



## Inspection Report on

**Picton Court**

**200 West Road  
Porthcawl  
CF36 3RT**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date Inspection Completed**

29/07/2022

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## About Picton Court

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	76
Language of the service	Both
Previous Care Inspectorate Wales inspection	20 April 2021
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 are very happy living at Picton Court and they receive consistently good support from a knowledgeable, caring and experienced team. Care and support are of a high standard. People receive support and encouragement to lead active lives and make daily choices. Personal plans give information about people and their care needs; however, they could be further expanded to ensure they are person centred. Improvements are required to ensure that medication is well managed, and protocols are consistently followed. People are cared for in a warm, clean and comfortable environment that meets the needs of the people living at the service. People are satisfied with the meals served at the home. Staff follow current guidance relating to Covid 19, this includes using the correct personal protective equipment to keep people safe. The service is well-led by a dedicated manager, supported by an established senior team. Communication is strong and both nurses and care workers are well supported by the manager and receive regular supervision. Staff recruitment supports safe practice and staff have good access to training to ensure they are sufficiently skilled to undertake their roles. The management team are committed to the ongoing development and improvement of the service. The interim responsible individual (RI) has an oversight of the service quality monitoring audits are completed.

## Well-being

People have support and opportunity to have control over their lives. Personal plans are completed and reviewed regularly. However, not all documentation was complete and detailed on all files. A statement of purpose and written guide is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed drinks and snacks offered throughout the day. Kitchen staff told us of people's dietary requirements' and had a good understanding of people's likes and dislikes. The home has been awarded a rating of 5 (very good) following a food standards agency inspection.

There are consistently good measures in place to protect people from harm and abuse. The service undertakes a range of health and safety checks to make sure people remain as safe as possible. There are effective infection control measures following current guidelines in place. The building is secure and only authorised individuals can enter. Any identified risks and hazards to people's safety have been assessed, recorded and mitigated. Policies are in place to support the safe running of the service. Staff are fully aware of their safeguarding responsibilities and how to report any concerns. Recruitment checks ensure staff are suitably skilled and of good character, suitable to work with vulnerable people. The service promptly notifies relevant bodies of any incidents or concerns.

There are very strong governance arrangements in place to ensure people live well and receive a consistently good service. Staff have good communication and support from senior members of the team when required. External professionals and relatives felt communication was very good and are confident in how the service is managed. Arrangements are in place to support staff through regular formal and informal supervision. Staff feel well trained and supported, and evidence gathered during the inspection confirms this. There are extensive quality assurance processes in place. The interim RI maintains regular communication with the home and is actively monitoring the quality of the service.

People live in suitable accommodation, which supports and encourages their well-being. People's own rooms provide the space for people to spend time on their own, if they wish do so. Individual's rooms are personalised, suitably furnished, and encourages their independence. The environment is safe, free from hazards and well maintained. Safety checks are completed when required and there is a fire risk assessment in place. Alarm testing and fire drills take place regularly and people have personal evacuation plans in place.

## Care and Support

Personal plans do not always identify people's current needs. We looked at a sample of personal plans and risk assessments, all of which lack significant detail and key information. These are important documents, which need to contain an appropriate level of detail, to help staff understand individual needs and to protect people from harm. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We spoke with a visiting health professional who told us they have no concerns regarding the care provided at Picton Court. We saw relatives and professionals were involved in best interest decision making and information was appropriately recorded within people's care files. We saw care workers positively interacting with people throughout the inspection. There are two dedicated activity coordinators, and an activity plan is displayed in the home. However, all staff take responsibility to ensure people are occupied. Meals are freshly prepared, and well presented. People told us that they enjoyed the meals and could always have something different if they wished. One person said, "*the food is wonderful*".

People living at the service receive their medication as prescribed. The service completes checks, which ensures medication is stored at correct temperatures, and therefore remains effective. Medication audits ensure staff maintain good practices and identify any areas of improvement. A sample of medication records we saw contained no gaps or errors; medication is stored safely in a locked facility and controlled drugs and stock checks managed effectively. However, improvements are required to ensure that current guidance is followed in relation to recording the reason for and outcome of PRN (as required) medication. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are systems in place to keep people safe, such as key fob secured doors and a sign in book for visitors on arrival. Staff have up to date safeguarding training, those we spoke with all confirmed they would raise any observed poor practice and knew how to raise a concern. People living at the home said they felt safe and well looked after. There are policies and procedures to help keep people safe, which are reviewed to ensure they remain current. A relative told us "*I don't go home feeling anxious about how he is looked after*".

Overall, there are consistent and appropriate staffing levels in place to meet the care and support needs of people living at the service. When fully staffed there are good staffing levels for each shift, with most staff having worked at the service for a significant period. More recently there have been some staff shortages, is due to a few staff leaving employment and some staff testing Covid positive. Nurses and care workers respond reasonably quickly to call bells and any requests of help. The staff are supportive of each other and complimentary of the support peers and members of the management team provide. People told us "*I am very happy with the care I get*", "*I couldn't settle in the beginning, I'm happy now, I like it very much*" and "*couldn't wish to be in a better place*".

## Environment

The service has systems in place that ensure the home and its facilities are safe. Health and safety documents evidence there is a rolling programme of safety checks, servicing and maintenance of the home's equipment and facilities. Effective and efficient fire procedures, testing and training take place to protect people. Records confirmed fire alarm tests take place weekly. We saw the laundry facilities, which are suitable to meet the needs of people living in the home. We also saw window restrictors in place, which protect people from harm. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised.

The environment is suitable for people's individual needs. We observed areas to be clean and tidy and saw there was accessible indoor and outdoor space for people to use. The layout of the home and large windows provided a good level of natural light, contributed to providing a pleasant living environment. We saw people's personal space was set out in a manner that reflected their individual preferences and complex care needs. There are no shared rooms. All areas of the home appear functional and well maintained, as well as comfortable and homely. The standard of cleanliness and hygiene appears to be good. The kitchen and laundry facilities are suitable for the size of the home.

Nurses and care workers have sufficient PPE available to reduce the risk of infection. The service has appropriate infection control measures and visiting procedures. Staff say there are sufficient supplies of personal protective equipment (PPE) and they know what to use when, and how.

## Leadership and Management

People can access written information to help them understand the care, support and opportunities available to them. The statement of purpose and service users guide includes the required information. This includes an accurate description of the service's accommodation, referral and admission process and the type of care and support available. Information is also provided regarding the ways in which it is working towards providing a Welsh language service provision. The statement of purpose also includes details of the service's supervision and training arrangements for care and nursing staff.

The human resources (HR) department confirm the staff recruitment process meets all regulatory requirement. New care staff receive an induction in line with Social Care Wales's requirements. Staff receive training relevant to their roles and this includes infection control and safeguarding training. Staff say they feel valued, supported and that teamwork at the home is good. They also told us that they can talk to management, who are all approachable. We saw that there are robust company policies and procedures for staff to follow. We looked at a selection of policies: advocacy, complaints, infection control, medication and safeguarding and found them to be up to date. Nurses and care workers have regular supervision and annual appraisals, and regular staff meetings are held to keep people up to date. Staff told us "*I love it here*", "*I enjoy working here*" and "*It's very organised here*".

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. We found notifications to Care Inspectorate Wales, the Local Authority and health professionals are timely and consistent.

Arrangements are in place for the effective oversight of the service through ongoing quality assurance processes. We viewed documents relating to the service's quality assurance processes, which are completed in a timely manner. The interim RI reports cover a range of operational matters and identifies areas where improvements are required. We found family and professionals give positive feedback about the care provided. There is a complaint policy and procedure in place. We noted no complaints had been received since the last CIW inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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15	Personal Plans need to be updated to accurately reflect people's care and support needs and mitigate risk	New
58	The provider is not complaint with regulation 58(3) this is because care workers and nurses administer PRN medication to some people using the service but do not always record the reason for or outcome.	New



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