



Inspection Report on

St Marks Court

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

Date Inspection Completed

08/06/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

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	
Does this service provide the Welsh Language active offer?	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 Nursing Home is a purpose built property situated in a residential area of Waun Wen, Swansea. People and their relatives are satisfied 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. People have personal plans in place. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people but there is a reliance on replacement staff. Care workers receive appropriate training and support. Staff supervision and appraisal meet regulatory requirements. Care workers 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 at home and in the community.

The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. Improvement continues to be needed with monitoring of care activities, person centred information, clearly defined outcomes and continuity of care.

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, "*The staff are kind*" and "*they're lovely.*" A relative commented "*They are tidy enough.*" Records show people are offered choices to make everyday decisions. The 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 and this is supported in records seen by us.

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

Improvement is needed with care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at St Marks Court Nursing Home. However, skin integrity, food and fluid monitoring, defining and measurement of outcomes, service user inclusion and person centred information in care files requires improvement.

People 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 people. During our visit we observed some activities taking place facilitated by an activity's coordinator supported by care workers. People told us they enjoy taking part in a variety of activities such as singing and music, ball games, and quizzes. 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 have limited opportunity to engage and make a contribution to their community. Records show that there have been limited opportunities for people to have easy access the local community and relevant facilities.

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 mostly well-maintained and safety checks are completed when required. The environment is mostly clutter free and hazards are reduced as far as practically possible.

Care and Support

Improvement continues to be needed with monitoring of people's or individuals 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 or not completed. We examined a sample of people's care files which all required reviewing and updating. Diet and nutrition records (All Wales Fluids Charts) were not 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. We also noted that in the sample of files viewed, there was insufficient person centred information such as what is important to people and there was little evident of involvement of people in the development of their plans. Personal plans lacked clearly defined personal outcomes and how they are supported to achieve these. 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.

We saw there is a limited range of activities available which are meaningful to people. Activities include visiting entertainers, Bingo and music and board games. People told us they enjoy taking part in activities.

Improvement has been made but mealtimes continue to not always be a positive experience but, where required, individuals are supported sensitively to eat and drink. Healthy choices of food and drinks are available. The mealtime lacked a sense of mealtimes being a good dining experience which can help enhance social interaction, build a sense of community and increase nutritional intake. For example, one person told inspectors that they did not get the assistance they wanted when eating their food. The menu was displayed for people to see and make a choice, the dining tables were laid but the mealtime was not seen as an enjoyable social experience. We discussed this matter with the manager who agreed to address this.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate. We saw medication was kept in a secure locked cabinet in a medication room. A record is kept of the temperature and is monitored to ensure safe storage of medication.

Environment

The accommodation is clean, comfortable and benefits from sufficient quality decor and furnishings. We observed the environment to have some areas which were cluttered such as bathrooms and a storage cupboard. We discussed this with the manager who agreed to address this immediately. We saw people sitting in the lounges on both floors and sitting in the comfort of their bedrooms which were personalised to their tastes, hobbies and interests.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the maintenance staff at the home under the guidance of the Manager. The sample of the bedrooms viewed had facilities and equipment that is suitable for the individuals. However, we found that bedrooms lacked sufficient privacy locks on bedroom doors. We discussed this with the manager who agreed to address this immediately.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. We discussed with the manager that one bathroom seen by us had a damaged nurse alarm pull cord. Also, we noted that when the nurse call alarm was tested, we had an insufficient response time. The manager agreed to rectify this immediately. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

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. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

Appropriate laundry systems are in place and all laundry equipment is in working order except for one washing machine which was in the process of being repaired. There is a separate area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

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 Service User Guide requires updating to ensure the contents are up to date and accurate.

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 people and staff. We viewed the latest quality monitoring report, which included people's feedback from consultation and recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service and the service manager conducts a quality assurance system to ensure quality care is delivered with regular walk arounds to achieve this. 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 to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *"our investment is in ventilation and also replacing all bedroom and ensuite doors over the next 12 months"* and *"our focus is on ensuring we invest in not only the environment but also our team, through pay reviews, career pathways and training."*

Improvement is needed with continuity of care. There are enough staff on duty to safely support and care for people. However, records show there is an inconsistent team in place with a reliance on the use of agency staff. The excessive use of agency staff can mean that the balance of mixture of experienced and new staff available can be unsettling for residents. The replacement staff used are not familiar with, and do not have a good understanding of, the individuals to whom they are providing care and support. This was seen during our inspection. People living at the home told us *"I don't know some of the staff"* and several relatives commented *"the staff are always changing."* While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is mostly sufficient but would benefit from updating.

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
------------	---------	--------

22	People were not provided with consistency of care and support by staff who know the person.	New
21	The service provider did not always ensure monitoring of care activities was consistently carried out.	Not Achieved
21	The service provider does not consistently ensure people are provided with mealtimes which are a positive experience.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 19/07/2023