



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

St Martins Care Centre

**69 Martin Street
Morrison
Swansea
SA6 7BJ**

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Description of the service

St Martins is located in Morriston on the outskirts of Swansea. It is registered to provide nursing and personal care for up to 67 people; up to 39 requiring nursing care and up to 28 requiring personal care. There are two separate buildings, one a nursing unit and the other a residential unit.

The registered provider is HC-ONE Limited and the registered manager is Paula Lacy, known as Joanna.

Summary of our findings

1. Overall assessment

People living at St Martin's receive a good standard of care from staff who are caring and knowledgeable. There are clear leadership and management systems in place, which include established quality monitoring and improvement procedures.

2. Improvements

No areas of non-compliance were noted at the previous inspection.

3. Requirements and recommendations

There were no areas of non-compliance noted at this inspection. Five recommendations were made. These include continuing to respond to people's views on the meals and ensuring there is adequate supervision in the communal areas. Full details of the recommendations can be found in section five of this report.

1. Well-being

Summary

People are involved in decision making and feel valued. They are provided with a range of leisure activities and are protected from harm.

Our findings

People are involved in making decisions and feel valued. We talked to people in the communal areas and in their rooms. They told us that staff talked to them about what they wanted to do, where they wanted to sit, when they wanted to get up or go to bed and what they wanted to eat and drink. We saw staff talking to people about whether they wanted a drink, what food they wanted, whether they wanted their hair done and whether they wanted to watch a film in the cinema. We also saw records of regular resident's meetings where people were invited to give their opinions about a number of issues. This included discussions each time about the meals. When we talked to people they expressed varied opinions about the meals. We discussed this with the registered manager and she confirmed that this topic had been discussed regularly in the meetings and the menus had been changed in response to people's comments. It is recommended that the meals continue to be discussed regularly at the resident's meetings and on an individual basis with residents. We therefore found that people are encouraged and supported to express their views.

There is a range of activities offered. We saw a noticeboard which displayed information about regular activities and entertainment. There were also photographs of past activities. During the visit we saw that the hairdresser was in the salon and many people were having their hair done throughout the day. We saw there were staff, called wellbeing co-ordinators, in post to help co-ordinate and encourage activities. We saw people enjoying the film *Mamma Mia* in one of the lounges during the morning and in the afternoon we saw that the film *Mary Poppins* was on in the cinema room. As the hairdresser was in the salon located in the residential unit we saw the wellbeing co-ordinator was helping to take people to and from the salon. This meant that there were some periods of time when there were no staff in the lounges on the nursing unit, although care staff did come and sit with people at other times. It is recommended that the system for ensuring that there is suitable supervision for people using the communal areas at all times is reviewed. We found that people have a choice of leisure activities and are encouraged and supported to take part if they wish.

There are systems in place to ensure people's rights are upheld and they are kept safe from harm. We saw records of appropriate applications under the Deprivation of Liberty Safeguarding (DoLS) procedures. This meant that where people needed to be protected from having free access to the outside of the home their rights were protected. We looked at the dates for renewal of the DoLS applications and saw, in two of the files, that the application had expired. We talked to the registered manager and she showed us evidence that the applications for renewal had already been sent. However it was clear that they had not been sent before the expiry date. However she explained that she had changed the system so that she was alerted at least a month before the expiry date of the DoLS application. People told us that the staff always provided good care and they felt safe living at the home. People feel safe and protected from harm.

2. Care and Support

Summary

People living at St Martin's are provided with a good standard of care. Their health needs are met by the staff or by referral to and liaison with health care professionals so that they receive the right care and the right time.

Our findings

People are treated with care and kindness and have friendly relationships with each other and with staff. We saw some people talking with each other in the lounges, although others preferred to sit quietly. We observed staff chatting with people in the lounges and we also saw people coming to the office on the residential unit to chat to the senior carer. There was a lot of friendly banter and laughter and people told us they got on well with staff. When we talked to staff it was clear that they were knowledgeable about people's likes, dislikes and care needs. People can be confident that they can have positive relationships with each other and with staff and they will be treated with kindness and understanding.

Care records are clear and up to date. We looked at care records in the nursing and residential unit. We read the care plans and risk assessments and saw that they were comprehensive documents that had been regularly reviewed and updated. We looked at the daily records and saw they were well completed. There were also supplementary records, kept in people's rooms if they were nursed in bed. These included information on food and drink, position changes, skin care, bed rail checks, personal hygiene and elimination. We looked at a sample of these as we visited people in their rooms and we saw they were up to date. We saw that when different issues were identified in the supplementary records or in the daily records new care plans were put in place. We therefore found that the care files provided staff with appropriate information to support the care of the people living at the home.

Appropriate referrals to health and social care professionals are made in a timely manner. When we looked at the care records we saw clear evidence of liaison with and visits from health care professionals such as GPs, District Nurses (D/N), opticians and speech and language therapists. People told us that the staff always responded to their needs. From the evidence seen we found that people received suitable proactive and responsive care.

3. Environment

Summary

The premises are suitable to meet the needs of the people living there. They are well maintained and decorated and provide homely and safe accommodation.

Our findings

The accommodation is comfortable and homely. People told us that they liked their bedrooms and the lounges. We saw that the nursing unit had been refurbished since the previous inspection and it was well-decorated, providing a light and uplifting ambience. The residential unit also had a homely and comfortable atmosphere. When we walked around both units we saw that they were generally clean and odour free. However there was one area upstairs in the nursing unit which had an odour in the morning. When we went back to check later in the day the area had been cleaned but there was still a lingering stale odour. It is recommended that the area is deep cleaned or flooring replaced to produce an environment free from lingering odours. Overall, people feel uplifted and valued because they live in a homely and clean environment.

Suitable maintenance and safety checks are completed. We look at a random sample of maintenance checks including the periodic electric certificate, emergency lighting and gas safety checks and these were all up to date. We also saw that the fire risk assessment had been reviewed and updated on 25/07/2017. We read the health and safety audit which had been completed on 1/9/2017. When we arrived we saw that there was a record of all visitors and the door was secured. During the tour of the building we did see one bathroom which had some towels and flannels stored openly on a shelf, which is not in line with best practice for control of infection. We discussed this with the registered manager who agreed to ensure they were correctly stored. Generally we therefore found that people live in a safe environment.

There are a number of different communal areas for people to use. We saw that both units had a number of different lounges and communal areas. This meant that people could sit in the main lounge or quietly in other areas. We saw a bar room in the nursing unit and we saw that it had been prepared for one person and their family to use for a birthday party in the afternoon. We also saw that there was a cinema room, which was also being used during the afternoon. People's lives are enhanced by an environment that encourages them to meet communally or privately.

4. Leadership and Management

Summary

There are clear leadership, quality monitoring and improvement systems in place. There are also systems for robust recruitment, training and support of staff.

Our findings

There is a suitable process for the recruitment of staff. We looked the recruitment records for four members of staff. We saw that they contained evidence that all the appropriate information and checks had been completed prior to the applicant commencing employment. We therefore found that people's safety is enhanced by a robust recruitment process.

There is an on going training, supervision and appraisal programme in place. We looked at the records of staff training and discussed the training with staff and the registered manager. The majority of the training is completed by e-learning but some courses, such as safer people handling, are classroom based. When we talked with staff we found that they were knowledgeable about the care they were providing. We looked at the supervision records and saw that they varied in their completion, particularly on the nursing unit. We discussed this with the registered manager who explained that she was in the process of reviewing the current supervision arrangements. When we talked with staff they told us that the registered manager is approachable and supportive. From the evidence gathered we found that overall people benefit from staff that are well-lead, trained and supported.

There is a range of quality monitoring processes in place. We read the quality monitoring records and saw that these were well-completed. There were records of daily internal meetings with department heads and manager walk around sessions. There were also reports following bi-monthly checks carried out by a representative of the registered provider. These included actions that needed to be taken which were then followed up at the next visit. We talked with the registered manager and she said the annual quality questionnaires had been distributed and she was awaiting their return. The information will then be included in the annual quality of care report, which she was in the process of completing. We saw a draft of the report and asked that a copy was sent to CSSIW once fully completed. People's lives are enhanced by a service which is committed to quality monitoring and improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

The following five recommendations were made:

Continue to discuss meals with people at resident's meetings and on an individual basis.

Ensure there is suitable supervision for people using the communal areas at all times.

Ensure the storage of towels and toiletries is in line with best practice for infection control

Ensure that applications for the renewal of Deprivation of Liberty Safeguards (DoLS) are applied for on time.

Ensure that stale odours in one part of the home are eradicated

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 5th December 2017 from 9:30 am until 3:40pm.

The following methods were used:

- We walked around the home.
- We spoke with people living at the home, visiting relatives, the registered manager, and staff.
- We observed the interactions between staff and people living at the home using the Short Observational Framework for Inspection Tool and at other times in the communal areas.
- We looked at the care files of six people living at the home and four staff files.
- We looked at a range of records including:
 - staff training and supervision records
 - a sample of maintenance and safety checks
 - fire risk assessment
 - records of audit visits carried out by a representative of the registered provider
 - the draft annual quality of care report

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	HC-ONE Ltd
Registered Manager(s)	Paula Lacy
Registered maximum number of places	67
Date of previous CSSIW inspection	13/07/2016
Dates of this Inspection visit	05/12/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No – working towards it
Additional Information:	