced. One of the managers has reviewed each person's medicines and discussed any issues with the pharmacy or GP practice. Medication records show that people consistently receive their prescribed medication. However, we found unclear records relating to controlled medication, making it difficult to identify what medicines should be available. Recent safeguarding concerns have also highlighted poor record keeping regarding the receipt, administration and disposal of medicines, resulting in some being unaccounted for. We found that care workers are not consistently recording medication storage temperatures. The management of medicines is an area for improvement, and we expect the provider to take action.

The service introduced a new, properly indexed controlled medication record book shortly following the inspection. Arrangements have also been made to relocate one of the controlled medication cupboards, as recommended by the Local Health Board.

Environment

The accommodation has the facilities to meet people's care and support needs. The home is secure from unauthorised entry. Visitors are admitted by a staff member and a record is kept of those entering and leaving the premises. The reception area and exits are monitored by CCTV (closed circuit television) for added security. People have access to homely, appropriately furnished communal rooms where they can socialise with others and take part in group activities. People told us they like their individual rooms, which contain some personal touches, the items they value and the equipment they need to promote their health and safety. We observed a lack of stimulation for some people who were being cared for in their own rooms. The service is taking steps to address this by completing bespoke risk assessments and plans relating to people's environment. The RI is also focusing on this during formal visits to the home. People have access to suitably adapted and well-equipped bathrooms.

Routine health and safety checks are carried out by the home's maintenance officer. Maintenance records show that repairs requested following environmental audits are generally carried out quickly. Work is underway to refurbish a first-floor shower room, which is kept locked when not in use. We also found chemicals to be stored safely. Storage rooms and doors leading to stairways are fitted with keypads to prevent people accessing areas where there may be hazards. However, staff need to ensure they close storage and sluice room doors properly after use, as they had been left open on occasions. This is an area for improvement, and we expect the provider to take action. We saw that some wardrobes presented a toppling risk as they were not fixed securely to walls. The service arranged for these to be secured immediately. Arrangements have also been made to replace damaged flooring in a well-used area of the ground floor corridor that has been temporarily taped.

The service has taken action to improve standards of hygiene and infection control. General and deep cleaning schedules are in place and domestic staff are clear about their roles and responsibilities. We saw staff wearing personal protective equipment (PPE) appropriately and cleaning spills promptly. An internal infection control audit has been carried out and the findings are being acted upon. For example, a process is now in place for monitoring the cleaning of equipment. Posters have been introduced that demonstrate how staff should effectively clean communal bathrooms. Work to renew the flooring in the laundry room has also been approved. Records show that staff complete online training in relation to infection control. A face-to-face learning session with staff from the Local Health Board has also been arranged to further improve staff's knowledge and understanding. The service has taken action to improve its food hygiene rating of 1 (major improvement necessary), which was awarded in November 2022.

However, further improvements are needed to reduce infection risks. Professionals have observed that the cleanliness of the home is not being consistently maintained. We found some equipment to be stained and in poor condition and saw items being stored

inappropriately within bathroom facilities. This is an area for improvement, and we expect the provider to take action. The manager confirmed that new equipment has been ordered so bedrail bumper pads and crash mats can be replaced. The home has also bought new PPE storage units.

Leadership and Management

The service has experienced recent changes with regards to its leadership and management. Two 'turnaround managers' are currently in post, supported by a newly appointed deputy manager. Managers are committed to improving standards within the home and *"taking staff on the journey"* to ensure these are embedded. The 'turnaround managers' will remain in post until a permanent manager has been appointed and is settled in their role. Staff spoke highly about the current management team. They described managers as *"fantastic"*, *"very approachable"* and *"absolutely brilliant"*. Care workers spoke enthusiastically about making changes that will benefit the service. Agency workers told us they like working at the home and feel the quality of care and level of communication is good.

The staff recruitment process needs improvement. Records show that the required recruitment checks are carried out before staff are employed. This includes a criminal check via the Disclosure and Barring Service (DBS). However, information gathered during the recruitment process has not always been carefully considered when determining an applicant's suitability for employment and ability to undertake their prospective role. There have been episodes of staff underperformance which have compromised people's welfare and resulted in disciplinary action. This is an area for improvement, and we expect the provider to take action. The RI assured us the new managers are overseeing the recruitment process and confirming they are satisfied with the outcome of checks before applicants are appointed.

The service provides a wide range of mandatory and specialist training to support staff in their roles. Significant progress has been made with regards to increasing staff's compliance with the home's training programme. Managers are providing informal advice and training to supplement formal training and increase staff's knowledge and understanding. Staff are clear about the procedures to follow should they have any concerns about people's health and welfare. Work is currently underway to ensure staff receive formal, individual supervision at least every three months plus an annual appraisal. This must continue to ensure future compliance with regulation. We will follow this up at the next inspection.

The RI is monitoring the quality of the service. Reports show that the RI visits the home every three months to gather feedback about people's experiences. The home's progress with regards to achieving the actions set by commissioners is also being reviewed. These actions have been incorporated into the home's own improvement plan, which senior managers review weekly. The service has carried out six-monthly quality of care reviews that consider people's experiences and the findings of internal audits. Although actions are set to drive improvement, we noted that these have not been progressed between reviews due to other actions taking priority. To ensure planned improvements are made, the service

should consider setting timescales and identifying how progress will be measured. The RI told us the reports from their formal visits and the home's six-monthly quality of care reviews are being reviewed and revised, so there is a greater focus on people's achievements.

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
16	Personal plans are not always accurate and up-to-date. There is little evidence that people and their representatives are involved in the review of personal plans.	New

58	The service has not maintained clear, accurate records relating to the receipt, storage and administration of medicines.	New
57	The service has not always reduced or eliminated environmental hazards, where possible.	New
56	The service has not maintained a good standard of hygiene and infection control.	New
35	The service has not always obtained full and satisfactory information before employing new staff.	New

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