



## Inspection Report on

**Sketty House Care Home**

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

## **Date Inspection Completed**

14/11/2024

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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	<a href="#">02 May 2024</a>
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

People living in Sketty House told us they are well supported and cared for, happy and settled. Relatives also spoke positively of the care and support provided. The inspection findings confirm people receive a good standard of care and support. Care workers told us they receive a good level of consistent formal and informal support from managers and the Responsible Individual (RI). Care and support planning processes are detailed and thorough. Since the last inspection the provider has invested in further updates to both the internal and external environment. The environment is clean, safe, well presented and maintained. The provider has plans in place for further environmental improvements. There are robust and thorough staff recruitment and employment checks. There is effective oversight from the RI and management team of the service provided. Policies and procedures including the statement of purpose (SoP) are detailed, thorough, and regularly reviewed.

## Well-being

People are treated with dignity, respect and receive a good standard of care and support at Sketty House. We observed care workers supporting people in a friendly manner with positive, caring, and supportive interactions. People and relatives gave positive feedback about the care and support provided, also the many improvements made recently, particularly of the environment. Support files seen, indicate people's needs are considered including their wishes, choices, and preferences. We found personal support plans are detailed and thorough. There are support plan review processes and a keyworker system is in place to enhance communication with people and relatives. Risk assessments are detailed and thorough to ensure people are supported safely. Managers and the RI of the service are committed and motivated to ensure positive improvements are made, and a good standard of care and support is provided and maintained. The catering staff have good knowledge of the dietary needs of people with swallowing difficulties and alternative diet requirements. People gave positive feedback about the standard of meals and choice provided, there are good food hygiene standards in place. People, care workers and managers told us staffing levels are generally good with no recruitment or retention issues at the current time.

The accommodation is provided to a good standard, safe, well maintained, comfortable, clean and bedrooms are personalised. Since the last inspection the provider has invested in many updates to both internal and external areas of the home. There is a detailed plan in place for further future works. All entrances and exits to the service are safe and secure. We saw people relaxing and enjoying communal areas in the home. There are detailed and robust health and safety procedures in place and the service is fully compliant with building safety certificates.

There are effective oversight and governance arrangements within the service to help minimise risks to people. The management team and RI are present, supportive and take an active role in the running of the service. Care workers told us they feel well supported by managers and the RI. There are robust quality assurance processes including scrutiny by the RI who works in the service on a regular basis. There are planned staff and resident meetings taking place with clearly documented actions as appropriate. There are detailed and thorough policies and procedures to guide staff. The SoP is reflective of the service provided.

## Care and Support

People receive a good standard of care and support at Sketty House. We spoke to three people using the service and two relatives in detail during the inspection. A person told us; *"The care workers are very good and caring. The managers are also very good. I have no concerns or worries at all"*. Another person stated, *"Everything is good here and they have really helped me. The care workers are really helpful. No complaints or worries at all"*. A relative told us; *"Care is very good. Family oriented. Managers are very good and communicate with us"*. We saw friendly, respectful and polite interaction between care workers and people throughout the inspection. We also received many comments from care workers spoken with about the recent improvements made in the home, and better working environment as a result. We received many comments about the good standard of food provided and choice, now all meals are prepared in-house.

People's care and support needs are clearly documented in a detailed, thorough, and regularly reviewed online personal plan. A sample of personal support files viewed contain personalised information regarding likes, dislikes, care and support needs and risks. There is comprehensive information regarding health care needs such as pressure area care and specific risk assessments for staff to follow. There are thorough and robust pre-admission procedures to ensure the service can meet the care and support needs of people. A care worker told us *"Much improved care planning system in place, we understand people's needs really well"*. The service has introduced a 'keyworker' and 'resident of the day' system. This means a specific staff member has delegated specific duties in relation to people. This includes ensuring people and appropriate others are consulted and have a voice regarding their care needs. We discussed ways this can be further strengthened to help inform personal plan reviews.

People are protected from abuse and neglect as managers and care workers understand their safeguarding responsibilities and are aware of how to raise concerns should they need to. Care Inspectorate Wales (CIW) are notified as required by legislation of any concerns or incidents in the service. All care workers spoken to show good knowledge and awareness of safeguarding procedures. There are good infection control procedures in place to ensure people are as safe as possible. We saw robust and safe medication processes in the service and trained competent staff administer with appropriate records kept.

## Environment

People are cared for in a clean, safe, homely, and secure environment. People's bedrooms are nicely decorated, clean and personalised to the taste of the individual. People like living in the home and referred positively to their bedrooms. We saw external exit and entry doors to the home are safe and secure. Since the last inspection the provider has made further updates including re-decoration in many areas and new floor coverings. A ground floor shower room is in the process of being completely renovated and refurbished. The front garden has been improved and we saw a detailed business plan for future environmental improvements, both internally and externally. All communal spaces are clutter free, clean and well maintained. We saw people relaxing and enjoying communal areas, including a quiet smaller sitting area. The deputy manager told us the provider has also invested in equipment including a new hoist and slings.

The environment is safe and there are robust processes in place to ensure checks are completed and documented routinely. Safety certificates for gas installations, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place. The service has a dedicated maintenance person who is responsible for completing the regular scheduled safety checks around the building. We saw cleaning products are stored safely, appropriately, and according to control of substances harmful to health regulations (CoSHH). Personal Emergency Evacuation Plans (PEEPS) are thorough which enables care staff to evacuate people correctly. There is a dedicated laundry room and soiled items are separated from clean observing good infection control. Fire alarm checks are completed regularly and documented accordingly. There are robust and detailed cleaning and infection control procedures in the service. The current food hygiene rating is four, this means the food hygiene standards are 'good'.

## Leadership and Management

There is good oversight and governance of the service by the management team. The service has robust internal and external quality assurance procedures and processes to ensure the service provided is of a good standard and safe. We spoke to care workers who were complementary and consistent about the support they receive from managers and the RI. A care worker told us; *"I feel very well supported. We work well as a team. Lovely, supportive and helpful managers"*. Another care worker stated, *"Good here and good team work. Good manager who will work alongside us and support us"*. The RI and managers are active and visible in the service. Policies and procedures are detailed and robust covering areas such as safeguarding and complaints. All policies viewed are thorough and reviewed regularly. The current SoP accurately describes the service provided. There are regular planned resident and staff meetings taking place in addition to daily handover meetings. We saw many positive interactions between managers and staff, and with people living in the home. We read reports such as quality of care reviews that cover areas such as consultation with people, staff, quality improvement, safeguarding and accommodation with clear related actions. Communication across the service is open and transparent.

People are cared for and supported by well trained and managed staff. We saw a staff supervision log that showed nearly all care workers are receiving regular structured supervision and an annual appraisal. Care workers have either completed or are working towards a Qualification and Credit Framework (QCF) in care at the appropriate level. We saw a staff training log detailing a wide range of training provided including manual handling, first aid, oral hygiene, safeguarding, dementia etc. The manager told us nearly all care workers are registered with Social Care Wales (SCW), the social care force regulator in Wales. We completed an audit of three care worker files. Records indicate that new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). A new care worker told us they had received a thorough induction and shadowed experienced staff for a period. Care staff files contain the appropriate recruitment information and evidence of checks including references, proof of identification and Disclosure and Barring Service (DBS) regular checks.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



	inspection	
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