

Mr & Mrs J F Warren

# St Mary's House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 5 and 6 September 2016 and was unannounced. At our previous inspection in December 2013 we found the provider was meeting the regulations we inspected.

St. Mary's House is a care home providing personal care for up to 24 older people, including people with dementia. At the time of our inspection there were 22 people living in the home.

There was an established registered manager who had worked in the service for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe and well cared for. Staff respected and understood people's need for privacy and promoted their independence. People were supported to maintain their hobbies and interests at home and in their local community.

At the time of our inspection most people living at St. Mary's House had capacity to make decisions about their care. Their rights were protected because the registered manager and staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty.

People's needs were assessed and reviewed to ensure they received all the support they needed. The care plan records included important information on how each person liked to live their life. People were fully involved in reviewing and providing feedback on the care and support they received, and relatives and family members were encouraged to contribute to the care planning of people.

Staff knew people well and knew when people were unhappy and how to respond to them. People and their relatives were encouraged to share their views about the care provided in the home. People knew how to complain and make suggestions, and were confident their views would be acted upon by staff and the registered manager.

People were supported to keep healthy and their nutritional needs and preferences were met. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. Referrals were made to other professionals as necessary to help keep them safe and well.

St. Mary's House was safely maintained and people lived in a home that met their assessed needs. Individual bedrooms were furnished to comfortable standards, were personalised and were homely. The standards of hygiene and cleanliness were good.

Staff understood how to protect people from harm and provide safe care. Staff knew how to recognise and respond to abuse correctly and had received safeguarding training. The service encouraged people to take

positive risks whilst promoting their independence. Where risks were identified, there was guidance on the ways to keep people safe in their home and in the local community. Medicines were managed safely and people had their medicines at the times they needed them.

Staffing levels met the present care needs of the people that lived at the service. Staff received a structured induction and essential training to support them in their role. This was followed by on-going refresher training to update and develop their knowledge and skills. Staff also undertook training specific to the needs of people they supported. The provider recruited staff safely which helped ensure that people were protected from unsuitable workers.

The registered manager was also the registered provider and had been in charge at the service for a long time. She knew people and staff well and had good oversight of everything that happened at the service. The registered manager had values for the service, which were known and shared by the staff team. There was an open and inclusive atmosphere in the service and the manager showed effective leadership. Staff felt supported in their roles by the registered manager. Regular opportunities were available for staff to share any concerns or ideas they had to continuously improve their service.

The provider carried out regular audits and quality assurance measures to ensure people received a high quality level of care. There were on-going checks to monitor the health and safety of the service. Where improvements were needed or lessons learnt, action was taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm.

There were enough staff to support people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People had their prescribed medicines at times they needed them and medicines were stored and administered safely.

The environment was safe and maintenance took place when needed.

### Is the service effective?

Good ●

The service was effective. People received support from staff who were appropriately trained and supported to carry out their roles.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People were supported to manage their health and attend healthcare appointments. People received support with meals in line with their preferences and dietary needs.

### Is the service caring?

Good ●

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care, treatment and support. Care plans provided detailed and comprehensive information about people's care needs, their likes, dislikes and preferences.

Staff had formed positive relationships with people living in the home who told us they felt well cared for and liked living there.

### Is the service responsive?

Good 

The service was responsive. People's needs were assessed and were reviewed. Where there were changes to people's health and wellbeing, these were responded to.

People enjoyed varied social and leisure opportunities that interested them.

People felt comfortable to talk to staff if they had a concern and were confident it would be addressed. The provider had a complaints procedure to support this.

### Is the service well-led?

Good 

The service was well-led. The registered manager demonstrated effective leadership. People and their relatives spoke positively about them and how the service was run.

There was an open, person centred culture in the service. Staff were clear about their roles and responsibilities and the provider's values.

People and their relatives were regularly consulted about how the service was run. Regular audits were completed to monitor and assess the quality of the service provided. Action was taken where needed to improve the care and support people received.

# St Mary's House

## **Detailed findings**

### Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our visit we reviewed the information we held about the service. This included the inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also looked at information and data relating to the management and staffing of the home that the provider had provided to us.

We carried out this inspection on 5 and 6 September 2016. The inspection was unannounced and carried out by one inspector. We spoke with seven people who used the service and one relative. We also spoke with the registered manager, the deputy manager and five members of staff during the course of our visit.

We looked at care records for five people who used the service and five staff records. We looked around the premises and at records for the management of the service including quality assurance arrangements. We also reviewed how medicines were managed and the records relating to this.

# Is the service safe?

## Our findings

People living at St. Mary's House told us they felt safe and with the staff who supported them. One person said, "I am very comfortable here and have never felt ill at ease." Relatives also expressed confidence their family members were safe.

Staff could describe how they kept people safe and identify possible signs of abuse. All staff had received safeguarding training and the registered manager had received enhanced training delivered by the local authority. Policies about protecting people from abuse and whistleblowing provided staff with clear guidance on how to raise concerns about abuse or poor practice.

Staff spoke positively about the importance of keeping people safe. One staff member told us, "although we are a very close team, I would report anything that made me concerned to the manager."

The registered manager understood her responsibility to protect people and to report potential safeguarding incidents. She was able to share an example where she had worked with GP and local authority with regard to a person's safety and rights and was clear on her responsibility to notify the Care Quality Commission (CQC) of any safeguarding issues. There was one safeguarding issue in the past 12 months.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Staff were knowledgeable about the risks to each person's health and wellbeing. Risk assessments were personalised and set out what to do to keep people safe in relation to day to day support and activities. These covered risks such as using the local community, managing money and taking prescribed medicines. There were risk plans and additional guidance associated with people's healthcare needs such as diabetes and sensory impairment.

The home was clean and well maintained which contributed to people's safety. The manager ensured that regular checks were made to ensure the building and the equipment were safe for people to use. Furniture and equipment were arranged so as not to be a hazard.

People told us that they felt there were sufficient staff available to meet their needs. Staff confirmed that they too felt staffing was good although one commented that mornings were always a busy time. There was a minimum of three staff during the day with two waking staff at night.

People using the service experienced consistency as there had been minimal staff turnover. Two members of staff had been recruited in the last year. Prior to staff starting work at the home the provider checked with the Disclosure and Barring Service (DBS) that staff were suitable to work with people who lived there. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record. The registered manager was able to tell us about other required recruitment checks before employing staff. These included verifying the applicant's full employment history, qualifications and training certificates, health fitness and obtaining two references and proof of identity.

People told us they received their medicines on time and were supported to manage their own medicines if they preferred. Individuals had risk assessments to support this. We checked the medicines for two people which corresponded with their medication administration records (MAR). The records were up to date and there were no gaps in the signatures for administration. The staff displayed a sound understanding of the purchasing, administration, recording and disposal of medicines.

Medicines were managed, stored and disposed of safely. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe. Designated staff had the responsibility of overseeing medicines and undertook regular audits.



## Is the service effective?

### Our findings

People received effective care and support from staff who were trained and supported by the registered manager. People felt confident that staff understood their respective needs. Their comments included, "The girls know what they are doing", "if I need any help the staff are always there" and "the staff are so helpful".

Staff were also positive in their comments about the support and training they received and this was reflected in staffing records.

There was a stable staff team who had worked at the home for a long time. We observed that staff knew people well and knew how they liked to receive their care and support. Records and certificates confirmed that staff undertook relevant training to support them in their role. Staff had completed an induction which was followed by a programme of mandatory training organised by the provider. This included key aspects of care such as moving and handling, safe handling of medicines, infection control, safeguarding adults, fire safety, food hygiene and first aid.

Staff undertook other training that considered people's specific needs. These had included dementia awareness and end of life care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the legal framework that needed to be put in place if a person was being deprived of their liberty. Policies and guidance were available to staff about the MCA and DoLS.

At the time of the inspection most people living at St. Mary's House were able to consent to their care and support and nobody lacked capacity to make decisions. There were six people for whom authorisations had been made in respect of DoLS.

Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff worked in an inclusive way with people and always sought their permission before carrying out any support. Records showed that people using the service had contributed to their support plans and signed in agreement with records about their care.

People were encouraged to have a healthy diet and participate in food preparation and cooking. People said they liked the food and made choices about their meals. One person told us, "The food's always good round here." The staff cook had a good understanding of people's likes and dislikes and the level of support people needed to have their meals.

People were supported to maintain good health and had access to healthcare services for routine checks, advice and treatment. Other professionals were consulted and involved when concerns were raised about people's health or wellbeing. Accurate records were kept of these appointments and outcomes. Records showed that staff had followed the advice and guidance provided by health and social care professionals involved in people's care.

People who lacked capacity had hospital passports. These contained information about how staff should communicate with the individual concerned along with medical and personal details. The document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs.

## Is the service caring?

### Our findings

People and their relatives were all complimentary about the care provided and the staff team. People described the staff as "lovely" and "very nice." People's relatives also said the registered manager and staff team were all caring.

There was a relaxed and homely atmosphere in the home and we saw the interactions between people and staff were caring and inclusive. People and staff chatted and laughed together. During our inspection people were supported with their preferred activities and routines. Staff showed interest in how people were feeling and responded to concerns or requests for help in a relaxed and caring manner.

People made choices about their care and support and were supported to express their individuality. We saw that people's bedrooms were decorated and furnished according to their chosen style and taste. There were items of personal value on display, such as photographs, memorabilia and other possessions that were important to individuals and represented their identity.

Staff demonstrated a sound knowledge of the people they supported and were able to tell us about people's likes/dislikes, daily routines and interests. Their comments corresponded with what we saw in the care plans.

People were encouraged to maintain relationships with people who were important to them and these details were recorded in their care plans. Family members regularly visited the home and there was an open visiting policy.

We found that people's diverse needs were understood and supported. The staff took these needs into account when planning and providing care and support to individuals. This included support with their spiritual, cultural and religious needs, including access to ministers of the church and accessing the local community.

People told us the staff were respectful at all times and upheld their privacy and dignity. We observed how staff supported people to retain their dignity and independence, for example, by knocking on bedroom doors before entering and gaining consent before assisting with personal care.

People's personal information was kept secure and their records were stored appropriately in the service. Staff addressed people respectfully and maintained confidentiality when discussing individuals' care needs.

## Is the service responsive?

### Our findings

People using the service had lived at the home for many years. People had confidence that the service met their needs. One person said the service was "the best place I have been to, and I have lived in other homes before."

We observed staff supporting and responding to people's needs throughout the day. At all times of the day there were staff nearby who could assist and support people whenever they needed assistance.

People were involved in reviewing their care along with their families and other professionals as necessary. All aspects of the person's health and social care needs were reviewed at these meetings and enabled the service to monitor that the care and support met their needs. Expected outcomes for the person and personal goals were discussed in the review meetings and agreements made as to how this would be achieved.

Care plans were updated and reviewed on regular basis to ensure they reflected people's changing needs. Staff acted as keyworkers for people, meeting with them regularly to review their plans and talking to them about the support they required.

Staff responded to people's individual needs by ensuring a variety of options were available for people throughout the day and week. These included making time for people who wanted to chat, having in-house activities available and inviting entertainment from outside of the home. Occasional trips took place during the year to gardens and other places of interest.

People told us they would have no difficulty in being able to talk to staff or the manager if they had any concerns. One person told us, "I could certainly speak with the manager, but really, anyone here would help you if you had anything to complain about."

The service maintained a record of compliments and complaints. No complaints had been received in the previous 12 months and the staff had received letters of compliment from relatives throughout the year.

## Is the service well-led?

### Our findings

The registered manager encouraged open communication with people, relatives and staff. This was supported by the feedback comments we received. People described the manager as "lovely" and "wonderful." One person told us, "she always makes herself available for you."

Staff also told us they felt confident in the manager and that they felt supported by both the manager and the deputy manager. One member of staff said, "It's like a real tight family, but you know she's the boss."

The provider had a statement of values which emphasised the importance of respect and empowerment for people. Discussions with the registered manager and staff showed that they all worked together to fulfil these values and provide people with the help, support and advice they needed.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and all members of the staff team had designated duties. We observed effective team work and communication between members of staff and the manager during our visit.

With regard to meetings, supervision, appraisal and quality assurance monitoring, this was carried out very much in an individual and personal style by the registered manager rather than in a formal structured sense. The registered manager was physically present in the home most days and had a visible presence in the home. The manager described how staff could approach her at any time and she could pick up any issues promptly. The open door policy by the registered manager applied to people and relatives as well as staff.

There was a questionnaire for staff and relatives to complete which helped the registered manager to identify general issues and consider ideas for further development. There were also regular audits to ensure health and safety, medicines and environmental standards were maintained.

We discussed the topics of supervision and staff appraisals from a management perspective and with the aim of looking to the future. In the context of the current ethos of the home, the individual commitment and input of the registered manager and views of staff, the current management style did not have any detrimental effect on the management of the service or the people living in the home.

However, by looking at the areas of regular formal supervision and performance appraisal in the context of what staff as employees are entitled to expect as part of their overall professional development the registered manager was asked to review how her current practice compared to the expectations set out in professional guidance such as that provided by Skills for Care and the Social Care Institute for Excellence (SCIE).

The registered manager and her deputy acknowledged this was an area they could look to develop.

Records were kept securely and could be located promptly when needed. There was a range of policies and

procedures available to staff. The policy folders were clearly named and the manager promptly found the documents we requested throughout our inspection.