



Inspection Report on

St Mark's Court

**St. Marks Court Nursing Home
Park Terrace
Swansea
SA1 2BY**

Date Inspection Completed

28 & 29/01/2025

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About St Mark's Court

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | St Mark's Court Ltd |
| Registered places | 38 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 25 March 2024 |
| 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

People are settled and happy with the care and support provided at St. Marks Court Nursing Home. They live in a warm, comfortable and homely environment that is suitable to meet their needs. People are supported by attentive staff who know them well and provide positive reassurance and interaction. People spend their time doing things they enjoy which are important to them. There is information available for staff to understand how to best meet people's care and support needs. Personal plans are person-centred, detailed, and reflect people's needs. They are reviewed and changed accordingly. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities both at the service and in the local community. Monitoring of skin integrity, food and fluid intake and emergency call systems response times need strengthening. There is a Responsible Individual (RI) in place and a manager who is in the process of becoming registered with Social Care Wales.

Governance arrangements are suitable to ensure day-to-day management of the home is effective. Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. The quality assurance system needs to be implemented fully to strengthen health and safety audits.

Well-being

People's voices are heard and they have choice and control regarding all aspects of the care and support they receive. People confirmed they are offered choices in making everyday decisions. People are included and involved in activities and arranged events as much as they want to be. The activities coordinator provides group activities and visits people in their rooms to provide company and have a chat. 'All About me' information records people's past, their likes, dislikes and preferences. We saw positive relationships between staff, people and visiting relatives. Care workers complete documentation to inform regular reviews and where possible these are completed with the individual.

People access the right information when they need it. Service information is available. The service assesses people's communication preferences on admission. Most people's language needs are met. There is not a current requirement for the service to be provided through the medium of Welsh language. The service is not working towards the Welsh Active offer at the time of the inspection. We discussed with the manager the need to ensure a proactive approach that ensures language needs are identified as an integral part of safe high-quality service provision.

People are protected from harm and neglect. Care staff are aware of the procedures to follow if they have concerns about people they support. The provider ensures staff receive training in protecting vulnerable adults and has policies and procedures in place to support this. Personal plans and risk assessments are in place and reviewed regularly. Care workers are recruited safely and there are systems in place to ensure the premises are secure to keep people safe.

People live in accommodation that is comfortable and homely. Private and communal rooms are appropriately furnished and decorated, and there are places for people to socialise. People appear settled and satisfied living at St. Marks Court. There is a relaxed, friendly and warm atmosphere in the service. People can identify with their surroundings as rooms are personalised and clearly signposted. The service is well maintained with maintenance completed as needed. There is an ongoing refurbishment programme in place.

Care and Support

People are supported well with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. We saw that personal plans are developed following discussions with people and their family. Personal plans and risk assessments are accurate and regularly reviewed in consultation with people wherever possible. Referrals for advice and professional help regarding health services are sought as needed. We discussed with the manager the need where individuals are at risk of weight loss or dehydration that monitoring of care is strengthened. This needs to be available to staff and recorded on the electronic record system. We also discussed the need to ensure that minimising pressure ulcer care with the use of what is known as “skin bundles” is further strengthened.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are relevant and up to date. Care workers are aware these are in place to guide them and are supported by management. We discussed with the manager the need to ensure staff have completed safeguarding training relevant to their roles. We also discussed with the manager the need to ensure oversight of analysis of patterns and trends with safeguarding referrals is in place.

People can do the things that matter to them when they want to. We saw there are a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities including chair aerobics, bingo, beauty therapy, live entertainment and quizzes. Records show people have access to local community facilities. People meet regularly with the activities coordinator to plan future things they would like to do.

People’s medications are stored and administered safely in line with statutory and non-statutory guidance. There are safe procedures for accepting incoming, returning, storing, and administering medication. Fully trained staff administer people’s medication. There is a medication policy in place.

Environment

The accommodation is comfortable, well-maintained and decorated in a homely style. On the day of the inspection, we found the home to be a calm and relaxing environment. The service provider identifies areas of wear and tear around the home and makes repairs where needed. We observed the environment to have some clutter throughout because of the recent change in service provider. We saw people sitting in the dining room and lounge of the building and in the comfort of their own rooms which are personalised to their tastes. We discussed with the manager the need to strengthen the speed of response times to emergency call systems.

Policy, procedure and application of hygienic practices are in place to reduce risks of cross-infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The service has sufficient stocks but PPE stations require restocking. Effective oversight and auditing of infection control measures are in place. The service is mostly clean and tidy but some areas require cleaning to be more rigorous. Staff maintain appropriate standards of hygiene but the storage of mops and buckets need to be stored in line with the appropriate colour coding.

We discussed the need to strengthen the system for monitoring and auditing of health and safety. Records show this was insufficiently robust at this time due to the service provider having just taken over the service, which was discussed and agreed with the manager. This is managed by the maintenance officer with support from the manager at the service, under the guidance of the RI. The sample of four bedrooms viewed had facilities and equipment that is suitable for the individuals.

Records are maintained which include fire practice drills and tests and any action taken to remedy any defects in fire equipment. The fire risk assessment and personal emergency evacuation plans have been updated.

The laundry room and laundry systems are appropriate, and all laundry equipment is in working order. There is an organised storage area for household waste and clinical waste bins but this requires repair. Storage of substances which have the potential to cause harm is sufficient because we found materials used for cleaning are stored in an appropriate locked cupboard. However, we discussed with the manager the need to ensure walkways in the laundry area are kept unobstructed.

Leadership and Management

People can feel confident the service provider has systems in place for governance and oversight of the service. These arrangements were observed by us, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose and Guide to the Service, which are regularly reviewed.

People can be assured that the service provider has systems to monitor the quality of the service they receive. Records show that the RI visits the home to complete the statutory visits and meet with people and staff. A report is completed following these. The quality of care review report is yet to be completed as the new service provider has not been in place for the appropriate amount of time. We saw evidence the RI has oversight of the service, and the service management team conduct a quality assurance system to ensure quality care is delivered. We discussed with the manager the need to ensure the implementation of the quality assurance policy is strengthened to include explicit detail of audits to be completed, by whom and the frequency.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *“Refurbishments of communal areas and some replacement of furniture and equipment. We will also attend to some bedrooms and look for a better solution to the current en-suite doors.”*

Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is in place. Care staff told us they feel valued and supported by the manager. We discussed with the manager the need to develop a process of oversight of staff supervision to analyse patterns and trends of issues identified in these. The manager informed us that training is being updated to ensure all staff have completed the appropriate training required using a new system. There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection.

| 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 |

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