



Inspection Report on

Sketty House Care Home

**St. Camillus Care Homes
244 Gower Road Sketty
Swansea
SA2 9JL**

Date Inspection Completed

02/05/2024

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About Sketty House Care Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | St Camillus Limited |
| Registered places | 35 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 12 September 2023 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

This was a focussed inspection to follow up from concerns received by Care Inspectorate Wales (CIW), in relation to the care and support being delivered and overall oversight of the service.

Sketty House has been under new ownership since the beginning of December 2023 and the new provider has been actively carrying out improvements in the service. There has been extensive improvements to the environment which is ongoing. There is a new electronic care planning system in place which is still being developed. Meals in the service have gone back to being prepared and made in house rather than bought in as previously seen at inspection.

At the time of this inspection there was no manager at the service. A newly appointed deputy was being supported in their new role by one of the Directors and the Responsible Individual (RI). The new provider is starting to implement systems to oversee the service and put mechanisms in place to support staff. Feedback from staff spoken with during the visit overall is positive.

Well-being

As this was a focused inspection, we have not considered this theme, in full.

People are protected from harm and neglect. Almost all staff are up to date with mandatory safeguarding training. People have personal plans which are currently being developed onto the electronic system with corresponding risk assessments. Deprivation of Liberty Safeguards (DoLS) are in place for people lacking capacity to make decisions about their care and support. Policies and procedures are in place to ensure the safe running of the service which are reviewed as required. Security arrangements are good to maintain the safety of people in the service. The on-going refurbishment plan ensures that the environment will continue to be improved to best meet the needs of people.

People are supported to maintain their physical health and well-being. Care staff know the people they support well and can recognise any changes in health. There are good medication procedures in place in the service. We saw records of food and fluid intake, and monitoring records of people's weight. Records were also seen of GP and other health referrals.

People live in an improving environment that supports their well-being. People can choose to spend their time in one of two communal lounges and there is also a dining room to enjoy meals. The service is clean, and bedrooms are personalised with people's belongings. There is an ongoing refurbishment plan in place and many actions identified on the plan have been completed.

The provider has started to take action to ensure they have good oversight of the service. At the time of this inspection, we saw further actions were needed. However, Key documents such as the RI quarterly reports and the quality-of-care review had identified these and an action plan is in place to address them.

Care and Support

As this was a focused inspection, we have not considered this theme, in full.

People are supported with personal plans of care that are currently being developed with them and their changing needs. We looked at four electronic care files and found them very basic in detail with limited history about people. We discussed this with a director who was aware of this. They confirmed this is a temporary issue due to only recently changing over to the electronic care planning system. We were assured this would be reviewed and additional information added. This is going to be implemented through a resident of the day method where one file is looked at in detail on a particular date of the month and updated. In the future reviews will take place of each person's information on the same date of every month with their involvement where possible. This will be followed up at the next inspection.

There are good systems in place to maintain people's health and manage medication in the service. Medication is stored securely in locked trolleys or cupboards in a locked when not manned medication room. We saw temperature checks in place for the room and medication fridge. We looked at four Medication Administration Records (MAR) and found these are completed accurately. There are good records in place for medication prescribed 'as required' (PRN). People are supported by care staff who know them well and are attentive to their needs. Care staff were seen overseeing communal areas during the visit and we saw positive interactions with people.

There are good systems in place to protect people from harm or neglect. The service employs a highly regarded Activities Coordinator to keep people occupied and do things that matter to them. During the inspection a few people went out into the community. The service encourages family and friends to visit, and we saw many visiting during the inspection. We saw that people lacking in capacity around their care and accommodation had appropriate Deprivation of Liberty Safeguards (DoLS) in place. Care staff complete training in safeguarding as part of their core mandatory units.

Environment

As this was a focused inspection, we have not considered this theme, in full.

An area of improvement was re-issued at the last inspection due to lack of refurbishment in the environment regarding offering choice around personal care. No baths within the service were accessible to people and the carpet on part of the landing upstairs was also a trip hazard at the last inspection. The new provider has installed two adjustable bath seats and replaced the hazardous carpet since purchasing the service and other improvements in the environment have also taken place. Whilst there are still ongoing works needed in the service, sufficient improvements have taken place to minimise the risk to people and the area of improvement has been closed. People were seen in communal lounges reading newspapers, watching TV chatting to others and all seemed comfortable.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

The provider has started to put governance arrangements in place to support the smooth operation of the service. A small selection of policies and procedures were seen. These have been reviewed to reflect changes in legislation. The service's Statement of Purpose (SOP) has been updated to reflect the new ownership and reflects the service well. On the electronic care planning system, we saw alerts have been set up for monthly reviews to ensure personal plans are always up to date and reflecting people's current needs. There is also facilities on the software for manager audits and alerts, this is currently being implemented.

There are procedures in place to ensure that care workers are suitably trained in their roles. Supporting staff through regular routine supervisions and annual appraisals is currently being prioritised. We looked at the training matrix and saw almost all care workers are up to date with their core mandatory training which includes safeguarding and manual handling. We looked at three staff files and found quarterly supervision and annual appraisals are not in place, but we did see a plan has been put in place to address this and this was due to commence the week of the inspection. As the provider has already identified this and action is being taken to address this we will re-look at this in the next full inspection.

The provider has implemented arrangements for the effective oversight of the service through ongoing quality assurance. People and staff told us that the RI is visible in the service several times a week. RI visit reports are completed which detail interaction and feedback from people and staff. Documentation oversight is also part of the RI visit reports as well as environmental oversight. We saw an ongoing action plan is in place for all the issues noted and this includes what was found during this inspection. There has been one quality-of-care review which gives a good reflection of where the service is currently performing and improvements that are needed. The provider completes notifiable events as per regulatory requirements.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 44 | As part of the inspection a tour of both internal external areas of the service took place. Outstanding work remains in respect of refurbishment and decoration in the service. Accessibility to use the bath in the service remains an issue. | Achieved |

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