

# Inspection Report on

**Sketty House Care Home** 

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

### **Date Inspection Completed**

20<sup>th</sup> July 2022

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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	Click or tap here to enter text. 29 <sup>th</sup> March 2022
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

This was a focused inspection. Improvements have been made since the last inspection. These include refurbishment and updating in some areas of the environment such as bathrooms and external areas. There is a plan in place to continue repairing, refurbishment and updating parts of the internal environment. People gave positive feedback about the care and support provided. Care workers made positive comments about the support provided by managers. The acting responsible individual (RI) has improved oversight of the governance and quality of the service provided. Risk assessment and support planning documentation needs improvement in relation to documenting skin care management practice clearly. Also, improvement is needed in relation to all care workers receiving planned supervision and appraisals.

#### Well-being

As this was a focused inspection, we have not considered this theme, in full. People are treated with dignity and respect. We saw positive interactions between care workers and people throughout the inspection. People gave us consistently positive feedback about care workers and managers during the inspection. *One person told us "all my needs are being met and the staff are really nice"*. Another person stated; "good staff and no complaints or worries". Improvement is needed in respect of documentation and recording regarding people's skin integrity management and checks.

There are adequate staffing levels in the service. Although, agency staff are currently being utilised due to ongoing recruitment challenges due to the pandemic. Care workers are well trained and safe recruitment checks are completed appropriately. Disclosure and Barring Service (DBS) checks are current, and copies kept on file. Care workers gave positive feedback about the support provided by managers. Improvement needs to continue in respect of care workers receiving regular planned supervision and annual appraisals.

The environment is improving. The provider has completely refurbished two bathrooms and redecorated, cleaned, and refreshed outside areas. Further repair and refurbishment are needed in other areas of the service. This includes repairs to prevent any further water ingress in a ground floor hallway and redecoration, updates to shower rooms, floor covering replacement and re-decoration in a first-floor hallway.

There is good oversight of the quality of care provision from the manager, deputy manager and acting RI. The acting RI completes regular visits to the service and has applied to be the registered RI with Care Inspectorate Wales (CIW). Care workers and people told us communication with the managers is good. As this was a focused inspection, we have not considered this theme, in full. As part of the inspection, we completed an audit of two people's support files. We saw generally comprehensive and thorough documentation including support plans and recordings.

Where appropriate support and risk plans would benefit from more detailed information regarding specific skin care routines and management.

We also saw some recordings linked to support plan outcomes and risk assessments are inconsistent. This is a particular issue around skin integrity management tasks and checks. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. The deputy manager told us people who have skin integrity issues are referred to district nursing services for advice and or ongoing support. We saw recordings and documentation confirming this. We also spoke to a visiting professional who told us *"Overall very nice place, very caring and committed staff and very welcoming. People always clean and well presented. Good communication from service".* 

As this was a focused inspection, we have not considered this theme, in full. We completed an inspection of both internal and external areas of the service. Improvements have been made since the last inspection. Two bathrooms have been completely refurbished with new baths, wall, and floor coverings. The deputy manager told us they are awaiting delivery of two new bath lift chairs to enable people to be safely supported, whilst having their personal care needs met. We saw extensive re-decoration of external areas is underway and there is a well maintained pleasant outside area with patio furniture in situ for people to enjoy. We also saw a small lounge area is in the process of being re-decorated with a sensory theme and contrasting colours. Some areas of the service continue to need updating and repair. A ground floor hallway has damage caused by water ingress. The RI told us this is caused by a leaking roof which is due to be repaired the following week. Following the repair, the hallway will be redecorated. We also viewed two shower rooms which need repair and updating. We saw a first-floor hallway with damaged floor covering, skirtings and door frames. The RI informed us these areas are included in a schedule of works planned to be completed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

As this was a focused inspection, we have not considered this theme, in full. The provider has arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. We saw the recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes further improvements for the future. A Director has been appointed as an acting RI in the absence of the registered RI. The acting RI is currently going through the registration process with CIW. We saw the acting RI is in regular contact with the service. We saw policies and procedures have been reviewed and where necessary updated. The service's statement of purpose (SOP) has been reviewed and accurately reflects the service. The deputy manager told us staff recruitment continues to be challenging for the service. Where necessary agency staff are used to ensure adequate numbers of staff are on duty and the provider continues to actively try and recruit new staff. The provider minimises the impact on the service by contracting through one agency. A care worker told us "Agency staff are really good as well and know people well". The appropriate agencies including CIW are notified where necessary of any significant issues affecting people or the service. The deputy manager told us the service is settled and there are no current concerns, complaints, or infection control issues.

People are supported by a dedicated team who have been recruited safely and are well supported in their roles. We looked at three staff personnel files and saw appropriate preemployment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. Care workers spoken with confirm they attend safeguarding training and understand their responsibility in relation to this. There are detailed and thorough safeguarding policies and procedures in place to guide care workers. Since the last inspection improvement has been made in relation to staff receiving regular planned supervision and appraisals. However, we saw a staff supervision log that showed that not all care workers and the manager are receiving regular structured supervision and an annual appraisal. 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			
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	

44	A focused inspection took place on 20th July 2022. 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 repair of both shower rooms, ground floor hallway water damage and decoration, first floor hallway floor coverings and re-decoration.	New
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.	New
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.	New
80	There was no quality of care review available.	Achieved
36	Staff were not in receipt of quarterly supervision and annual appraisals	Achieved
21	Care plans are not up to date to illustrate peoples current needs	Achieved

Date Published 05/09/2022