



## Inspection Report on

**St Martins Court Care Home**

**St. Martins Court Care Home  
Martin Street Morrision  
Swansea  
SA6 7BJ**

## **Date Inspection Completed**

23/03/2023

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## About St Martins Court Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	67
Language of the service	English
Previous Care Inspectorate Wales inspection	29 October 2020
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 Martins Court Care Home has a warm, welcoming atmosphere. People are accommodated in one of two buildings that share the same grounds: The Court or The Lodge. Nursing staff are always available in The Court, where people receive nursing care. Personal care is provided in The Lodge, which is led by senior care workers. The home has a new management team consisting of a 'turnaround' manager and deputy manager who are responsible for the running of both buildings. Care workers may also work between the two buildings.

People are content in their home. They have developed good relationships with staff and enjoy spending time with others. A range of activities and events are organised, which help keep people occupied and entertained. Care workers are attentive and have a good understanding of people's individual needs and preferences. They ensure people receive support from health and social care professionals to promote their health and well-being. People receive the medicines they need, although medication systems need to improve. People benefit from continuous environmental improvements. The accommodation is clean and homely, although staff need to ensure hazards are identified and removed where possible.

The service is actively recruiting new staff. Staff feel supported by managers and motivated in their roles. They are friendly and professional in their approach to care. Staff are suitably recruited and trained. The responsible individual (RI) oversees the management of the service effectively. Standards at the service have improved following internal audits.

## Well-being

People receive a good standard of care and support that promotes their physical and mental well-being. There are ample opportunities for people to socialise with others and take part in activities they enjoy. People's individual needs and wishes are set out within informative risk assessments and personal plans. Care workers are familiar with these, which enables them to provide people with the appropriate level of care. People value their relationships with care workers, which is reciprocated. The service accesses medical and specialist services so people benefit from their expert advice. People receive their prescribed medicines to promote their health and well-being. However, the service must maintain clear records that support the safe handling and administration of medicines.

People live in a comfortable, homely environment. They have access to various communal areas, which are all due to be refurbished. Infection risks are minimised as rooms are kept clean, tidy and hygienic. There are systems in place for ensuring the home and its facilities are properly maintained. However, staff must reduce environmental hazards as far as possible to promote people's health and safety.

The service helps protect people from abuse. Safeguarding and whistleblowing procedures are prominently displayed so people know how they can report concerns about people's welfare. Staff are safely recruited and trained. They communicate well with people and their representatives and are confident dealing with any incidents. The RI and other members of the senior management team monitor the service closely. Managers take action to address concerns and improve standards. They are committed to providing a service that is as safe and person centred as possible.

People's rights are respected. The service follows Deprivation of Liberty Safeguards (DoLS) procedures to ensure people are not restricted unlawfully. People and their representatives are involved in discussions about their care and support. Care documentation identifies what is important to people and this is understood by care workers. Care workers support people's preferred routines and encourage them to make decisions about where and how they spend their time. People can influence decisions that affect them, such as changes to the environment.

## Care and Support

The service develops personal plans that identify the level of care and support people need and want. They are supported by a range of relevant risk assessments and include details about people's backgrounds and preferences. Care workers demonstrate a good understanding of these during their interactions with people. For example, they show an interest in what matters to them, are familiar with their food and drink preferences and anticipate their daily activity. People told us care workers are "*doing a good job*". We saw them showing genuine care for people's welfare and communicating confidently with families and professionals.

Personal plans are regularly reviewed and updated to accurately reflect people's current needs. People and their representatives are involved in reviewing and amending personal plans, so they continue to help them achieve their goals. Reviews have not been consistently held and documented at least every three months, which managers are addressing. Daily recordings and monitoring charts show that people receive appropriate care and support. Personal hygiene charts are being revised so they reflect more clearly the care that has been provided. People told us they feel well looked after, safe and content with the quality of their meals and company of others. The service upholds the rights of people whose freedom is restricted by consulting with social care professionals and securing the necessary authorisations.

Medicines are stored securely. The service has improved its management of controlled medication with the support of the Local Health Board's medicines management team. Records show that people consistently receive their prescribed medication, including nutritional supplements and wound dressings. Staff receive training and support to administer medicines competently. However, the service has not kept clear records of all medicines received into the home and homely remedy protocols are not being followed consistently. These are areas for improvement, and we expect the provider to take action to reduce the risk of medicine related incidents.

People are cared for by kind, attentive staff. We saw care workers assisting and directing people in a calm, professional manner. Their friendly, caring approach helped create a relaxed, homely atmosphere that appeared to put people at ease. Relatives told us they are made to feel welcome during their regular visits. We saw people socialising with others, attending the hairdressing salon, and spending time alone, as desired. Some told us they like watching the pet budgies in one of the lounges. There are well-being coordinators in each of the home's buildings who organise various individual and group activities and other events. Care workers encourage people to take part in activities and we heard people singing and clapping along to the entertainment provided by a singer. We were told that people enjoy playing game shows on a portable, interactive activity tablet.

## Environment

The accommodation has a good range of facilities. The service plans to refurbish all communal areas and develop these into functional spaces that best support people's social and leisure interests. Private and communal rooms are suitably furnished, although we observed chipped, marked paintwork in some bedrooms. Individual assessments are carried out to identify how people would like their rooms designed. People are supported to move rooms where this will improve their well-being and reduce their risk of social isolation. Menus and activity programmes are prominently displayed, which keep people informed about day-to-day life and help them make decisions. There are plans to provide a full catering service from the kitchen in The Lodge, which will offer people more flexibility with their meals.

The service promotes a good overall standard of hygiene and infection control. We found communal and private rooms to be clean and hygienic. Laundry workers use a suitable flow system to separate clean and dirty laundry. The home was awarded a food hygiene rating of 5 (very good) following an inspection by the Food Standards Agency in February 2023. There are measures in place to reduce risks of COVID-19. Staff have access to personal protective equipment (PPE) to minimise infection risks. We saw staff wearing PPE appropriately when undertaking their roles. Records show that staff complete mandatory infection prevention and control training. Infection control leads have also been appointed to monitor and champion best practice. We found a chair and some bedrail bumper pads to be in poor condition so they could not be adequately cleaned. The manager assured us staff would be more vigilant in removing or replacing any damaged equipment that may compromise standards of infection control.

The home's facilities are well maintained. A maintenance officer carries out routine health and safety checks, which the manager oversees. Staff can also alert the maintenance officer to any urgent environmental works during daily 'flash' meetings. Gas safety and electrical inspections have been carried out within recommended timeframes. Records confirm regular servicing of fire safety equipment, moving and handling equipment and passenger lifts. There have been recent environmental improvements, such as the renewal of the flooring in The Lodge and redecoration of vacant bedrooms.

People have access to the equipment they need to support their health and safety. We found this to be working correctly. Most bedroom fire risk assessments and personal emergency evacuation plans have been routinely reviewed and updated. The manager assured us those that have not will be updated and addressed with staff. Although the home was free from clutter, some rooms and cupboards containing hazards had been left unlocked. Furniture was also damaged in one person's bedroom and ensuite bathroom, which was immediately fixed. Identifying and reducing hazards within the environment is an area for improvement, and we expect the provider to take action.

## Leadership and Management

The home has experienced recent management changes. A 'turnaround' manager will remain in post until a permanent manager settles into the role. There is also a new deputy manager who helps support the running of both The Court and The Lodge. A second deputy manager is being recruited so each building has consistent leadership. Managers praised the RI and other members of the senior management team for their support and for striving to deliver a truly person-centred service. Care workers told us morale and communication has improved, resulting in better teamwork. They feel managers are *"really helpful"* and *"things are looking up"*. Relatives told us they are comfortable speaking out if they have any concerns. Details about safeguarding and whistle blowing procedures are on display within communal areas for people to refer to as needed. Staff are required to complete mandatory safeguarding training and are confident dealing with any accidents or incidents. These are managed in line with the service's policies and procedures, which are accessible to staff and kept under review.

The staff team is growing following a successful recruitment drive. People will gradually move into the home as the new staff settle into their senior roles. The home uses regular agency workers to cover staff shortages. Care workers are visible within communal areas, and we saw them assisting people promptly. We found overall staffing levels to meet or exceed those set out within the home's statement of purpose; a document that outlines how the service is provided. The service updated its statement of purpose shortly after the inspection to ensure the information it contains is correct and consistent with legal requirements.

The service recruits staff appropriately, which includes carrying out a Disclosure and Barring Service (DBS) check. Staff told us their training is *"thorough"* and enables them to develop and progress in their roles. Managers respect the views of staff and are willing to take on board their suggestions. The new management team has worked hard to increase the frequency of staff's formal, individual supervision. The manager also told us of plans to hold annual appraisals in a more interactive and meaningful way.

There are effective systems in place for monitoring the quality of the service. A home improvement plan has driven positive change following internal audits. The RI ensures managers have the support they need to implement the actions within the plan. The RI reflects on progress during formal visits to the service, which are carried out three-monthly, or sooner. Reports from the RI's latest visits show that people have positive experiences and interactions with staff. Staff spoke highly about the RI's approach: *"Takes the role seriously... really knows the residents and the home"*. The service carries out quality of care reviews that reflect on the home's performance over six-month periods. The reports following these reviews are currently being revised, so they focus more on people's

achievements. The RI also agreed to include the views of staff, which have not been reflected clearly in previous reports.



### 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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58	The service has not consistently maintained clear records regarding medicines received into the home. Protocols regarding homely remedies have not always been adhered to.	New
44	The service has not always identified and reduced environmental risks, as far as is reasonably practicable.	New

**Date Published** 25/05/2023