



## Inspection Report on

**Stella Maris Care Home**

**Stella Maris Care Home  
Eaton Crescent  
Swansea  
SA1 4QR**

## **Date Inspection Completed**

1 August 2022

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## About Stella Maris Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The Congregation of the Ursulines of Jesus
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	25 February 2020 & 26 February 2020
Does this service provide the Welsh Language active offer?	This 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

Stella Maris Care Home is located within a convent. Most of the people living in the home are Sisters of the congregation. The home caters for people's physical and spiritual needs. People have good interactions with care workers, who support them with warmth and kindness. Care workers are very much part of home life, creating a real sense of unity and belonging.

People's individual needs and preferences are outlined within detailed risk assessments and personal plans. Record keeping has improved with the introduction of an electronic database. The service needs to better evidence how it involves people in the care planning and review process. Improvements are also needed with regards to providing clear, full information relating to the terms and conditions of service. Overall, people receive a good standard of care and support that promotes their health and well-being.

The manager has made many positive changes since being appointed in November 2021. Staff morale has improved, as care workers feel listened to and supported. Standards at the service are regularly monitored by the responsible individual (RI). People enjoy living in comfortable, spacious accommodation that has the facilities to meet their needs and support their well-being. The home and its facilities are well presented and maintained.

## Well-being

The service supports people's individual routines. People are encouraged to make daily choices, which care workers respect. Personal plans identify what really matters to people and the things people can do for themselves. People told us they receive the care and support they need and want. However, the service must ensure people's involvement in planning and reviewing their care is clearly recorded. Information about the home and its services is available, although needs further detail. Service agreements also need to include full information relating to fees. People are encouraged to share their views about the service during quality assurance processes. They can personalise their individual rooms and influence decisions regarding environmental changes.

People's physical, mental and spiritual needs are recognised and catered for. People told us they are content in their home and well cared for by friendly, respectful staff. Central to many people's well-being is observing their religious practices, which they are able to do. The service is developing its programme of activities. Staffing levels allow care workers to support people with activities they enjoy. One person commented, "*Things are great here*". The service has carried out significant work to improve how care is planned and recorded. Personal plans are detailed and clearly outline how people's individual care and support needs are to be met. Care recordings indicate that people receive the appropriate level of care and support. The service promotes a good standard of hygiene to reduce infection risks. Records confirm that people receive their prescribed medication and have access to medical and specialist services to support their health and well-being.

There are measures in place to help protect people from harm and abuse. The manager has introduced organised administration and audit systems to help ensure the service is delivered safely and appropriately. Incidents and accidents are well-documented and reviewed by the management team. The RI visits the service every three months to make sure it is meeting people's needs and expectations. The service has a clear safeguarding policy and enhanced safeguarding training is being delivered to staff. The recruitment process has improved, and all staff are subject to the required criminal checks. People told us care workers make sure the specialist equipment they need to help keep them safe is in place and working correctly.

People live in clean, comfortable accommodation that is light and spacious throughout. There is ample indoor and outdoor communal space for people to enjoy. Rooms are nicely presented and furnished. The home has the facilities to meet people's care and support needs. Regular health and safety checks are carried out to ensure the equipment and facilities are in good working order. There are plans in place to further improve the environment.

## Care and Support

The service completes personal plans that identify people's individual care and support needs, including their care preferences and routines. Risk assessments and personal plans have been transferred onto an electronic database, which care workers can access via electronic devices. They also use these to complete more accurate, timely recordings relating to care delivery. Personal plans accurately reflect people's care and support needs and are regularly reviewed. However, there is little evidence that people, or their representatives, are involved in planning and reviewing their care. The electronic database allows for the recording and scheduling of care reviews. The manager assured us arrangements would be made for these to be carried out, which we will follow up at the next inspection. There are service agreements in place regarding people's care arrangements. However, these do not explain how people will be informed about any contractual changes, including notice periods. We also saw that some agreements had not been clearly signed and dated. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People's health and well-being is promoted. Electronic care records confirm that people receive appropriate care, in line with their personal plans. Care workers regularly assess people's emotional state to be happy, relaxed and content. People have a choice of meals and are provided with drinks and snacks throughout the day. The manager carries out regular clinical audits so any health concerns can be identified and acted upon quickly. Records show that people are supported to access medical and specialist services to support their health and well-being. The majority of people living in the home are Sisters of the convent. Their daily activity revolves around observing their religious practices and routines, which is central to their well-being. People who are not members of the convent told us they can follow their own interests, although have limited opportunities to take part in group activities due to the commitments of others. The service is developing its programme of activities. Care workers told us good staffing levels allow them to support people to undertake activities they enjoy. Pet therapy and Pilates sessions have recently restarted after the easing of COVID-19 restrictions.

Care workers ensure people receive their prescribed medication. Daily temperature checks of the small room used to store medication are being carried out, although action needs to be taken when temperatures are too high. We also advised that medication allergies need to be clearly highlighted on medication charts, as we found some to be missing. The introduction of an electronic medication system in September 2022 will help address these issues. People's medicines will be stored in lockable cabinets in their own rooms. The system will also include prompts for ensuring medication information is fully recorded on electronic charts and administered as prescribed. Training for staff on the use of this system has been arranged.

The service promotes a very good standard of hygiene and infection control. We found the home and its facilities to be clean and hygienic throughout. The service was awarded a food hygiene rating of 5 (very good) following an inspection by the Food Standards Agency in February 2020. There is a very large, well-equipped laundry room within the basement that provides ample space for clothes to be laundered. An internal laundry chute and clear flow system helps ensure separation of clean and dirty laundry. The service has measures in place to reduce COVID-19 risks. Staff undergo regular lateral flow testing and ensure visitors have completed a negative lateral flow test before allowing them into the home. Personal protective equipment (PPE) and hand sanitiser are available and easily accessible.

## Environment

The home is suitable for meeting people's physical and spiritual needs. Within the building is a chapel where Sisters of the congregation can attend mass. There is also designated space for prayer and reflection. We saw Sisters joining together for their prayers. People are accommodated in bedrooms over two floors. Each floor has a communal lounge and dining room. People can choose to eat together within the dining room or have privacy in their individual rooms. Care workers join people during mealtimes, adding to the strong sense of community. Each bedroom has an en-suite with shower, or people may use the larger communal bathrooms. We saw people's bathing preferences outlined within their personal plans. Balconies from bedrooms and communal rooms provide lovely views of the large, mature, well-manicured grounds in which the home is set. People have recently enjoyed ice creams and walks around the garden with care workers. We were told people love to watch and listen to the wildlife the garden attracts.

People take pride in their surroundings. They contribute to the upkeep of the home by regularly carrying out gardening and household tasks. One person said, "*Our home is beautiful*". The home is very spacious, comfortably furnished and well decorated throughout. People have access to items that are important to them within their individual rooms, which they have personalised to varying degrees. People are consulted about planned environmental upgrades. For example, they have chosen the fabric pattern for new curtains that will be hung in one of the lounges being redecorated. There are plans to refurbish the kitchen and dining areas on each floor and install an upgraded adapted bath that people can access more easily. There are generous changing areas and break facilities available for staff.

People live in a safe, secure home. The service has increased security by installing CCTV cameras that provide external views of entrances and exits. Staff can view visitors attending the home via an electronic tablet. The home's call bell system allows people to summon assistance from care workers. We saw call bells within people's reach as they spent time in their rooms. People told us care workers generally respond quickly to their calls. We saw specialist equipment being used to promote people's health and safety. The manager carries out monthly servicing checks to ensure equipment and facilities are properly maintained. Records confirm appropriate servicing of the passenger lift and fire safety equipment. Moving and handling equipment has also been serviced within recommended timeframes. We checked a sample of windows on each floor and found they have in-built restrictors in place to reduce the risk of falls from significant height. We found all parts of the home to be tidy and free from hazards.

## Leadership and Management

The manager has had a positive impact on the home. New administration systems have been implemented to support the delivery of a safe, good quality service that meets legal requirements. Staff told us they feel “*very much supported*” by the manager and are confident changes are being made for the better. Staff well-being and effective teamworking have been a real focus for the service. The manager communicates openly with staff during team meetings and encourages them to share their views and ideas both formally and informally. Records confirm staff attend regular meetings. These have recently allowed them to discuss their personal goals and roles as good-practice champions. The RI reflected on the improved staff morale during a recent visit: *'I found all the members of staff feeling much more positive about their position in Stella Maris Care Home... There is a sense of working as a team...'*

The manager has audited the personnel files of all staff and made significant progress in obtaining missing recruitment information. This must continue to ensure full and satisfactory information is available for all workers, which we will follow up at the next inspection. All staff have been vetted through the Disclosure and Barring Service (DBS). There is a clear system in place for renewing DBS checks every three years. The manager uses the new electronic database to schedule and record the three-monthly formal supervision of staff. There are plans in place for the manager to carry out staff's annual appraisals, which we noted were overdue. More in-depth supervisions have been carried out in preparation for this. Progress will be reviewed at the next inspection.

The RI maintains good oversight of the service. The manager completes monthly reports regarding recent audits, staffing matters and other significant incidents and events, which the RI reviews. The RI visits the service every three months to formally assess standards. Actions for improvement are set and monitored. The service carries out six-monthly quality of care reviews, which consider the experiences of those using the service plus future developments. The service records and responds to complaints in line with its policy. However, contact details for the Public Services Ombudsman for Wales need adding to the complaints policy and the roles of agencies that might be involved in the complaints process need clarifying. These matters should also be accurately referred to in any correspondence with complainants.

The service has a combined statement of purpose and written guide. This document accurately describes the home, its facilities and how the service is provided. It was last updated in November 2021 to reflect the new management arrangements. However, we found some key information to be missing. For example, how to contact the RI, advocacy information and information relating to fees, including notice periods. These details need to be provided to ensure people have clear and full information about how care is arranged and what support is available. Some details also need changing to ensure they reflect legal



requirements, such as the frequency of staff meetings. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

### 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
19	The written guide does not include all the required information about the service.	New

20	Service agreements do not include notice periods for terminating contracts or the arrangements and timescales for notifying individuals about contractual changes.	New
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