



Inspection Report on

St. Johns

**St. Johns House Residential Home
Cae Rowland Street Cwmbwrla
Swansea
SA5 8NY**

Date Inspection Completed

06/01/2023

6th January 2023

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About St. Johns

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	19/03/2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

St. John's is a good service supporting older people. The service is large, and staff have made every effort to make the environment as warm and homely as possible, with small touches which support the independence of people. St. Johns has a good staff team with good knowledge of the individuals they support. There are appropriate numbers of staff suitably qualified. The kitchen provides excellent food with a variety of choices with a food hygiene rating of 5.

There is good governance by the Responsible Individual (RI) ensuring a good quality service that respects the wishes and aspirations of people they support. There are good systems in place to oversee the quality-of-service delivery. We saw procedures in place for the safe recruitment of staff and supervision to support staff development. Staff are trained however not in line with appropriate timescales. This is an area for improvement.

St. Johns is in the initial stages of setting up a unit/facility within the service to provide interim care for people before they move on. The service has appropriate facilities in place to support their plan meeting the needs and well-being of people they support.

Well-being

People have a voice which is heard and listened to. Relatives told us; *"I am Happy with the service, my relative has been here a long time, I come regular so if there was a problem I would know."* and *"if I had a problem, I would be straight to the office."* Documents show residents meeting are convened and their opinions actioned. People told us the manager speaks to them about their personal support plans and risk assessments, but they are not involved in a formal review process which they would like to be part of. This is an area for improvement.

Staff are supported by regular supervision. Staff are trained well and able to support people to achieve their outcomes and what matters to them. We saw people engaged in innovative activities which suited their mental health needs and supported their wellbeing.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. People told us; *"Yes, I feel safe, and the food is good."* And *"Yes, I feel safe, I'm not worried at all. If I was worried, I would talk to the boss, but it's all fine."* We saw staff are very familiar with the likes and dislikes of the people they support. We saw positive engagement with people, staff chatting and taking time with individuals.

Staff receive safeguarding training and there are policies in place which are updated regularly. Staff told us; *"I have had safeguarding training, if I saw something I would go to the manager."*

People's physical and emotional well-being is supported well. We saw good written support plans and risk assessments, supporting people to be as independent as possible in their lives and in the local community. People told us; *"Very good staff, my key worker goes to the post office with me, I draw out money, I spend it on toiletries, anything I need."* *"Then if I need anything in the week, I ask my key worker."* Staff told us; *We do sing al long, cards, musical bingo. We went to the Grand Theatre to see beauty and the beast."* Daily recordings show people being supported to access healthcare and documents are updated and reviewed where necessary.

We saw effective governance and oversight of the service from the RI. The RI has good systems in place to monitor the quality of service.

Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. The provider has a “suitability assessment” process in place. This is summarised in the Statement of purpose (SoP) and reviewed on a regular basis. The provider issues a welcome pact on admission which contains clear, well written information useful to the person and their relatives.

People are provided with the quality of care and support they need. People told us they were happy in the service and their care and support needs were being met. We saw personal plans with specific person-centred outcomes, risk assessments and personal profiles including individual likes and dislikes. People told us; *“I loved it here; I’ve been here a long time.”* *“The staff are wonderful they can’t do enough for us.”* People told us they have a key worker they can go to for support, this was confirmed by the staff and the key worker information seen. Residents’ meetings show people are engaged with and their opinions heard.

The service provider has personal plans in place reflecting the support needs of people which are reviewed regularly. However, they do not include contributions from the person or appropriate representative. We looked at 2 care files, spoke to people and their relatives who confirmed that while there is an informal discussion around support this was not reviewed formally with contribution from the individual or representative. People told us; *“Review, we have a chat to the carers and if I have any problems, I will speak to someone.”* And people told us; *“No, the manager will just chat and sign it off.”* While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the safeguarding process and have received training. The provider has mechanisms in place to safeguard vulnerable people they support. Staff told us; *“I have completed my safeguarding training for last year and this year. I find the training ok.”* *“You learn more when you do face to face but the online training is ok.”* People told us; *“There is a buzzer on the wall and some people have personal buzzers.”* *“Staff will come pretty quickly, if you need them.”* And *“I’d speak to my key worker first; she would sort it out for me”.* *“If not someone in the office probably.”*

There are very good safe systems in place for the management of medication. Care workers assisting people with medication are trained and competent to do so. We saw medication is stored securely in locked cabinets in a separate room with key code entry. Records of daily temperature checks were seen to ensure safe storage of medication.

Environment

The provider ensures that people's care and support is provided in a location and environment that promotes achievement of their personal outcomes. This is a good residential care service provided by Swansea County Council. The decoration and furnishings have been tastefully chosen and reflect people's taste. The provider has made every effort to make this a homely environment with tea and coffee facilities in the lounge to support the independence of people. The service meets the needs of people well. People told us; *"I am happy here they are good people."* And *"The cook is a 5-star cook."* *"They are very nice and always chat."*

We saw people comfortable in their surroundings, we saw positive respectful interactions with both care and auxiliary staff. People told us they were happy in the home, there are seating areas around the home for quiet chats, the lounge for activities or their bedroom. We saw a separate the unit/facility in the initial stages of setting up within the service to provide interim care for people before they move on. The unit/facility has a large open communal area, kitchen, dining, and seating area, to meet the needs and wellbeing of people. The manager told us this was a new unit which will support people coming out of hospital to prepare to go home, independently or with a care package.

The provider has systems in place to identify and mitigate risk to the health and safety of people. We saw maintenance records gas, fire, electrical, water safety checks carried out regularly. We saw servicing records for fire safety equipment and the fire system. We saw a well organised first aid station which promotes the health and safety and wellbeing of people.

The management of infection control and hygiene practices within the service are very good. Before entering the property, we saw an LFT (Lateral flow test) station and work men being asked to carry out a test before entering. We saw systems in place for the donning and doffing of personal protective equipment (PPE) and safe disposal of (PPE) and clinical waste. We saw clearing routines being carried out in a respectful manner while ensuring the health and safety of people. We saw documentation to support this.

Leadership and Management

The provider has good governance and quality monitoring in place to support the smooth operation of the service. The manager told us; *“The RI and I meet up together to carry out the regulatory visits. I am fully involved, and the RI has been very supportive while I have been in the role.”* And *“The RI is very supportive we have worked together to bring the service back into compliance.”*

Those quarterly visits carried out by the RI are well documented and include views of staff. People’s views are collected in regular resident meetings, we saw documentation to support this. Documents provide outcomes and a summary of an action plan to improve the quality of the service they provide.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and skills to support people to meet their individual needs and outcomes. Staff told us; *“We do have regular training, we had fire training in the home and that was good.”* The training plans noted training completed; however, the training updates are not carried out on a regular basis. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We looked at five staff personnel files and saw that recruitment documentation is in place. Supervision records and team meeting minutes show staff are well supported, on a regular basis and their well-being is considered. Staff told us; *“All management are very nice; you can go and speak to them if you needed to.”* And *“I am supported, the girls in the office give me anything I need.”*

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, and skills to provide the levels of care and support required to achieve the individual’s personal outcomes. We saw good staffing levels are maintained with some use of agency staff. This was supported by speaking with the manager, people, and staff. Relatives told us; *“There is plenty of staff, I haven’t seen people rushing or looking to busy.”*

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
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16	Regulation 16 (4) There is no documentation to show that people or their representatives are involved in the review process.	New
36	Regulation 36 (d) The training plans noted training completed; however, the training updates are not carried out on a regular basis.	New
36	To ensure all staff supervisions are carried out at the required timescales and up to date.	Achieved
36	To ensure all mandatory training is completed by all staff. To also develop a training matrix which provides an easy way of recording training completed/ due for all staff.	Achieved
35	To ensure there is full and satisfactory information or documentation for each staff member at the service as specified in Part 1 of Schedule 1 and this information or documentation is available at the service for inspection.	Achieved
16	To ensure personal plans are reviewed at least every three months (or sooner if required) and include the person and/ or representative where appropriate. These review meeting must be recorded and ant changes/ outcomes achieved referenced.	Achieved

Date Published 10/02/2023