



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

Priority Action Report

PARKCARE HOMES LIMITED

in respect of

St Marks Court

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

This report contains notices where priority action must be taken by the registered person in respect of identified non-compliance with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this report is a serious matter. The notices contained within the report have been issued in accordance with our Securing Improvement and Enforcement Policy. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with this policy.

A copy of the Securing Improvement and Enforcement Policy is available on our website

Further advice and information is available on our website
www.careinspectorate.wales

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Priority Action Notice
Identified at this inspection dated: 28 September 2023
Our Ref: NONCO-00017609-XFNC

Non-compliance has been identified with Regulation 57
The specific sub-regulatory failures relate to: 57

Staff admitted to using inappropriate manual handling. Staffing levels reliant on agency staff. Insufficient manual handling equipment. Fire safety items blocking firefighting equipment, fire escape overgrown. Health and safety, some electricals are not PAT tested. Inappropriate staffing levels in the kitchen, impacting on the dietary requirements of those on modified diets. There are a number of rooms in need of a deep clean and repair.

Regulatory Failings

57 The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.

Evidence

During an inspection on the 28th and 29th of September we noted:

- Staff admitted to using inappropriate manual handling – following the instructions of other staff on duty not using the appropriate stand aid. Not reading [redacted]'s manual handling plans, agency state they do not have access to plans on the handsets provided. Manual handling plans for three people seen do not reflect their care and support needs. [redacted]

[redacted] The interim manager stated, it is likely down to poor manual handling.

- Staffing levels reliant on agency staff. Care provided is therefore inconsistent. (This is not covered in the contingency plan) The signing in protocol for agency staff not being used.

Handsets arbitrarily handed out. No audit trail on the electronic system [redacted]

- Staff informed us manual handling training is out of date and in need of a refresher. Staff [redacted]

- Insufficient manual handling equipment (one stand aid broken) [redacted]

[redacted] One stand aid and one hoist on each floor, I observed this is not adequate enough for the number of people with complex needs being supported.

- Fire health and safety – glove found over smoke detector in cupboard used to charge hoist batteries. Condemned fridge blocking firefighting equipment. Fire escape hindered by vegetation, thick moss and overgrown plants making fire escape dangerous in the event of a fire.

- Staff may have reported maintenance issues verbally, but nothing logged in maintenance file. E.g., drainage in bathroom and shower. Bathroom next to lift, drain filthy and needs a mop

to assist water to drain away. Shower, opposite room 38 not draining, water spreading out of door, not reported, but all staff aware. Slip and trip hazard. Downstairs bathroom, the lock does not work and therefore the privacy of people being supported to bathe is not being kept. Emergency call alert is not working.

- Upstairs bathroom electrical scales being stored; electricals should not be in the bathroom. (Removed by manager)
- Vent broken in the water room, smell of mould, rotting wood (reason for damp unknown) floor lifting at entry point, no light, trip hazard.
- Big COSHH cupboard, electricals, some are not PAT tested, manager to ensure staff do not use this equipment until PAT tested or marked condemned.
- Insufficient staffing levels in kitchen – resulting in care staff making breakfast (Weetabix etc) and making drinks. Taking them away from supporting people, time spent away from people is longer when an agency staff are working as they do not know the routine. This is a possible reason for staff taking short cuts. [REDACTED]

Diets seen did suggest puree diets were given to people on soft diet. Ops manager has agreed to provide agency staff to the kitchen. There are 8 people on modified diets – staff informed me people needing a soft diet will get the pureed diet as a time saving measure due to kitchen shortages. [REDACTED]

- [REDACTED] Communal areas are clean however, there are several rooms in need of a deep clean [REDACTED] dado rail broken, TV too small for the individual to see, notice on wall asks staff to ensure glasses worn, however staff told us they have never seen her with glasses on. [REDACTED] dado rail broken, broken skirting board, cupboard door broken and covered in food residue, cup on floor not cleaned. [REDACTED] – broken radiator.

Impact on and / or risk to the health and well-being of people:

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

Outcomes for People

All repairs to be completed. Maintenance staff in place to carry out maintenance and checks. Two kitchen staff available to fulfil all catering duties including modified diets. Staff to report maintenance issues in a timely manner and fill out relevant documentation. All agency and care staff to follow manual handling plans. Plans to be up to date and reflect the individual's needs. Failure to address the above has a serious risk to the health and safety of people, and poor wellbeing outcomes.

Timescale for completion

28 March 2024

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