



## Inspection Report on

**St. Johns**

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

## **Date Inspection Completed**

09/05/2024

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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	19
Language of the service	English
Previous Care Inspectorate Wales inspection	10/08/2023
Does this service promote Welsh language and culture?	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 Johns is a local authority residential service, for up to 19 people. The last inspection identified shortfalls in the inclusion of people in their personal plans and in the food supplied to people. With the completion of the kitchen refurbishment, action has been taken to improve the dining experience. Areas of improvement have been met. The system used to evidence training is completed and has recently become more manageable with staff supported to input their training information. This is ongoing and remains an area for improvement.

St Johns is a spacious home with light and spacious communal areas, including a paved garden. The lounge and hallways are to be refurbished; funding has already been set aside for this. There is good maintenance provision with procedures in place to maintain health and safety of people. There is an approachable responsible individual (RI) giving good oversight of the service.

## Well-being

People get the right care and support. Care and support plans and associated risk assessments are in place, these are reviewed regularly with people or relatives. Plans for long term placement are detailed, those for emergency placements and short-term placements need strengthening. This was discussed with the deputy manager who is already taking action. People told us they are happy and feel well supported by staff. One person told us; *"They are nice to me, I can do whatever I want, I can't find fault with them"*.

People are protected from abuse and harm. The provider has a good safeguarding policy in place and staff receive training in safeguarding of adults at risk of abuse. Refresher training is inconsistent. The RI is aware of this and assures us it will be a priority moving forward. This is an area for improvement. Staff spoken with understand their role and responsibilities in safeguarding people and reporting concerns.

People live in suitable accommodation, which supports their well-being. People's bedrooms reflect individual taste, with personalised items of their choosing and are important to them. The communal lounge will be decorated soon, due to the increased numbers of people living at the service the lounge feels less homely. Chairs block the fireplace, and the fish tank has been removed. The tea making facilities are no longer used and have been replaced by a tea trolley. Safety checks are completed regularly, to ensure the ongoing safety of people and staff.

Staff recruitment is safe with pre-employment checks in place. These checks are important as they determine a person's suitability to work with vulnerable people. Disclosure and barring checks (DBS) are carried out at the employment stage and reviewed within regulatory time scales. Staff are supported in their roles, through irregular supervision, impromptu discussions, and appraisals. Staff are registered with or working towards registration with Social Care Wales (SCW) the care force regulator.

We saw good governance and oversight of the service. The RI has good quality monitoring processes in place to safeguard vulnerable people. The RI visits the service regularly to give support and guidance to the management team. The RI speaks with staff when they visit to obtain their feedback about the service, this information is fed into the visit and quality care reports.

## Care and Support

The standard of care and support is good. People told us they were happy in the service and felt staff new them well. People are now better able to socialise as the refurbishment to the kitchen / dining area is complete. We saw people chatting happily together in the lounge, asking questions, and engaged in the quiz. Staff are allocated daily to support activities. People told us they enjoy quizzes and sing-along. People told us they would like more opportunities to access the local community. Staff confirmed community activities have not been possible for some time due to lack of staff availability and transport. People told us; *"It would be nice to go out like we used to"*.

Care and support plans and associated risk assessments are in place, plans could be strengthened, for people admitted in an emergency placement or for respite. Specifically social history, likes, dislikes and specific guidance on how best to support people. This was discussed with the deputy manager who confirmed she is reviewing all support plans to ensure they reflect people's outcomes.

The health and well-being of people is supported well. Documentation seen and speaking with staff, show staff can recognise any deterioration in people's health and seek medical attention when needed. We saw the appropriate use of manual handling equipment while supporting people to transfer from chair to wheelchair. Staff were seen to be respectful and support people with dignity.

The service has mechanisms in place to safeguard people they support. We saw the safeguarding policy and procedures in place to safeguard people. We spoke with staff who confirmed their understanding of safeguarding people and the reporting process. Staff told us; *"Safeguarding is everyone's responsibility"*. *"Whatever it is you have to report it, I would never leave it to someone else"*. And People told us; *"Oh yes, I definitely feel safe here"*. We saw a training certificate showing staff receive safeguarding training as part of their induction, however, online refresher training for all staff is inconsistent.

There are good systems in place to manage medication at the service. A new medication framework has been introduced to the service to minimise the risk to people. Medication records are audited and there are safe systems in place to support people's health. Medication charts seen are completed appropriately and medication is stored correctly in locked trolleys in a locked room. As and when medication (PRN) is administered in line with GP guidance. Training for staff with responsibility for administering medication was in place and six-monthly competency assessments carried out.

## Environment

The provider ensures that people's care, and support is provided in a location and environment with facilities that promote people's well-being and safety. People told us they are happy; their rooms are clean and tidy. People make their rooms personal with soft furnishings, photos, and ornaments. One person told us, *"They treat me well; I have a nice room and the food is very good"*. Many of the rooms have been given a new coat of paint to freshen them up. Funding has been authorised for the refurbishment of the lounge and hallways, along with the full refurbishment of the laundry room. This could impact on people over an eight-week period. The RI has made provision with another service to support their laundry needs and will carry out relevant risk assessments to safeguard people. The increase in the number of people using the lounge has affected the homeliness of the room as additional chairs have been introduced, blocking the fireplace. The independence and wellbeing of people has been marred by the removal of the tea making facilities. However, the manager has assured us this will be remedied as part of the refurbishment to the lounge.

Since the last inspection improvements have been made with food served in the service, and people receive a more positive dining experience. We sat with people and sampled the food which was of a high standard. People told us the food was very good and they enjoyed socialising with others in the dining room. The recent food hygiene certificate reflects this (level 5, very good).

Health and safety checks are carried out to keep people safe. The service is secure on entry with key code access, A visitors' book is in place for all visitors to sign on entry and leaving in line with fire regulations. Weekly fire alarm and fire safety equipment checks are carried out in line with the up-to-date fire risk assessment. The designated fire warden has completed the relevant training and ensures up to date personal evacuation plans for people (PEEPs) are in place for the safe evacuation of people if required.

## Leadership and Management

The provider has good governance arrangements in place to support the smooth running of the service. The RI visits the home regularly and produces visit reports and quality of care reviews. Systems are in place to monitor and review the quality of care and support being provided. The RI takes an active role in the service. We saw documents which show the RI supporting the manager to develop and improve quality of care and support.

The provider has oversight of financial arrangements and invests in the service. We saw suitable staffing levels on the day of inspection, this was confirmed by the daily schedule. Some staff commented that they did not feel supported at busy times of the day by the management team. Staff also stated they did not have the staffing resources to take people out into the community.

People are supported by care staff who are recruited safely and supported in their roles. We looked at seven staff personal files and saw good recruitment and pre-employment checks are carried out. Disclosure Barring Service (DBS) checks are undertaken in line with regulations and staff are registered or working towards registration with Social Care Wales, the workforce regulator.

Improvements are needed in the regularity and consistency of supporting all staff with appropriate supervision and appraisal. The deputy manager assured us supervisions would be brought back in line with regulatory time scales. The supervision format does not evidence two-way communication and some staff told us they did not always feel supported by the management team. Particularly when the service is busy and there is an expectation for staff to manage the daily diary. The RI and manager confirmed staff are supported by office staff when needed and requested by staff.

Improvements are still taking place to ensure that staff are supported and trained to meet the needs of people in the service. During the last inspection we noted training refreshers could not be evidenced as the system being used was not working. The system has recently been fixed and staff are now being supported to record their eLearning which is ongoing at present. 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
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Regulation 36 (d) Where some effort has been made to improve training the system used by the provider is not functioning and a true picture of the training delivered is not apparent.	Not Achieved
16	Regulation 16 (4) Where some effort has been made to introduce documentation to support the involvement of people in their care and support this AFI has not been achieved.	Achieved
57	Staff do not follow food hygiene practices and staff should make the meal time experience a social activity to support the wellbeing of people.	Achieved

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