



Inspection Report on

Sketty House Care Home

**St. Camillus Care Homes
244 Gower Road Sketty
Swansea
SA2 9JL**

Date Inspection Completed

15/09/2023

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About Sketty House Care Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | St Camillus Limited |
| Registered places | 35 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 28/03/2022 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

Sketty House is a residential care home for adults who require support with their personal care needs. People have up to date personal plans in place which give a good overview of their support needs for care staff to follow. People have opportunities to participate in activities in the service as well as going out to pre-arranged community events. Care workers are recruited safely and feel happy and supported in their roles. They receive training suitable to their role and have regular supervision.

There are ongoing refurbishment needs in the service that remain outstanding. However, people are comfortable and have choices in where to spend their time. There are good maintenance procedures in place to ensure day to day systems in place are in good working order, and there are good security arrangements in place to enter and leave the premises.

There is a dedicated manager in post who is visible in the service and feedback from staff and professionals was very positive about them. At present, the provider does not have a Responsible individual (RI) in place, as a result the RI's regulatory requirements in regards their three-month visits and the 6 monthly quality of care reviews are not being undertaken in line with regulation. However, people confirmed they have regular discussions with the manager and are asked to give feedback about the service to drive improvements. The manager also conducts audits on a regular basis to ensure peoples care needs are met and all systems are maintained in the service.

Well-being

People have a voice and are treated with dignity and respect. Pre-admission assessments are carried out with people and their relatives and or relevant professionals prior to the person moving in to assess if the service can meet their needs. Personal plans are written from the individuals' perspective. The manager routinely speaks with people to update their personal plans, see how they are and if all is well in the service. We observed care staff having pleasant conversations with people and saw good camaraderie between them.

People are safe in the service and protected from harm. There is a safeguarding policy in place. Care workers undertake mandatory safeguarding training as part of their roles, those spoken with are aware of their responsibilities to report any concerns they may have about people. People who do not have capacity to consent to decisions over their care and support have relevant Deprivation of Liberty safeguards (DoLS) in place. Routine environmental checks take place to maintain the service and there are security processes in place to monitor who enters and leaves the premises.

Improvements are needed within the environment to ensure people have choice in how they like to wash. Some areas of refurbishment identified at the last inspection remain outstanding. The service is clean and infection control procedures are in place to minimise the risk of infectious outbreaks.

People are encouraged to maintain relationships. People living in the service have built friendship groups and often sit together. Visitors are welcome in the service, and we spoke with several during the inspection. The service has built a good relationship with a nearby café and people often go there for coffee mornings, where members of the public can join them on the 'chat table' along with their pets.

People's physical, mental health and emotional wellbeing is promoted. There are good systems in place to manage medication in the service. Although there has been a high turnover of staff, care staff overall know the people they support well. Changes in people's health needs are recognised quickly by care workers and action is taken to seek further support when required. There is a dedicated activities person in post who actively encourages people to engage in activities they enjoy both together and/or individually.

People live in a home with good oversight by the manager. There are systems in place to ensure people receive the care they need through ongoing monitoring and auditing. As there is no RI in place, the manager has tried to ensure people are still able to inform them of any improvements needed in the service.

Care and Support

We viewed three people's care files and saw personal plans are written from the individual's perspective, are easy to read and give clear instruction for care staff to follow. These plans are supported with suitable risk assessments. People's personal plans and risk assessments are kept up to date and reviewed regularly. The service uses a resident of the day system to ensure that all care files are reviewed on a rotational basis. The manager undertakes monthly dip sampling audits of care files to check they are up to date. Most relatives we spoke with told us the care plan was discussed on admission to the care home and that communication with the service overall was good. Comments included: *"Communication is good, they ring me immediately if there are any issues" and "We are happy with the home and communication when my relative is poorly, is excellent"*.

Good systems are in place to manage medication and maintain people's health. There is a designated medication room in the service which is locked when unmanned. Medication is stored in locked trolleys appropriately and in an organised way. Safe storage conditions e.g., temperatures, are checked daily for both the medication room and fridge. Three Medication Administration Record (MAR) charts were seen, these were completed appropriately with signatures and additional notes recorded. In care files we saw any concerns with people's health are reported for medical advice promptly and details of communication with professionals and referrals is visible in care files. The manager carries out monthly audits of people's weight and any concerns are followed up as required. We spoke with the Chef who has a good knowledge of the dietary needs of people in the service and we saw adapted menus to cater for people's needs whilst still giving people choices.

We observed people participating in activities they clearly enjoy. There is a highly regarded activities person in post who engages with people to do things that matter to them. During the inspection we heard music playing and overheard quizzes and games being played. We also observed the activities person visiting people who chose to stay in their rooms. People sitting in communal areas appeared to be with their friendship groups had good camaraderie and humour between them. We were told that people attend a weekly brunch club and pet friendly café for regular coffee mornings. Many relatives were visiting during the inspection and were complimentary of the activities that take place and how people are always encouraged to get involved. One person said of the activities person they are *"absolutely lovely and full of beans and do lots of things with us to keep us busy and happy"* and a relative said *"You can see that people are happy here which is so important"*.

Environment

People live in an environment that is homely and meets their needs to achieve their personal outcomes. However, there are outstanding refurbishment needs which would ensure people have choice in all aspects of their personal care and which would increase their comfort within their home. Some refurbishment has taken place since the last inspection, with lots of de-cluttering having been completed. Two of the bathrooms have been refurbished, however the new bath is not currently accessible to those with mobility issues. People told us they were happy to shower, however they felt they should have a choice in this area. There are still areas of flooring that need replacing and the garden area is in need of some maintenance. This is an area for improvement, and we expect the provider to take action, this will be followed up at the next inspection. The service is set in its own grounds and has a large lawned area to the front with carparking to the side beyond the long driveway. There are two floors in the building with all communal areas, offices, kitchen, medication and laundry room on the ground floor. The first floor is accessible via stairs and a lift and consists of bedrooms and bathrooms. Some of the bedrooms have their own toilet facilities. We saw that bedrooms are comfortable and personalised with people's own belongings. Bedrooms are refurbished to a good standard as they become vacant.

The service provider has procedures in place to identify and mitigate risks to health and safety. The service is clean and there is a small team of domestic staff that work hard to maintain the cleanliness of the service. There is a maintenance person in post who carries out everyday checks on equipment and the environment to ensure it remains safe for people. These include, water outlet flushing and temperature checks, window restrictor checks, fire systems and manual handling equipment. We saw that routine servicing of utilities in the service are undertaken, with certificates on file. There is a fire risk assessment in place and people have up to date personal emergency evacuation plans (PEEP's) in place. The Kitchen was inspected by environmental health in December 2022 and scored the maximum score available of 5 to indicate very good practices in place.

Leadership and Management

The manager has arrangements in place to oversee the service. They are visible in the home daily and is supported by a dedicated administrator who has been in post several years. The Manager carries out routine audits which include, skin integrity oversight, infection control, medication, environmental walk arounds, kitchen checks, and DoLS. The manager told us that during resident of the day checks, people are spoken with and asked for their views of the service and if there are any improvements needed, where possible this is also cascaded to relatives when visiting. Relatives spoken with confirmed this. The provider does not have an RI in post at present and consequently the required RI oversight duties including quarterly visits and the production of quality-of-care review are not being completed. As there is no impact on people in the service at present, we have not raised this as an area for improvement on this occasion but will consider this at the next inspection.

People are supported by care workers who are recruited, supported, and trained appropriately. We looked at three personnel files, documentation required for safe recruitment and background checks are in place. This includes up to date Disclosure and Barring Service (DBS) checks. We looked at the training records which showed appropriate training is being delivered to the care team. Long standing staff members are registered with Social Care Wales (SCW) the workforce regulator and newer recruits are working towards their registration. Improvements have been made in the frequency of supervision of care staff and we expect the managers to ensure this is embedded and sustained, along with annual appraisals that have commenced. We spoke with care staff during the inspection about working in the service and the support they receive from managers, feedback we received was positive, comments included: *"The manager and colleagues are very approachable, they really make a fuss of people here and try to make them all feel at home and happy"* and *"I am happy here, feel confident in the manager and they are approachable"*.

There are systems in place to support the smooth operation of the service. We reviewed the services Statement of Purpose which continues to reflect the service well. The provider has policies and procedures in place which are reviewed to ensure they are up to date and in line with current legislation and guidance. The manager told us the director calls in and visits regularly and is available over the telephone if needed.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|--------------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 44 | As part of the inspection a tour of both internal external areas of the service took place. Outstanding work remains in respect of refurbishment and decoration in the service. Accessibility to use the bath in the service remains an issue. | Not Achieved |
| 36 | A focused inspection took place on 20th July 2022. The provider has made progress in relation to staff supervision (staff file audit x 3 completed in addition to supervision matrix provided by the service) but some remain outstanding. | Achieved |
| 21 | A focused inspection took place on 20th July 2022. As part of the inspection a file audit of people's support files took place. There was insufficient evidence of adequate skin integrity and skin bundle checks being completed consistently and recorded appropriately. | Achieved |

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