



Inspection Report on

St Marks Court

**St. Marks Court Nursing Home
Park Terrace
Swansea
SA1 2BY**

Date Inspection Completed

29/09/2023

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About St Marks Court

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PARKCARE HOMES LIMITED
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	8 th June 2023
Does this service promote Welsh language and culture?	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

St Marks Court is a large service located in a residential area of Swansea providing support for adults with personal care and nursing support needs. Some people told us they were happy. Others made us aware of the large number of agency staff being used. The interim management team are supporting people and staff through difficult management changes. This is an early inspection following concerns raised relating to leadership and management and dietary support.

Well-being

People are happy, and as healthy as they can be. There is a comfortable atmosphere in the service however, people told us there were large numbers of agency staff who did not always know or understand their needs. Agency staff told us they did not have access to the care and support plans of people due to the electronic system in place. There is a very small number of core staff in place, however on the day of inspection the majority of staff were agency. The interim management team assured us they are focusing on recruitment and retention as a priority.

People are protected from abuse and harm. Both the core staff team and the agency staff spoken with are aware of their role and responsibilities in protecting people. The provider has suitable policies and procedures in place and staff receive safeguarding online training. The provider has good systems in place for the recruitment of staff. DBS (Disclosure and Barring Service) checks are undertaken and reviewed, along with satisfactory pre-employment checks.

People were sitting in the communal areas with some positive interactions with staff, however we did see inappropriate manual handling and lack of knowledge of people's specialist seating and communication needs. Individual risk management and weight monitoring is in place though this is not always documented appropriately. Skin integrity documentation is in place, those seen are not always completed correctly.

The provider has health and safety policies in place to identify and mitigate risk for the health and safety to people. Nevertheless, the service is without onsite maintenance staff, we saw this is affecting the day to day running of the home. Not all maintenance checks are carried out regularly. We saw fire safety infractions, a reliance on agency staff who do not always carry out health and safety. The kitchen is understaffed which is impacting on people and their nutritional needs. Manual handling equipment is serviced regularly, though there is insufficient to meet the needs of people. The Interim management team assured staff they are aware of this and have a plan in place to remedy it.

Staff feel undervalued, staff told us; *"We have loads of ideas we just need someone to lead, manage and challenge"*. And *"We need a senior, because we haven't had a senior for over a year and standards have dropped"*.

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 service has a Statement of Purpose (SoP); a document which adequately shows people what they can expect from the service, though updates are needed.

People are inadequately supported, with personal plans and risk assessments which do not always reflect the care and support needs and outcomes of people. We saw manual handling, communication and skin integrity plans which do not reflect the current care and support needs of people. Whilst skin integrity, food and fluid intake documentation are in place we found monitoring to be inconsistent. Improvement continues to be needed with the monitoring of skin integrity and what people are eating and drinking. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider's electronic care planning system is not yet fully operational, and staff told us they have not received training to support the transition from hard copy to electronic. Many of the documents are entered on the system retrospectively and are not updated by nursing staff. We saw three personal plans all of which needed reviewing and updating. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People were not provided with consistency of care and support by staff who know the person. The service is reliant on both care and nursing agency staff. The interim management team are making effort to recruit, and work alongside three agency providers to deliver a more consistent approach. Staff and relatives tell us they understand the difficulties but staffing and therefore the care delivered is inconsistent. Staff told us; *"We have an influx of agency staff for a week, then another group will come for the next week"*. This was confirmed by the documentation seen. Staff told us the lack of staff is extremely stressful however, they were aware the interim management team were working to resolve the issue. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Environment

The environment for the most part supports the needs and outcomes of people. There is adequate space for individuals to spend time alone or socialise with others in the communal living areas. People are not supported to use all communal areas available to support their wellbeing. The main communal area is used regularly for both socialising and mealtimes, we observed it was loud and on occasion crowded. For the most part people appeared happy in this environment. The property is large and for the most part clean and tidy. However, some areas look tired and in need of repair and deep cleaning, specifically, bathrooms, shower room and several bedrooms. In both bathroom and shower rooms water does not drain away without staff assistance. This has led to overflow and flooding which is a hazard to staff and people.

The service has measures in place to manage risk to people's health and safety. However, records show not all checks are carried out to identify issues. Staff told us of maintenance issues, which we observed but are not reflected within the maintenance logs. The service is without onsite maintenance staff which is reflected in our observations. Equipment without the regulatory checks; bedrooms which need repairs and or deep clean; broken vents. We saw, items blocking firefighting equipment; poor maintenance of fire escape route, resulting in plant life, moss, causing a hazard which could result in slip, trips and falls. Policy and procedures are not always followed. Staff told us, and we observed staff not following manual handling plans, placing people at risk of injury. Manual handling plans do not always reflect the care and support needs of people. We observed practice, spoke to staff, relatives and people and read supporting documentation which verified this. We observed and staff informed us of poor staffing levels in the kitchen resulting in care staff supporting meal preparation. The impact of this is Individuals requiring specialist diets are not being provided as prescribed. The interim management team will arrange agency staff until permanent kitchen staff can be recruited. We observed and were told by staff there is insufficient manual handling equipment due to breakages for the number of people with complex needs. The interim management team has assured us equipment will be made available soon.

This is having an impact on people's health and well-being and places them at risk, and we have therefore issued a priority action notice. The provider must take action to address these issues.

Leadership and Management

Governance arrangements which support the operation of the service need strengthening. Since our last inspection to the service, there has been changes in management and staff team in a short space of time. Leaving the service reliant upon agency staff and an interim management team. The regional manager has acknowledged that this has been a difficult time for staff and the people living at the service. They are keen to reassure us that the provider is committed to raising the quality of the service provided and to support the wellbeing of people and staff. All staff have received an appraisal and one supervision by the interim management team, though this is the first in sometime. Staff have stated they do not feel supported; comments included *"We are not a team; we are all individuals, but it's still better now than it was"*. And *"I feel like I'm a number to fill the gap, then sometimes you get a thank you"*. And *"I'm happy working here now it's a nice place, friendly but we are just lacking guidance and organisation"*. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Communication within the service needs strengthening. Handovers observed are disorganised and not all relevant information is passed on to staff. We sought clarification where staff did not, this could affect the daily care and support and wellbeing of people. This improved slightly on the second visit, and we have been reassured by the presence of the new clinical interim manager, who will be full time shortly.

We looked at three staff files and saw recruitment documentation and pre-employment checks were in place. This included Disclosure and Barring Service (DBS) checks. Agency workers policies and contracts are in place, and we saw documentation to verify their (DBS). However, agency staff told us they would be better able to support people meet their needs if training and access to the electronic care plan system was provided.

Staff have a good understanding of safeguarding and their role and responsibilities to report concerns. There is a clear safeguarding policy and procedure in place to safeguard people. All staff spoken with feel they have the skills and knowledge to speak out. Staff told us; *"Protecting people from abuse and harm, everyone has the right to be treated with dignity"*.

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
57	Staff admitted to using inappropriate manual handling. Staffing levels reliant on agency staff. Insufficient manual handling equipment. Fire safety items blocking firefighting equipment, fire escape overgrown. Health and safety, some electricals are not PAT tested. Inappropriate staffing levels in the kitchen, impacting on the dietary requirements of those on modified diets. There are a number of rooms in need of a deep clean and repair.	New

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
36	At our inspection on the 28th and 29th of September we found that staff have not received supervision in line with regulatory time scales. Staff stated they do not feel supported.	New
15	Care and support plans do not reflect the needs of people. Specifically, communication and manual handling plans. Plans do not make clear how the individual will be supported to achieve their personal outcomes	New
21	We observed, and were informed by staff, that the electronic system for care planning was not fully operational. Not all the information seen was up to date.	Not Achieved
22	People were not provided with consistency of care and support by staff who know the person.	Not Achieved

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