

St. Mary's Care Limited

St Mary's Care Home

Inspection report

3 Tooting Bec Gardens
London
SW16 1QY

Tel: 02086779677

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

Summary of findings

Overall summary

St Mary's Care Home is a residential and nursing care home. The home accommodates up to 86 people in one adapted building and is split into six different units. At the time of our inspection, there were 86 people living at the home.

We found the following examples of good practice.

Visitors were only allowed in exceptional circumstances. They were required to wear a face covering when visiting, and wash hands before/after mask use. Facilities were in place to wash hands for 20 seconds or use hand sanitiser on entering and leaving the home. All visitors were screened for symptoms of COVID-19 before being allowed to enter the home.

Alternative forms of maintaining social contact were used for friends and relatives; for example: keeping in touch using video calls, visiting in communal garden or in a specially adapted pod which had been procured by the provider to ensure people could meet with family members in a safe space. Remote considerations were also considered by other visitors such as professionals and clinical consultations.

Staff had access to and wore appropriate Personal Protective Equipment (PPE) such as fluid repellent surgical mask, gloves and apron when delivering personal care to all people. Staff have received training from an Infection Prevention and Control (IPC) specialist at Clinical Commissioning Group. Signage on donning/doffing (putting on and taking off) PPE and handwashing was visible in all required areas, including for visitors.

The service ensured people were tested for COVID-19 by the hospital and from the community before agreeing to admit them. New residents were required to isolate for 14 days within their own room. There were clear procedures from point of entry into the care home that minimised risk of transmission when moving people to their rooms. Residents were monitored for the development of COVID-19 symptoms. Symptomatic residents were isolated in single occupancy rooms. Residents in isolation did not attend communal areas and alternative facilities were provided.

The home was taking part in testing for staff and residents – known as 'whole home testing'. Care home managers had or knew how to apply for coronavirus testing kits via the online care home portal.

Cleaning staff had cleaning schedules, which they are required to complete and that includes frequency of cleaning of high touch areas, e.g. light switches, keyboards, door handles. Records/checks of cleaning showed compliance with the cleaning schedule.

The service had put forward the use of a 7 bedded unit as a designated setting, in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. Although this was self-contained, it was not physically separated from the rest of the home. However, we were reassured that the provider had

put in place measures to ensure people and staff in this unit would not mix with people and staff in the main part of the home. For example, access to this unit, now known as TADD (Temporary Alternative Discharge Destination) was via a separate entrance away from the main part of the home. We asked the provider to consider the risk this could pose to people as the pathway leading to the TADD was uneven in parts and a trip hazard to people, especially those with limited mobility. The provider took our feedback on board and confirmed they had put down rubber matting to level up the pathway. We also advised the provider to put up barrier screens and clearer signs to prevent the crossover of people and staff, so access to the TADD was restricted to people and staff who needed to enter to perform their duties. Managers reassured us that staff were only allowed to work in the TADD and would not work in any other unit or part within the care home. Managers also confirmed the service did not currently use any agency staff. People were accommodated in a large single unit, separated by screens. There was a shared bathroom and toilet facility which would be subject to enhanced cleaning in between each episode of personal care that took place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

St Mary's Care Home

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.

The service had been identified for use by the Local Authority as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. This inspection was to ensure that the service was compliant with infection control and prevention measures.

This inspection took place on 27 January 2021 and was announced.

Is the service safe?

Our findings

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.