



Inspection Report on

Princes Court

**Princes Court Care Home
2 Princes Street
Cardiff
CF24 3PR**

Date Inspection Completed

29/04/2021

Welsh Government © Crown copyright 2021.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

About Princes Court

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No

Summary

People are happy with the care and support they receive from care workers, and the environment they live in. Care workers are familiar with and understand the needs and preferences of people they support. Staff and residents have positive relationships. Management ensures people are included in the planning and reviewing of their care needs. However, care documentation is not always up to date following review.

There are measures in place to keep people safe and there is evidence care workers are able to meet people's physical and emotional needs. Management recruits safely and provides staff with support in their roles. Overall, staff receive training that enables them to understand and meet the needs of people in their care.

The home environment is safe, comfortable and fit for purpose. Yet some areas of the home were in need of updating.

Well-being

People are encouraged to be as independent as they can be and to have control over their day-to-day life choices, whenever possible. The statement of purpose and service users guide are available for people or their representatives. Individuals can access independent advocacy services. The service provides rehabilitation and support for a maximum of five individuals (all male) over the age of 18. The home's Statement of Purpose includes, *'We aim to provide support to five gentlemen with varied mental health needs, e.g. Schizophrenia, Anxiety Disorder, Depression, Personality Disorder etc. We also aim to provide support to gentlemen with other diagnosis whom are compatible and are able to live amicably.'*

People are fully involved in their care planning which gives them the opportunity to express their personal preferences. Daily records evidenced how care needs are met. Improvements are required to ensure that personal plans and risk assessments are reviewed and updated particularly following an identified change in need or following medical review.

Individuals have access to various health and social care services. People receive support to attend medical appointments and regular visits from professionals however outcomes of these are not always appropriately recorded. Although there are systems in place to audit the medicines arrangements, we noted failings which require addressing. Care staff receive support and training for the role they perform. When practice issues are identified appropriate action is be taken to ensure competency is met.

Individuals live in suitable accommodation, which supports and encourages their well-being. The environment appears homely and the communal areas provide adequate seating for people to enjoy socialising together. Their rooms contain personalised items of their choice, are suitably furnished, have facilities which encourages their independence and enables them to have private time. There are plans in place for ongoing refurbishment work as areas were in need of redecoration. Relevant health and safety checks are completed. The home is secure and there is robust arrangements when visitors arrive at the home. Maintenance checks are in place to ensure the environment is free from hazards.

Care and Support

A wide range of views and information are considered, before admission, to ensure individual's needs are appropriately supported. Medical and health details are obtained from professionals and personal details from the individual and/or their relatives. Information is reviewed and a plan of care developed. This information is then shared with staff to ensure their awareness of the individual before they arrive at the home.

Care and support is provided in consultation with individuals or their relatives, considers their personal wishes and identifies risk and any specialist input needed. Personal plans identify how care and support is to be provided in order to meet the needs of the individual. The plans viewed detailed the support needed to manage physical and mental health needs. Reviews are completed monthly, however we did not identify that they had always been reviewed following unexpected changes or medical review. We expect the provider to take action to address this and we will follow this up at the next inspection. Daily records were consistently completed. Care staff demonstrate a good understanding of the needs and wishes of people they care for. People told us that the staff were kind and caring and overall the feedback was complementary.

Peoples health needs are monitored to ensure their well-being and staff access professional advice, when needed, in a timely way. Systems to manage medication are in place but not always followed which can compromise people's health and well-being. The medication audits noted failings which can lead to poor administration of medication and demonstrated practices which are not in line with the organisations own medication policy. Staff are trained and their competence to administer medication is regularly reviewed. There needs to be improved oversight to ensure staff are adhering to the organisations medication policy to safeguard people from potential harm. We expect the provider to take action to address this and we will follow this up at the next inspection.

There are consistent staffing levels in place to meet the care and support needs of people living at the service. Most staff having worked at the service for a significant period. The staff members we spoke to are aware of their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure, and said they felt confident approaching the manager if they needed to. Staff told us they had undertaken training in safeguarding and there is a current safeguarding policy for all staff to access and follow.

Environment

The home is clean and tidy and people are able to personalise their own rooms. People told us that they had brought items into the home which are important to them. Internally the home is spacious with sufficient communal areas that support people to spend time with one another. There is a secure outside area which is well maintained. Some redecoration and refurbishment had occurred since our last inspection, such as a new kitchen and upgrade to the outside area, but restrictions due to the pandemic have meant that there are still areas of work/redecoration that require completing. We expect the provider to take action to address this and we will follow this up at the next inspection. There are pictures of residents and staff in the hallway, which had not been updated. It contained photographs of former residents and care staff, which may be confusing to any new residents/care staff.

The service maintains good standards of hygiene and infection control. We found the home to be clean and hygienic throughout. We observed the manager and the staff following the correct procedures in line with Public Health Wales (PHW) current guidelines such as wearing appropriate personal protective equipment (PPE) and washing their hands. Face masks were worn throughout the inspection by all staff. We informed one individual that their face covering were not being worn appropriate as it did not cover their nose in addition to their mouth. The services infection control policy refers to safe measures in place during a pandemic and are clear for staff to follow. There are measures in place to ensure visitors entering the home are as far as possible Covid-19 free. Visitors are required to undertake a Lateral Flow Test, which must be negative. Their body temperature is also checked before allowing them entry into the building. The cleaning regimes maintain cleanliness and infection prevention.

People live in an environment that is free from potential hazards. The service has systems in place that ensure the home and its facilities are safe. We looked at a range of documentation that relates to health and safety and the maintenance of the service. Maintenance records demonstrated that all equipment was suitably maintained. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. We saw up to date Fire and Gas safety certificates for the property and the maintenance file, which included documentation of the necessary checks and audits of internal systems for the general maintenance of the property. People had their own front door and bedroom key meaning people could secure their personal belongings. However we saw that personal information, such as care records, were not properly protected. This is because they were kept in an unlocked cabinet in an unlocked office. We expect the provider to take action to address this and we will follow this up at the next inspection.

Leadership and Management

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and service users guide accurately describe the current arrangements in place regarding the service's accommodation, referral and admission process, the type of care and support available.

People can be confident the care provider and management of the home monitor the quality of the service they receive. The Responsible Individual visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which evidenced people's feedback and recommendations for improvements in the home.

People are cared for by a consistent care staff group. Records showed a low level staff turnover. Staff receive regular formal supervision in their roles and have opportunities to discuss any work-related concerns they may have, or any training needs. The training matrix indicates staff are up to date with mandatory training courses. There are currently sufficient staff on each shift to meet people's needs. Staff say they feel valued and supported. They also told us that they are able to talk to management, who are approachable.

There are company policies and procedures for staff to follow. We looked at a selection of policies including: assessment and moving in; infection control; medication; whistleblowing and safeguarding. We saw that the safeguarding policy required updating to ensure it included guidance on how to refer to the Local Authority as Cardiff County Council have changed their referral form. Policies and procedures require regular review to ensure they are up to date and relate to local procedures. We expect the provider to take action to address this and we will follow this up at the next inspection. There was a generic lone working risk assessment in place for staff. Consideration should be given with regards to the individual needs and risk of those also living at the home.

We noted that there have been no complaints since the last inspection. The manager appropriately notifies relevant regulatory bodies and statutory agencies, when there are concerns and significant events, which might affect the well-being of individual's receiving care. We found the communication is effective, open and transparent.

Areas for improvement and action at, or since, the previous inspection. Achieved

Regulation 80(1) and (2) - quality assurance	Regulation 80(1) Regulation 80(2)
Regulation 36(2) (c) - supervision	Regulation 36(2)(c)

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None	
------	--

Areas where priority action is required

None	
------	--

Areas where improvement is required

The service provider must have a policy and procedures in place in relation to the safe storage and administration of medicines and must ensure that the service is provided in accordance with this policy and these procedures.	Regulation 58(3)
The service provider must ensure that the premises are suitable for individual needs and well maintained.	Regulation 44(3)
The service provider must ensure the personal plan is kept under review and is amended and developed to reflect changes in the individual's care and support needs and personal outcomes.	Regulation 16
The service provider must ensure that all policies and procedures in place are reviewed	Regulation 12(1)
Records are stored securely in line with legislative requirements.	Regulation 47(b)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 08/07/2021