



Inspection Report on

St Martins Care Centre

**69 Martin Street
Morrison
Swansea
SA6 7BJ**

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Description of the service

St Martins Care Centre is located in Morriston on the outskirts of Swansea. It is registered to provide nursing and personal care for up to 67 people. This is comprised of 39 people who require nursing care and up to 28 people who require personal care. There are two separate buildings, one a nursing unit and the other a residential unit. The registered provider is HC-ONE Limited and there is a manager, who is registered with Social Care Wales, with day-to-day management responsibility in place.

Summary of our findings

1. Overall assessment

We found that people living in St Martins Care Centre are supported to live their lives as they choose. People receive support that focuses on their needs. The manager and the nursing team provide good direction and ensure the staff team are well supported. Systems are in place to monitor the quality of care, and action is taken to address any issues that arise.

2. Improvements

We saw that the issues identified at the last inspection have been addressed; meals are discussed with people at each mealtime, there is good supervision in all communal areas, bathroom items are properly stored when not in use, Deprivation of Liberty Safeguards (DoLS) applications are applied for on time and the home is odour-free in all areas.

3. Requirements and recommendations

- None

1. Well-being

Summary

People are listened to, their preferences are understood and their views are valued. Each person's rights are upheld and their safety is promoted. People are encouraged to make choices about how they spend their time.

Our findings

People are listened to. Each person was asked about their personal preferences as part of their pre-admission assessment. The home used a booklet called 'remembering together' that asked for each person's family background and described what was important to the person and their family. This meant that care workers had the knowledge to support people as they wished and helped them understand people in the context of the lives they had lived before they came to the home. People confirmed to us that they followed their own preferred routines. For example, when to get up, what to eat and when to have a shower or bath. We saw people being asked how they wanted to spend their day. One person said, *"They help me do the things I like every day."* In addition, we saw that each person was supported to be involved in decisions regarding their care and well-being, and/or their representatives were invited to all care plan reviews that were held. From this, we conclude that the support people receive is person centred because people are involved in their care provision and as a result, feel listened to.

People's views are valued. Care workers demonstrated a commitment towards providing people with the support they needed and were knowledgeable about people's interests and lifestyle choices. We saw that care workers regularly checked people's welfare and gave people the time they needed to talk about any anxieties. Some people were not always able to verbally express their needs and wishes and we noted that these people's care records included information regarding their preferred methods of communication. This shows that people's views are valued in regard to the support they receive.

People are encouraged and supported to make choices and decisions about how they spend their time. Each person's personal choices were clearly described in their care records and people we spoke with told us they were as active as they wished to be. One group were playing bingo in a lounge during our first visit - several people told us that they

liked playing games in groups. Care workers were very expressive and animated with people, using banter and humour that evidenced that they knew each person well and what made them laugh. We saw that people responded in a kind manner. There was a noticeboard in a communal area. This meant that people were made aware of upcoming events; an entertainer was booked for later in the week. We saw that a local Salvation Army choir and a local schools choir sang for people over the upcoming Christmas period. One person told us, *"Always good fun."* And a relative said, *"Mum is always doing things. Her days are full and they're all so contented."* From the care records, we noted that all activities were risk assessed in order to keep people safe. This evidences that people are encouraged to participate in activities that are important to them.

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. People who did not have enough awareness of safety to leave the home by themselves had best interest meetings arranged and standard Deprivation of Liberty Safeguard (DoLS) authorisations in place. This meant that any restrictions were minimal and had been approved in the best interests of the person. All DoLS information was retained in the relevant person's care records, referred to in care plans and checked at people's monthly reviews to ensure they remained in date at all times. Care workers recognised their personal responsibilities in keeping people safe. They were aware of the whistleblowing procedure and were confident to use it if the need arose. They said they would go to the manager initially, but would go to external agencies such as the local safeguarding office or Care Inspectorate Wales (CIW) if they thought they needed to. We checked employee training records and saw that safeguarding training had been completed for the staff team. The home had access to a local advocacy service if people required independent support for any issues that affected them. This illustrates that the home ensures that people are safeguarded as far as possible.

2. Care and Support

Summary

People's individual support needs are understood and their medication is managed appropriately. Each person benefits from a healthy diet and attention to nutrition and hydration.

Our findings

People's individual support needs are understood. The home took information from speech and language therapist reports, nutritional assessments and social worker reports. There were assessments of each person's physical and mental health and up-to-date risk assessments that promoted people's well-being by empowering them to be as independent as possible; this included where the person was at risk of falls due to a reduced awareness of their surroundings. We saw that findings from other assessments, such as the Malnutrition Universal Screening Tools (MUST), pain assessments and skin integrity assessments were summarised and included in people's care records, together with other information such as nutritional information from speech and language therapist reports. This included whether any foods needed to be soft, or any specific support a person might require in order to eat safely. Where a person was unable to discuss their own care and well-being as they were living with dementia, the home discussed their care with their relatives. Care records were clear to understand, well organised and the information they contained was easily accessible. In order to remain current, all care records were reviewed monthly, or more frequently wherever support needs had changed. We saw that nurses led the process and invited people and/or their families to be part of the discussions. This meant that everyone connected with the person's care and well-being was involved in the process; this was evidenced by relative's having signed their relative's care plans to denote their agreement to the contents. In the event of an emergency, we saw that people's safety was promoted within their Personal Emergency Evacuation Procedures (PEEPs); these documents described the level of support required in order to assist people to evacuate to a safe place. We saw that care workers responded promptly to call bells when people pressed them for assistance in their rooms. From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

A robust process for medication management was in place. Medication administration records (MARs) contained each person's photograph and there were no omissions in the records we viewed. Controlled Drugs were appropriately stored and recorded and returned medication was also logged. All medication was stored in locked cupboards in the locked medication rooms. The system for ordering and storing medication was robust. Daily recordings of the medication room temperature were taken. This is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. From quality assurance documentation, we saw that the manager undertook regular audits of medication management. The training matrix showed that all nurses and care workers who administered medication had been suitably trained. We were told that no one self-medicated at the moment, but there was a policy in place should that situation change at any time. This confirms that people can expect to have their medication managed appropriately.

People benefit from a healthy diet and attention to nutrition and hydration. There was a varied menu which was reviewed regularly with the involvement of people in the home. People who were assessed as being at risk of choking had soft or pureed food; we noted that kitchen staff used shaped moulds to make the meal more enticing for people. People told us they were appreciative of this. One person said, *"It's nicer this way because you do miss not being able to eat everything as you get older."* Care workers knew about people's nutritional needs, and we saw that they followed relevant guidelines when they supported people to eat. People told us they liked the food on offer and we saw that people were regularly offered drinks throughout the day and received individual, thoughtful support from care workers at the lunch we observed; people were not rushed, the meal was used as a social event and it was evident that they enjoyed the meal. We saw that meals were discussed with people at resident's meetings and on an individual basis. We also noted that care workers offer people a choice of two plated meals at each mealtime. This meant that there were alternatives available if people changed their minds. This illustrates that people's health is promoted because their dietary needs are recognised and catered for.

3. Environment

Summary

St Martins Care Centre provides a comfortable and homely environment that is suitable for people's needs. People are supported in a safe environment and each person's confidentiality is respected.

Our findings

St Martins Care Centre provides a homely environment that is suitable for people's needs. The home is divided into two buildings and people lived where their needs can be met most effectively, depending upon whether they required nursing care or not. The layout of the home promoted accessibility and people told us they felt happy and comfortable living there. Christmas preparations were in full flow during our visits and the home looked very festive and cheerful. We saw plans for choirs and children to visit the home over the next month, and all care workers were going to wear their Christmas jumpers later in the week for a party. Each bedroom we saw was en suite, and there were walk-in showers and bathrooms in each area, with adapted baths for easy access for people with reduced mobility. In addition, all rooms were personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. The home was warm and had spacious areas for people to use; there were lounges and other rooms such as a bar, as well as a garden and patio area where people could spend time with friends and relatives. This shows that people can feel valued because they are supported in an environment that suits them.

Each person is supported in a safe environment. For example, fire exits were free of any obstructions and records evidenced that the fire alarm system was tested weekly. There were clear instructions displayed on what people needed to do in the event of a fire and there were notices throughout the premises outlining the types of extinguishers for different fire sources and the location of all alarms. Audits of the environment were undertaken with action plans to address any issues that arose. We were shown all maintenance records and noted that all maintenance, environmental safety checks and repairs were being carried out as planned. These checks evidenced that appropriate measures were always taken to ensure equipment was suitably maintained. All COSHH (Control of Substances Hazardous

to Health) materials were stored correctly, in line with the COSHH Regulations 2002. This demonstrates that people can feel safe because of the safe environment they live in.

Peoples' confidentiality is maintained. Care records were stored securely in an office and were only available to care workers who were authorised to access them. Employee personnel records were securely stored in a different locked cabinet in the same office. In addition, people were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. We conclude that people are safe, and their privacy and personal information is well protected.

4. Leadership and Management

Summary

There are robust systems in place to assess and improve the quality of the care provided, together with suitable procedures in place to monitor care workers' recruitment, training and support. There are senior staff members who oversee the home on a daily basis.

Our findings

There are clear systems in place to monitor the quality of support people receive. Monthly audits monitored all aspects of the home; this included medication, infection control measures, and record keeping. From these, we saw that any issues that arose were resolved in a timely manner. The provider's quality monitoring representative regularly visited in order to check the overall quality of support provided in the home and asked for people's opinions regarding any improvements that could be made. We saw that all people interviewed during the two most recent visits were positive about their care. Surveys were provided to care workers, people and their relatives; we saw completed survey responses from relatives, which were complimentary about the home. The manager arranged 'resident and relatives' meetings for people and their relatives to voice any concerns they had. However, the manager explained that relatives often declined their invitations. The manager added that relatives regularly stopped her when they saw her in order to ask their questions, which meant that they had less reason to attend the meetings - two relatives we met agreed with this and said they had always approached the manager or a nurse if they needed anything. A complaints policy and procedure was readily available; people and relatives told us they knew how to make a complaint if they needed to and were confident that the manager would listen to them if they did. We noted that all complaints received since the last inspection had been responded to promptly by the provider - we saw emails that evidenced that each complaint had been resolved to the complainant's satisfaction. This illustrates that people can expect to receive care from a provider committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that all the required employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS)

checks. Employee training records demonstrated that new care workers went through an initial induction and thereafter, received regular support from nurses and the manager. Staff training records evidenced that employees were generally up-to-date in their essential training. Employee supervision records and annual appraisals showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise, in a formal setting and have the conversations recorded. This evidences that people are supported by well vetted and well trained care workers and nurses.

People see accountability and know there are senior staff members who are overseeing the home. It was evident that the manager had an open door policy; we saw them talking to several people in the home and their relatives throughout the inspection and noted that they were never rushed or hurried, and each person appeared to be happy to have the contact. We observed that the manager and all nurses were also approachable and professional in their manner with the care workers on duty and any visiting healthcare professionals. This demonstrates that people can expect to have regular contact with the senior management who are overseeing the care and support they receive

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

None

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 10 December 2018 between 9.00am and 3.00pm and 11 December 2018 between 11.00am and 3.30pm.

The following methods were used: -

- We walked around the premises, visiting people in their lounges, dining rooms and own bedrooms.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We met and spoke with eleven people living in the home and six relatives.
- We spoke with three care workers, two nurses, a senior care worker and the manager.
- We examined four people's care records and six employee records and training records.
- We looked at a range of other records, including the home's statement of purpose, service user guide, quality of care report and maintenance records.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	HC-ONE Ltd
Manager	Paula Lacy
Registered maximum number of places	67
Date of previous Care Inspectorate Wales inspection	5 December 2017
Dates of this Inspection visit(s)	11 December 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: <p>The home is working towards an active offer. We saw there was no demand currently for Welsh-speaking support, but the manager agreed with the necessity of providing an active offer in the event that the home supported anyone who did prefer to communicate in Welsh. We recommend that the provider considers Welsh Government's '<i>More Than Just Words follow on strategic guidance for Welsh language in social care.</i>'</p>	