



## Inspection Report on

**St Martins Court Care Home**

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

## **Date Inspection Completed**

02/05/2024

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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	<a href="#">23 March 2023</a>
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

People who live in St Martins and their relatives told us they are happy with the care and support provided. They gave positive feedback about the standard of care and support. We observed friendly, caring and supportive interactions between staff and people throughout the inspection. 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 a dedicated deputy manager. There is a permanent registered manager in post who is supported by an area director and responsible individual (RI). There are appropriate levels of experienced and well trained care workers and nurses consistent with the statement of purpose (SoP). The provider will need to keep this under review as occupancy increases in The Court. There are robust and thorough care planning processes and documentation in place.

The provider will need to ensure all environmental health and safety measures are robust and carried out routinely and in a timely fashion. There are some actions that need completion in terms of adequate fire safety measures in the building. The RI and manager will need to ensure the actions are completed in accordance with the latest fire safety risk assessment. The Lodge in particular would benefit from updating and re-decoration in some areas, particularly communal hallways and lounges. We understand these are planned over the coming year.

## Well-being

People have a voice in the service and are consulted about their care wherever possible. Prior to moving in, service assessments are carried out with people and/ or their representatives to ensure the service can fully meet their needs. Staff and managers are dedicated and committed to the work they do. People and relatives informed us they are happy with the support provided and caring approach of staff. Relatives informed us communication with and from the service is good. We noted positive interactions between staff and people throughout the inspection. Regular personal plan reviews take place and relatives are updated with any changes. People's rights are respected.

People live in a comfortable, clean and generally well maintained environment. They have access to various communal areas and 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, the provider needs to ensure all health and safety checks are completed routinely to ensure people are safe. Some areas of the service are in need of updating, repairing and re-decoration.

People are protected from harm and neglect. All staff are up to date in safeguarding training and those spoken with are aware of their responsibilities to report any concerns they have about people they support. The provider has policies and procedures in place to ensure the safe running of the service. The current SoP is consistent with the service provided. Visitors are fully welcomed and have access to communal facilities and activities. There are robust and safe medication administration and storage processes in place along with staff training to ensure good compliance.

There are effective oversight and governance arrangements within the service. The RI and area director visit regularly and all documentation seen as a result is detailed and thorough. Staff receive core and specialist training in a wide variety of subjects in line with the SoP. Care workers and nurses receive regular planned supervision and appraisals. All staff feedback gathered as part of the inspection is positive about the culture and management support provided.

## Care and Support

People receive a good standard of care and support at St Martins Care Home. We spoke to four people using the service and four relatives during the inspection. A person told us, *“Very happy here, staff are nice and polite. No complaints at all. Everyone is lovely and accommodating here.”* A relative told us, *“Care is good. Staff are always helpful and smiling. They are polite and helpful.”* Another relative told us *“Staff are very approachable and they try and help as much as they can.”* We saw care workers assisting and supporting people in a calm, friendly and professional manner. Their caring approach helps create a relaxed, homely atmosphere that appeared to put people at ease. There is a wellbeing coordinator employed in the Lodge who told us there are regular planned activities taking place such as quizzes, singers, cinema club, regular hairdresser etc. A singer was entertaining people at the time of inspection. The provider is actively recruiting for a new wellbeing coordinator in The Court, when in post this will promote more activities for people. Some relatives and staff told us staffing levels at The Court are low on occasion. We discussed this with the manager who told us occupancy levels are low at the current time and staffing levels will be adjusted as this changes. The service follows Deprivation of Liberty Safeguards (DoLS) procedures to ensure people are not restricted unlawfully. People gave positive feedback about the standard and choice of food provided.

People’s care and support needs are clearly documented in a detailed, thorough and regularly reviewed personal plan. A sample of personal support files viewed contain personalised information regarding likes, dislikes, care and support needs and risks. Resident and staff meetings take place. There is comprehensive information regarding health care needs such as pressure area care and specific risk assessments for staff to follow. The service has effective links with the local surgery and community services when necessary. There are thorough and robust pre-admission procedures to ensure the service can meet the care and support needs of people. The manager told us there is planning and preparation taking place to introduce a new electronic online care planning system over coming months. The manager feels this will further enhance care planning documentation and governance across the service.

Medicines are stored and administered safely. We completed a full audit of medicines storage and administration processes in the service. Since the last inspection the provider has introduced a new electronic medication administration recording and ordering system. The manager showed us how the system works and we viewed detailed and thorough online medication administration records completed by staff. The manager told us this has further enhanced safe medication practice in the service and regular audits are completed to ensure this continues. Staff receive training and support to administer medicines competently and safely.

## Environment

People are cared for in a clean, homely and secure environment. People's bedrooms are ensuite, clean and personalised to the taste of the individual. Following the last inspection an area for improvement was issued regarding the environment. The provider was requested to address poor décor in some communal areas, health and safety arrangements (repairs to some furniture and ensuring doors are locked to some storage areas and sluices). Whilst we saw clear improvement in relation to décor in The Court, the manager informed us all communal areas have been redecorated. This was not the case in The Lodge where we noted communal areas are tired and damaged, needing re-decoration and repair in some areas. The RI told us this has been requested and will be completed over the coming year. We also noted a kitchen area in The Lodge has not yet been fully renovated and refurbished as planned, which means meals still need to be brought across on trolleys from The Court. The RI stated the works will be completed over coming months. We found all areas requiring locked doors were safe and secure.

Health and safety arrangements in the service need improvement. We found nearly all health and safety checks are completed in a timely manner including, gas, electric, hoists, lift services etc. Fire safety checks of the building are completed routinely by a dedicated maintenance person. Personal emergency evacuation plans (PEEP's) have been routinely reviewed and updated. However, we noted the building fire risk assessment had not been reviewed for many years. We requested this to be addressed urgently and a new fire risk inspection was completed during the inspection. This shows some minor works need to be completed to ensure people's safety in the event of a fire. The RI told us these will be prioritised and completed shortly. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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 2023. 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 are also in place to monitor and champion best practice. Routine repairs are completed by the maintenance person and there is a system in place to document work needed and actions taken.

## Leadership and Management

Since the last inspection a permanent registered manager has been in post for many months. This has clearly provided stability to the service following a period of several temporary managers. There is also a deputy manager who has particular responsibility for the Lodge. The managers are supported by an active and present area director and RI who completes regular visits to the service. We saw detailed and thorough reports completed by the RI that detail discussions with people, relatives, care workers and managers. We also saw detailed quality of care review reports with clear oversight and actions where necessary. The management team carry out audits of systems within the service routinely and further audits are carried out by the provider's external audit team which includes health and safety. We spoke to care workers who spoke highly of the management support received and in place. A care worker told us, *"The managers are supportive and help us. If there is anything needs to be addressed they will. They look into things straightaway."*

The provider is recruiting for a dedicated administrator to fill an empty post. The manager is currently receiving external support to ensure care staff are recruited safely and appropriately. We looked at three staff files and found the required documentation in place for safe recruitment, including up to date Disclosure and Barring Service (DBS) checks. Care workers receive regular and routine supervision and told us they feel supported in their roles. Comments include, *"I do get good support from managers. Managers are really supportive and helpful"* and *"I do feel supported within the home. I feel like we are like a family and a number have worked here for years."* We saw the training matrix and nearly all staff are up to date with the provider's mandatory training which includes moving and assisting people, infection control, food safety, safeguarding etc. We spoke with many care workers during the inspection. Almost all staff told us they feel valued and happy in their work. Feedback about working in the service overall was good with positive feedback about the training and support provided. The manager told us access to support from the provider was very straightforward and they are supported very well by the RI and area director. Nearly all care workers are registered with Social Care Wales (social care regulator in Wales) and nurses with Nursing & Midwifery Council (nursing regulator in Wales). We saw an overall chart showing good compliance in relation to staff supervisions and appraisals taking place. The manager told us there is a plan to complete all over coming months.

### 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
44	The service needs to ensure environmental health and safety arrangements are maintained to an adequate and safe standard.	Not Achieved
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.	Achieved

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