

St Mary's Care Home

St Mary's Care Home

Inspection report

3 Tooting Bec Gardens,
London,
SW16 1QY
Tel: 020 8677 9677

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection. St Mary's Care Home provides accommodation for people requiring nursing and personal care. The service can accommodate up to 60 people. At the time of our inspection 55 people were using the service.

At our last inspection in November 2013 the service was meeting the regulations inspected.

The registered manager has been in post since 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures.

Staffing levels were determined according to the needs and dependency levels of people who used the service.

Summary of findings

Staff had qualifications in health and social care, previous experience of working in care settings and received regular training. However, we found that some staff were not familiar with current guidance regarding cardio pulmonary resuscitation and what to do if someone was choking. This meant there was a breach of the relevant legal regulation and you can see what action we told the provider to take at the back of the full version of the report.

People's needs were assessed and care plans were developed to identify what care and support people required. Staff liaised with other healthcare professionals to obtain specialist advice to ensure people received the care and treatment they needed.

Staff were patient and polite when supporting people who used the service. We observed staff supporting

people to eat their meals in a gentle manner and at a pace dictated by the person eating. Staff supported people to maintain their dignity and were respectful of their right to privacy.

Activities were on offer at the service. However, people told us they would like more access to the local community.

Staff felt well supported by their managers and said the registered manager was open to suggestions from staff and visiting professionals on how to improve the service. We saw that appropriate action was taken in response to incidents and steps were taken to reduce the risk of incidents reoccurring.

There were processes to monitor the quality of the service and we saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some staff were not up to date with current guidance regarding cardio pulmonary resuscitation and what to do if someone was choking. This meant there had been a breach of the relevant legal regulation.

Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures.

At the time of our inspection no-one using the service was subject to the Deprivation of Liberty Safeguards (DoLS).

Assessments were undertaken to identify any risks to people and management plans were in place to reduce these risks occurring.

We observed staff being responsive to people's requests and wishes, and observed calls bells being answered promptly.

Requires Improvement



Is the service effective?

There was an ongoing programme of training for staff to ensure they had the skills and knowledge required to meet people's needs.

People had access to food and drink throughout the day. We observed staff supporting people to eat and they did this in a polite and patient manner.

Staff liaised with other healthcare professionals as required to ensure people's health needs were met.

Good



Is the service caring?

People who used the service and their representatives described staff as "kind" and "caring". Staff were polite, supported people to maintain their dignity and were respectful of their right to privacy.

People were involved in decisions about their care. Where people were not able to make decisions about their care their relatives and other health professionals made these decisions for them in their 'best interests' as required by the Mental Capacity Act 2005.

Good



Is the service responsive?

Assessments were undertaken and care plans developed to identify people's health and support needs. These documents were updated to reflect any changes in people's needs.

There were plans in place to reduce the risk of people becoming socially isolated and activities were planned each day. However, people told us they would like the opportunity to do 'everyday' activities in the community such as going to a coffee shop or for a walk.

Requires Improvement



Summary of findings

Meetings were held with relatives and people who used the service to obtain their views about the service. However, the relatives' meetings had not been held recently due to the building works occurring at the service.

A complaints procedure was in place and we saw that the registered manager responded to complaints in a timely manner.

Is the service well-led?

Staff told us they felt supported and listened to by the registered manager. Staff felt able to raise any concerns or questions they had about the service.

Processes were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.

A member of the local Care Home Support Team told us the manager welcomed advice and suggestions for improvement. They said any action required by the service was implemented in a timely manner. The local authority informed us they had good working relationships with the registered manager and that appropriate action was taken in response to any incidents or concerns.

Good



St Mary's Care Home

Detailed findings

Background to this inspection

We undertook an unannounced inspection to St Mary's Care Home on 9 July 2014. The inspection team included an inspector, an expert by experience and a specialist advisor. The expert by experience was a person who had personal experience of using health and care services. The specialist advisor was a registered nurse.

Before the inspection we reviewed the information we held about the service. We also spoke to the local authority commissioning team who provided us with information about recent contract monitoring visits and safeguarding investigations.

At their last inspection on 25 November 2013 we found the service to be meeting the regulations inspected.

On the day of our inspection the registered manager was on leave and therefore not available.

During our inspection we spoke to the deputy manager, four nurses, seven care workers, two activity coordinators, and a member of the laundry team. We spoke with seven people who were using the service and five relatives. We also spoke with the visiting priest.

We reviewed the care records of five people who used the service and records relating to the management of the service.

We undertook general observations in communal areas and during mealtimes. We used the Short Observation Framework for Inspection (SOFI) during lunchtime in the main dining area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following our inspection we asked the service to send us information relating to their quality assurance processes and copies of their latest audits, which we received.

After the inspection we spoke with a member of the local Care Home Support Team who had worked with the service for four years. This service provides specialist advice and support to care homes in the local area.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, “I think I’m safe.”

However, we found that proper steps had not been taken to ensure that service users were protected from the risks of unsafe care, by ensuring staff knew how to respond to medical emergencies. For example, some staff were unsure of current cardio pulmonary resuscitation practice and how to respond if a person using the service was choking. Many of the staff we spoke with told us of outdated or incorrect practice and therefore we could not be assured that people would get the support they required in these circumstances. This meant there had been a breach of the relevant legal regulation (Regulation 9 (1) (b) (ii)) and the action we have asked the provider to take can be found at the back of this report.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). We found the location to meeting the requirements. The service was aware of the changes in DoLS practice and were in liaison with the local authority to ensure the appropriate assessments were undertaken to ensure people who used the service were not unlawfully restricted. The service had requested the local authority to undertake a DoLS assessment prior to someone coming to stay at the service to ensure appropriate arrangements were in place to support this person. Staff were knowledgeable of and had been trained on the Mental Capacity Act 2005.

There were processes in place to protect people from abuse and keep them free from harm. Staff we spoke with were knowledgeable in recognising signs of abuse and the related reporting procedures. Any concerns about the safety or welfare of a person were reported to the registered manager who assesses the concerns and reported them to the local authority’s safeguarding team as required.

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate management plans were developed to reduce the risk occurring. For example, one person was at risk of developing pressure sores. Their care plan identified that staff were to “regularly evaluate the effectiveness of pressure relieving equipment” and that the person was to be turned regularly to redistribute the pressure on their body. We saw that staff were doing this and documenting it in a turning chart.

Staff took appropriate action following incidents to ensure people’s safety. For example, we saw it was documented that staff had met with a person involved in an incident and discussed with them why it was not appropriate to display the exhibited behaviour and work together on a management plan to reduce the risk of incidents recurring.

Staffing levels were determined according to the dependency levels of people who used the service. There was flexibility within the team for staff to work across the floors at the home in order to meet people’s needs. We observed staff responding quickly to people’s needs and requests. We observed call bells were answered promptly.

Is the service effective?

Our findings

A relative of a person using the service told us their relative was “well cared for”. Staff were aware of their roles and responsibilities. The staff we spoke with had completed qualifications in health and social care and had previous experience of working in care settings. An induction process was available for new staff which included reading the service’s policies and procedures and shadowing more experienced staff members.

There was a rolling programme of training available and staff told us they felt they received the training they required to meet people’s needs. Staff were up to date with their required training and refresher courses were booked to ensure they continued to build upon their skills and knowledge. Training included: safeguarding vulnerable adults, infection control, fire safety, moving and handling. In addition, visiting professionals came to deliver topic specific training including catheter training, nutrition training and pressure sore prevention and management training. Staff were able to undertake additional training courses outside of the training required by the home to develop their knowledge and skills. For example some staff were completing national vocational qualifications in health and social care.

People had access to food and drink throughout the day and staff supported them when required. We observed

people being supported by staff to eat in their rooms. There was a good rapport between staff and people who used the service. The staff were gentle and allowed the person to eat at their own pace.

In the main dining room staff were patient and polite when supporting people. It was clear from the smiles on people’s faces and the speed with which they ate that people enjoyed the meal on offer. One person told us, “I like meat, rice and soup.” All of these were available on the day of our inspection.

Drinks were available throughout the day and we saw staff regularly asking people if they wished to have a drink. We saw that fluid balance charts were in place which documented regular fluid intake for people who required their fluid intake to be monitored. People who had recurrent urinary tract infections were encouraged to drink plenty of fluids and the staff monitored the fluid intake for these individuals.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment when required. The home had a GP who visited once a week and provided and assisted the nursing staff in the delivery of primary care to people. One person told us, “the dentist, optician, chiropodist, GP...yes, they come often.” People were referred to healthcare professionals as required. We saw evidence that staff had organised for people to be reviewed by their GP and specialists such as their consultant psychiatrist when this had been recommended by healthcare professionals.

Is the service caring?

Our findings

A relative of a person using the service described the staff as “kind” and “caring”. The visiting priest told us the staff were “caring and committed.” He said, “People appeared happy” and told us they received positive feedback from people who used the service and their families about the care received.

We saw staff talking to people in a polite and respectful manner. They called people by their preferred name and interactions between staff and people using the service showed they knew the person’s needs and preferences.

We saw staff supporting a person who was confused and reassuring them about what was in the environment around them. We saw one person become confused in the dining area about what was on the floor under their table. Staff remained patient and calmly supported the person to orientate themselves to the surroundings.

People were well presented and we saw staff assisting people to adjust their clothing to maintain their dignity. We observed staff knocking before entering people’s bedrooms and asking their permission to enter so that their privacy was respected. People’s preference for what gender of staff they wished to be supported by with their personal care needs was respected.

Where people had capacity they were involved in decisions about their care. For example, we saw that people had been involved in making Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions and had been involved

in the development of their care plans. Staff respected people’s decisions regarding their health and treatment. For example, one person had refused to have a wound dressed. Staff respected this decision whilst ensuring they were aware of the risk of refusing treatment and reminded them of the importance of hand hygiene to reduce the risk of infection and potential deterioration in health.

If people did not have the capacity to make specific decisions the service involved their family or other healthcare professionals as required to make the decision in their ‘best interest’ as required by the Mental Capacity Act 2005. One relative told us, “My [relative] has a care plan and I’ve always been involved in [their] reviews.” Relatives we spoke with told us they had been involved in discussions about end of life plans and DNACPR decisions.

Relatives told us they were kept informed by the staff about their family member’s health and the care they received. One relative said, “I need to know when I’m not here that staff are doing their job and I think they are.”

People were given the opportunity to make decisions about day to day activities and given choices about what they would like to eat and their daily routine.

An advocacy service was available for people if they wished to have an independent person’s support when making decisions about their care.

A remembrance and memorial day was held for families, friends and staff to remember and celebrate the lives of people who had passed away whilst at St Mary’s.

Is the service responsive?

Our findings

Assessments were undertaken to identify people's care and support needs. Care plans were developed detailing how these should be met. We saw that care plans were reviewed as people's needs changed so that staff knew what support people required.

For example, we saw the records for one person who had a pressure ulcer. Their wounds were being dressed appropriately and healing well. A tissue viability nurse regularly reviewed the wound to ensure appropriate care was given. This person's assessment and care plan relating to their pressure sore and the risk of developing further pressure sores had been updated. We also saw that one person had recently had a fall. Their assessment had been reviewed in regards to the appropriateness of bed rails to ensure appropriate preventative measures were in place, in their best interest, to maintain their welfare and safety.

The home had been awarded a Beacon status as part of the Gold Standards Framework (GSF). GSF is an approach to ensure people receive appropriate end of life care. We also saw the home was using the 'co-ordinate my care' initiative to ensure all healthcare professionals were aware of people's end of life wishes if they needed to go to hospital or required assistance from the ambulance service.

People's health and support needs were clearly documented in their notes and care plans were in place to reduce the risk of people becoming socially isolated, but we found little information regarding people's social history or personality traits. We could not therefore get a full picture of people's preferences, hobbies and interests.

The home had two activities co-ordinators and we saw activities taking place during our inspection in the communal lounges. However, staff and the people using the service told us they had little opportunity to access the local community and take part in 'everyday' activities such as going to the local shops, going out for a coffee or visiting local amenities. One person told us, "I want to keep my brain going, it's so hard with the illness. I like crosswords. That perhaps is something I could do with other people." On the day of our inspection most people were using the communal areas and we saw that a number of people had relatives visiting. However, we observed that the chairs were arranged in a circle around the outside of the room which meant it was hard for people to have conversations

in small groups. We spoke to the deputy manager about people's wishes to access the community more often and they said this was something they will look into in discussion with the activity co-ordinators.

People were supported to practice their faith. The home had a chapel and multi-denomination services were held.

There was a lack of information available for people who used the service and their relatives. Much of the information that was on display was not accessible for people with visual impairments. For example, the menus were written in small black writing on a dark red piece of paper and no pictures had been used to support people's understanding. People told us they would like more information displayed throughout the service. One person said, "I'd like to see a board where it says, 'today is...', the date is...' It's hard to remember the day when you wake up."

People told us they knew how to make a complaint. One person told us, "I wouldn't be frightened to complain." The deputy manager informed us the registered manager had an "open door" policy and people, relatives and staff were welcome to speak with them and raise any concerns they had. We saw that complaints were recorded and appropriate action was taken in response to complaints raised. Within the last year the service had received one complaint that had been dealt with by the registered manager.

Complainants were invited to discuss their concerns with the registered manager to try and resolve them. Complaints were escalated to the provider if the registered manager felt unable to respond to the complaint.

People's relatives told us they felt comfortable talking to staff and were able to raise any concerns. They felt their concerns would be listened to and dealt with appropriately. Relatives meetings were previously held for people to raise any concerns and to talk about upcoming events or plans for the service. These meetings had been put on hold whilst building works were being completed at the service. The next meeting was scheduled for August 2014.

Meetings were held with people who used the service to obtain their views. We saw the minutes from meetings held at the end of 2013 and saw that discussions related to the day to day running of the home. We saw that suggestions

Is the service responsive?

made, for example, changes to menus, had been actioned. The deputy manager informed us further meetings had been held in 2014 but they were unable to locate the minutes of these meetings.

Satisfaction surveys were sent to people who used the service and their relatives in January and March 2014. The deputy manager was unable to locate copies of returned questionnaires during the inspection visit.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager had been in post since 2011.

Staff told us the manager and provider were accessible and approachable. They felt well supported by their manager and colleagues. Team working was evident and staff told us the nurses and care workers worked well together. One staff member said, “We help each other.”

Staff said they felt able to raise concerns with the managers and felt listened to by their managers and colleagues. Staff felt able to suggest ideas for improvement. Staff received regular supervision and annual appraisals. These provided staff with the opportunity to raise any concerns and to discuss performance.

Staff meetings were held which gave staff the opportunity to discuss the needs of people who used the service, share information, raise any concerns and identify areas for improvement.

There were processes in place for reporting incidents and we saw that these were being followed. All incident reports included details of the incident and any follow up action taken. Incidents were reviewed by the registered manager

to identify any patterns that needed to be addressed. We saw evidence that staff had concerns about a number of incidents involving the same person and these had been escalated as a safeguarding concern.

There was a rolling programme of audits undertaken to assess compliance with internal standards. We viewed the findings from the latest audit which showed the service was compliant with the majority of their internal standards. Where improvements were required appropriate action had been taken. For example, first aid refresher training was identified as a requirement for staff and this had been booked for 25 July 2014.

A member of the Care Home Support Team told us the registered manager was responsive and open to suggestions for improving the service. They said the registered manager investigated any concerns raised and implemented any changes required in a timely manner. For example, they had introduced a falls diary following advice from the Care Home Support Team.

Feedback from the main funding authority was positive about the service. They told us the registered manager kept them well informed about the health and welfare of people using the service. They said the registered manager was co-operative in investigating any incidents or concerns, and that there were good joint working relationships in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Treatment of disease, disorder or injury	The registered person did not take proper steps to ensure that people were protected from the risks of receiving care and treatment that was inappropriate or unsafe as staff did not know how to respond to medical emergencies. (Regulation 9 (1) (b) (ii)).