Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

St. Johns

St. Johns House Residential Home, Cae Rowland Street Cwmbwrla, Swansea, SA5 8NY

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swansea.gov.uk

Date(s) of inspection visit(s):

27/06/2025, 04/07/2025, 09/07/2025

Service Information:

Operated by:	City and County of Swansea Adults and Children's Services
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	19
Main language(s):	English
Promotion of Welsh language and culture:	The service provider anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:

Well-being	**Good**
Care & Support	**Good**
Environment	**Good**
Leadership & Management	**Good**

Summary:

St John's Home is a Residential Home situated in Swansea with good links to community facilities. It provides support and personal care to people with a range of complex conditions such as dementia. The service sits in well maintained grounds in a quiet location with good links to the local community. People experience good well-being outcomes as they lead happy fulfilling lives. They are supported by knowledgeable and motivated staff who know them well. People are supported to live well, with opportunities to maintain, develop, and explore new interests and friendships.

Staff provide good care and support; care planning documentation is strength-based and outcome focussed, placing people at the heart of the service. People, relatives and visiting professionals overall give good feedback about the care provided.

The environment is good and ongoing financial investment is evident. The Leadership and management are good. The management team is approachable and supportive. Governance and quality assurance arrangements are strong, consistent and focus on service improvements. Since the last inspection, we have seen a strengthening of staff training systems. This ensures people are safely supported by staff who have the necessary expertise, skills and qualifications.

Findings:

Well-being — Good

People live healthily and safely and are supported to achieve their personal aspirations and outcomes. People are involved in making decisions that affect them, which is promoted by the positive culture at the service. We saw positive interactions between staff and people, and choices are consistently offered. This included what to eat, what to wear and how people wish to spend their time. A menu is clearly displayed in the dining area and a choice of meals offered along with 'off the menu' options. People's individual circumstances and outcomes are considered, and the service actively seeks to accommodate these. We saw people participating in meaningful activities to achieve their personal outcomes. One person told us *"I've got the biggest voice here, I choose what I do"* whilst another said, *"we can do what we want to do, that's what I like, I love the place".*

Safe and healthy relationships are encouraged, and people are supported to engage meaningfully with their community. People have positive experiences and support to achieve their well-being outcomes. People are supported to maintain existing relationships with family, friends and other important people in their lives as far as possible. We saw people achieving their well-being outcomes by engaging in meaningful activities. There is an activities planner within the service with a range of activities people can get involved in if they wish.

The provider ensures people are safe and protected from harm and abuse. Staff are recruited safely, and appropriate background checks are completed before they start employment. Staff receive safeguarding training and those spoken with show good knowledge of their responsibilities around this. Staff told us they feel confident and comfortable to report any concerns. There is a safeguarding policy in place that reflects the Wales safeguarding procedures. Staffing levels are appropriate and are reviewed as people's needs change. Many staff have been employed at the service for a number of years, which helps to promote consistency of care. Routine health and safety checks are completed, and the environment is kept clean and clutter free. The service is secure, and visitors are asked to sign a visitors' book on arrival.

Care & Support — Good

The provider delivers quality care and support to help people achieve their personal outcomes. A comprehensive assessment is completed by the provider before a service is offered. This is to ensure the person's needs can be fully met. A written guide is available about the service which provides people, their relatives and other professionals detailed information to enable them to make an informed choice. Personal plans are completed and are strengths based. They contain information about people's needs and preferences and are reviewed routinely. We saw care outcomes detailed in each plan which enables staff to provide care and support in the way people prefer. Risk assessments align with personal plans and are routinely reviewed. Daily care documentation is thorough and in depth. We saw care staff provide support in a respectful and dignified manner and interactions were warm and considerate. People told us *"The care here is absolutely wonderful, my keyworker is marvellous*" and *"staff are fantastic, they do everything well as far as I'm concerned".*

There are systems in place to safeguard people using the service. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support. Staff receive safeguarding training and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support.

Systems are in place to ensure the safe management of medication. We saw there is an appropriate medication policy and procedure in place for medicines management which is reviewed annually. We saw a good history of medication room and fridge temperatures being checked daily and these were within the correct range. Staff who administer medication receive appropriate training to ensure they are competent to do so. Medication audits are completed routinely to ensure consistency of practice and maintain good standards.

Good standards of hygiene practices are maintained through effective oversight from the provider. This minimises people's risk of infection. There is a comprehensive and thorough infection control policy in place which is reviewed annually. Staff receive training in infection control, and we saw the appropriate and pro-active use of personal protective equipment (PPE). Good infection control practices were seen throughout our inspection.

Environment — Good

The environment at St John's Home consistently supports people's well-being and personal outcomes. It is a welcoming and homely service which offers a number of communal spaces where people can spend their time. We saw people making good use of these spaces, relaxing or socialising as they please. Communal and outdoor spaces are welcoming, and bedrooms reflect individual preferences. Safety systems are robust, with up-to-date checks and clear procedures in place. There are outdoor spaces people can access if they wish and plans are in place to further develop this area to make it more accessible for people. The environment is consistently clean, well-maintained, and thoughtfully presented in a way that promotes comfort, dignity, and a sense of homeliness.

Where required, relevant adaptations and equipment are available to meet people's needs. The service is well-maintained and continued efforts are made to keep it in a good state of repair. The service provider ensures people have suitable furnishings and equipment to meet their needs and preferences. This includes specialist beds, call systems and moving/ handling equipment. We found bathrooms, showers, and toilets are designed to ensure privacy, dignity, safety, and accessibility.

The service provider ensures risks to health and safety are identified, mitigated and reduced. The service has a secure entry system in place and a visitors' book. This is to ensure the safety of people is maintained and to comply with fire regulations. We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Water temperature checks are completed routinely. An emergency evacuation plan is in place. Personal emergency evacuation plans (PEEP's) are also in place for people. Staff receive training in emergency evacuation procedures. Laundry facilities are kept in a separate locked room, and away from food preparation areas. The home has a current food hygiene rating of 5 (very good). We saw appropriate storage and control of substances hazardous to health (COSHH). These were kept in a designated locked area and risk assessed. We saw staff wearing appropriate personal protective equipment (PPE) and they told us there were sufficient supplies of these.

Leadership & Management — Good

The provider ensures there is a positive culture which is supportive, inclusive, and respectful so people can have high levels of confidence in the service. There is a dedicated and experienced management team in place who are passionate about the quality of care delivered. The RI visits the service frequently and supports the management team. The RI is supported by a long-standing manager who makes themselves available to staff and people and ensures effective quality management arrangements are in place. The management team work closely with external professionals, and any guidance received is implemented into people's personal plans. There are appropriate policies and procedures in place which are reviewed annually and are proportionate to the needs of the people supported by the service. Staff told us they have access to these and are familiar with them.

There are effective quality assurance arrangements in place to ensure people receive a service tailored to them as individuals. The RI regularly speaks to people, their families and staff to gather feedback about the service which is used to inform any required improvements. The RI uses this information to complete regulatory reports which show strong oversight and governance. The manager conducts regular audits which are used to drive continuous improvements in the service. We saw any actions raised in these audits are promptly addressed. These leadership practices contribute directly to people's positive experiences and confidence in the service.

The Statement of Purpose (SoP) is comprehensive and clearly states what people can expect from the service. There is also a written guide which provides people, their relatives and professionals detailed information to enable them to make an informed choice about whether the service is suitable for them. Throughout the inspection it was clear the SoP and written guide are fully reflective of the service provided.

People are supported by staff with the necessary expertise, skills, and qualifications to meet their care and support needs. We sampled a number of staff files and saw robust recruitment and background checks in place. Disclosure and Barring (DBS) checks are completed and renewed when required. The service has a committed staff team who feel supported in their roles. The service arranges regular team meetings and there are systems in place to support staff within their roles. These include supervision, annual appraisals and relevant training which is refreshed routinely. Staff referred positively to the management team and said, *"The manager is absolutely amazing, and the RI has been checking in and making sure I'm settling in"* and *"The managers are very approachable and do what they can to support me".*

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

CIW has no areas for improvement identified following this inspection.

CIW has not issued any Priority action notices following this inspection.