



Inspection Report on

St Marks Court

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

Date Inspection Completed

01/06/2022

31 May & 01 June 2022

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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	Click or tap here to enter text. 01 December 2020
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 and their relatives are mostly happy with the care and support provided at the home. They live in a homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care staff receive appropriate training and support but improvements need to be made to the frequency of supervisions. Care staff are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The management team have put robust checks and processes in place to keep service delivery under constant review.

Improvement is required with the dining experience, monitoring of care activities such as skin integrity, food and fluid records and ensuring emergency call system buttons are responded to promptly.

Well-being

People and their relatives are happy with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, "*they are very good to me*" and "*can't fault them*". Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. St Marks Court has a robust safeguarding policy in place and all staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People mostly get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at St Marks Court. However, monitoring of care activities requires strengthening and is discussed later in this report.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to the residents. Throughout our visits on both days, we observed organised activities taking place facilitated by care workers and the activities coordinator. People told us they enjoy taking part in a variety of activities such as arts and crafts and having a singalong. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as practically possible.

Staff recruitment is safe and robust as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures but failed to ask the Inspector to sign into the visitor book and to show a lateral flow test result for Covid-19. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE and there are PPE stations in various areas throughout the home.

Improvement is needed with monitoring of care activities such as monitoring of skin integrity, with the use of SKIN bundles (Public Health Wales), and monitoring of diet/food and fluids which was found to be inconsistently completed. We examined a sample of care files which all required reviewing and updating. Diet and nutrition records (All Wales Fluids Charts) were inconsistently completed resulting in insufficient monitoring of people's fluid intake. The sample of records seen by us show that skin integrity monitoring and risk assessments also need updating. In the sample of rooms seen by us, a sensor mat top, which was recommended in the care plan was not in place. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Supplies of incontinence products were of a sufficient level to meet the quality of care required to support people and achieve their personal outcomes. However, it was discussed with the manager that individual supplies would be stored in their bedrooms.

Improvement is needed to ensure people enjoy a positive dining experience. We observed people at lunch on the ground floor and first floor dining/lounge areas on the two days of our visit. We saw that care workers assisted people in a relaxed and efficient way. However, the dining room area on the ground floor was only used by one person on the first day and not used on the second day. There was only one dining table with seating for two people available. People ate their meals at cantilever tables by their armchairs in the lounge. There was not enough seating in the dining room for all residents. Staff only occasionally sat beside residents to assist them with eating and drinking.. They mostly stood over the residents while assisting them which is not good practice. There was no menu displayed for residents to make a choice. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service mostly has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff.

Medication administration record (MAR) charts are mostly accurate and the audit process identifies mistakes and appropriate action is then taken. During our visit we observed poor practice with a member of staff administering medication and then signing for this later. We discussed this with the member of staff concerned and the manager. The medication trolleys are secured in a locked room when not in use. As and when required medication (PRN) is appropriately administered in line with instructions. The medication room temperatures are consistently checked daily to ensure medication is stored at the correct room temperature.

Environment

The accommodation is clean and comfortable and benefits from good quality decor and furnishings, which at the time of our visit were being updated. The home is informal and relaxed. We saw people sitting in the lounge on the ground floor and first floor, sitting in the comfort of their bedrooms, relaxing or asleep in bed. However, the secure outside garden area requires updating to ensure people have access to external grounds which are accessible, suitable, safe and properly maintained. The systems of monitoring and auditing, which inform a planned maintenance schedule and renewal programme for the fabric and decoration of the premises are sufficient.

The laundry room is well organised and has a separate entry and exit. Appropriate systems are in place and all laundry equipment is in working order. There is shelving for linen storage in place and ironing and labelling facilities. There is a storage area for household waste and clinical waste bins.

Entry to the home is safe and documents are stored securely. Visiting professionals are usually requested to undertake a lateral flow test and sign into a visitors' book on arrival, ensuring people's safety is maintained. Visitors are also required to follow the home's infection control procedures in relation to COVID-19. Information is stored securely electronically and in a locked office. Care documentation is treated sensitively ensuring people's privacy is protected. Windows have restrictors in place and harmful chemicals are locked away safely. Safety checks to the building including testing of gas and electrical installations take place within required timescales and any repairs are completed without delay. There is a fire safety risk assessment in place and all residents have a Personal Emergency Evacuation Plan (PEEP) which is important, as this document guides staff on how to evacuate people in the event of an emergency. During our visit we tested the staff call button and had a slow response. We discussed this with the manager who agreed to address this as a matter of priority.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment care planning, monitoring and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated but the Infection Prevention and Control policy requires updating.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which shows the provider asked for people's feedback and that recommendations for improvements were implemented. We saw evidence that the RI has very good oversight of the service and the service provider employs a quality improvement lead. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The manager told us of plans to refurbish areas, which includes redecoration, refit of flooring, radiator covers and room upgrades. There will be a focus on dining rooms and personalisation of individuals bedrooms.

There are sufficient numbers of staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available and this was seen during our visits. However, analysis of records showed that there is an overreliance on the use of agency staff. This does not provide consistency for people. This should be reviewed by the provider and a recruitment strategy put in place. People living at the home told us "*the staff are really good*" and "*they listen to me*". A relative commented "*there has been change in staffing and they are rebuilding*" and another commented, "*there is room for improvement*". The sample of staff supervision and appraisal records seen show they were not always carried out at the required frequency. Staff files are well organised but would benefit from archiving older records. We were shown a training matrix, which includes mandatory courses as well as other courses. The staff training matrix needs updating to ensure staff are completing all the training required such as Data Protection & Emergency First Aid.

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
21	The service provider did not always ensure monitoring of care activities was consistently carried out.	New

21	The service provider does not consistently ensure people are provided with mealtimes which are a positive experience.	New
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Date Published 19/07/2022