

St. Mary's Care Limited

St Mary's Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of St Mary's Care Home on 14 August 2018.

This inspection was prompted by a whistle-blower notification that people were at risk of ill-treatment. The concern also highlighted issues with manual handling practices and the prevention and control of infection. We also checked that improvements to meet legal requirements planned by the provider under 'Safe' and 'Well-led' after our 13 December 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe.

No risks, concerns or significant improvement were identified in the remaining key questions, effective, caring and responsive through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

At our last inspection we found that the provider did not operate effective staff recruitment and quality monitoring systems. We found recorded evidence was not always available in staff's files to show the provider had obtained two professional or character references for all new staff. Although we saw systems had been established to monitor and review the quality and safety of the service people living at the care home received, the provider had failed to pick up most of the issues we identified during that inspection, specifically in relation to staff recruitment. Staff were not clear on how to manage behaviours that could be considered challenging, and appropriate guidance was not in people's care plans to guide staff on how best to support people.

St Mary's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Mary's Care Home accommodates up to 80 people in one adapted building. The home was split into five different units. At the time of our inspection 76 people were living at the home.

At this inspection of 14 August 2018 we found a breach of regulations in relation to safeguarding people from abuse and improper treatment. People were not always protected from the risk of ill-treatment. During the inspection one person disclosed an allegation of abuse, and another told us that staff did not always treat them well. You can see the action we have told the provider to take about this breach at the back of the full version of this report.

At this inspection of 14 August 2018 we found that the administration of medicines required improvements. Regular stock balance checks were not always taken and recorded, staff did not always sign people's medicines administration records (MAR) to show that people's medicines had been given. We spoke to the provider about these identified issues, and will check on their progress at our next inspection.

We also reviewed areas in need of improvement from our last inspection of 13 December 2017 in relation to staff recruitment records, the provider's quality assurance systems and guidance for behaviour that could be considered challenging. Some improvements were still required in the provider's audits, in that they needed to be prompt in taking action to address any identified issues. We will check on their progress with this at our next comprehensive inspection.

Staff recruitment records now included copies of two appropriate references, as well as staff employment histories and appropriate vetting checks. People's risk assessments were comprehensive and included guidance for staff on how to manage behaviours that may be considered challenging in order to de-escalate and support people in line with their preferences.

Infection prevention and control was appropriately monitored across the home, with suitable personal protective equipment (PPE) available for staff to use.

There were appropriate levels of staff to meet people's care needs at the home. Enough staff were on shift to ensure that people's moving and handling needs were met as required. The provider responded to incidents and accidents as they were raised, and investigated appropriately.

There was a registered manager in post at the time of our inspection. 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.

Staff were positive about the improvements management had implemented since the last inspection, and spoke well of the management support that they received.

Feedback was sought from people and relatives through regular surveys. Staff were encouraged to share their views through regular team meetings.

The provider worked in partnership with other agencies, such as commissioning teams and other healthcare professionals to ensure that people's needs were met effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not as safe as it could be.
People were not always safeguarded from abuse and improper treatment.
Medicines required improvement to ensure that medicines administration records were accurately completed.
Staff recruitment processes had improved to ensure full checks were carried out. Risk assessments were comprehensive, and contained appropriate guidance to support with behaviours that challenge.
Effective infection prevention and control measures were in place. There were enough staff to meet people's needs.

Requires Improvement ●

Is the service well-led?

The service was not as well-led as it could be.
Improvements were still required to ensure that issues identified were acted on in a timely manner to improve quality and records across the home. Staff spoke highly of the management support they received. The registered manager worked in partnership with other agencies to help meet people's needs.

Requires Improvement ●

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

The inspection was prompted by notification of an incident that alleged people were at risk of abuse at the home. The information shared with CQC about the incident indicated potential concerns about the management of any potential incidents of ill-treatment, and concerns about how the home managed infection control. This inspection examined those risks.

This inspection took place on 14 August 2018 and was unannounced.

This inspection was conducted by two inspectors. Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the provider's previous inspection reports.

During the inspection we spoke with two people living at the home, three members of staff, one registered nurse, a senior management support worker and the registered manager. We looked at four people's care plans and medicines administration records (MAR) for five people.

Is the service safe?

Our findings

Following receipt of an allegation that people were subject to ill-treatment, we spoke with people to ascertain their views on their welfare at the home. Only two of the six people we spoke with were able to communicate their views with us.

One of the people that we spoke with alleged that a particular staff member was 'rough' with them when supporting them to move. The person was able to describe the alleged staff member to us, and we relayed our concerns to the registered manager. Immediate action was taken in ensuring the person was made safe and reassured. The registered manager took appropriate disciplinary action with the staff member and discussed the allegation with police, commissioners and the local authority safeguarding team. The registered manager agreed to undertake an internal investigation into the concerns raised, and work alongside the commissioning team to ensure the safeguarding incident was fully investigated.

We asked people whether they felt safe at the home. One person told us, "Not [all] of them [staff members] make me feels safe, some don't. I don't like how staff knock and then enter without permission, day or night. It makes me feel unsafe. Where's the respect?" On the day of our inspection we observed three different staff knocking and entering immediately prior to gaining consent to enter during the inspection. The same person told us, "Some of them [staff members, make me feel safe]. Sometimes they won't answer my questions and they always say 'I don't know'. They can be dismissive. If I say something, if it upsets them they can be [verbally] aggressive to me. I try to take no notice."

We raised the above issues with the registered manager who told us they would hold group supervisions with all staff to ensure they were clear on how people should be protected from potential ill-treatment.

The above issues are a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, despite the concerns above, staff that we spoke with had a clear understanding of their roles and responsibilities in keeping people safe from harm and abuse. One staff member told us, "If I witnessed any untoward practices, I would notify and report it to the [relevant] authorities. If there's any problem I must bring it to their attention." Another staff member said, "I would whistle-blow straight away [if I suspected abuse]. I'd report it to the [registered] manager and the social worker if the manager didn't take action."

At this inspection on 14 August 2018 we found that improvements were required to ensure that medicines were managed safely. We looked at a sample of the medicines records for two of the five units at the home. Stock balance checks of medicines were not regularly undertaken. A registered nurse that we spoke with told us that stock balance checks should be undertaken on a daily basis. None of the records that we viewed reflected that stock balance checks were undertaken daily. One person required a medicine to be administered 'as required', the stock balance check that had been recorded did not accurately reflect the number of tablets that been administered since the commencement of the cycle. The staff signature was not legible on the medicines administration record (MAR) so that it was clear on what days the medicine had

been given. The same person's records did not have an accompanying photograph so that staff could be clear that they were administering medicines to the correct person. On another person's MAR we found gaps in staff signatures, they had not signed to show that the person's medicine had been administered. We raised these issues with the registered manager who advised they would review all staff medicines competency assessments and undertake medicines audits to identify further areas for improvement. We will check on the provider's progress with this at our next inspection.

One staff member said, "I don't administer medicines as I've not had the training. I'd like to do it." Another staff member said, "I'm not trained so I don't do the medicines. I've asked to do the training and it has been agreed." Medicines were stored securely in rooms where the temperatures were checked regularly to ensure medicines were stored in line with appropriate guidance. Staff received medicines training and were subject to regular medicines competency assessments.

At our last inspection on 13 December 2017 recruitment processes were not always safe, in that records of previous employer references were not always on file. At this inspection we checked staff records and found that employees now had two professional and/or character references recorded. Staff disclosure and barring service (DBS) checks were also up to date. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our last inspection on 13 December 2017 staff told us that they had not been trained in, nor were they confident in managing behaviour that they may find challenging. Records showed that people's risk assessments did not include guidance for staff in supporting people when addressing these behaviours.

At this inspection on 14 August 2018, staff were now aware of how to support people during times of heightened anxiety. Staff confirmed they felt comfortable in managing people's behaviour when they challenged the service. One staff member told us, "I would try to calm the person down and also calm the situation down. Try to explain what it is we are doing." Another staff member said, "If we come across someone [behaving in a way that challenges] we would leave them to calm down then come back to them later. We need to give them time to calm down. Some people just need a physical touch on their arm as a way to reassure and calm them." During the inspection we observed one person who appeared anxious and distressed, although staff were not quick to respond, when they did staff were attentive, compassionate and initiated de-escalation techniques to calm the person safely.

People were protected against identified risks as the provider had implemented risk management plans. Risk management plans were reviewed regularly to reflect people's changing needs and issues relating to risks that were identified were shared with staff to ensure people received care and support that was in line with their needs and kept them safe. One staff member told us, "They [risk management plans] cover mobility, what support the person may need like two-to-one support when mobilising. Or eating and drinking, you may need to take your time and be patient and encourage them to eat." Risk management plans gave staff clear guidance on how to support people when faced with known risks, for example, medicines management, nutrition, sleeping, behaviour that challenges the service and mobility.

The spread and control of infection was appropriately managed. One staff member told us, "We aren't allowed to leave a room still wearing gloves, so we don't spread infection. I have had training so know what to do." Another staff member said, "We prevent infection by using the right equipment to do the job." Staff were provided with personal protective equipment (PPE) to ensure the spread of infection was minimised, PPE included gloves and aprons and confirmed they had familiarised themselves with the provider's infection control policy. The provider employed auxiliary staff to ensure the service was kept clean and free

from odours.

Staff confirmed there were sufficient numbers of staff to operate manual handling equipment in line with good practice. For example, one staff member told us, "There's always two staff hoisting, we work in pairs." During the inspection we observed two staff supporting one person in the main lounge to transfer from a chair to a wheelchair. Staff explained what they were doing and sought permission prior to doing so. Staff used a privacy curtain to help ensure the person's dignity remained intact.

People received care and support from sufficient numbers of staff to keep them safe. Records confirmed staffing levels were flexible to meet the needs of people. Staff told us there were sufficient numbers of staff on duty to keep people safe. One staff member told us, "We work in pairs, and there's enough staff to keep people safe." Another staff member said, "There's definitely enough [staff members]. If we are short, the staff we have will come in and help cover."

The provider had systems in place to monitor, investigate and identify areas for improvement following any incidents or accidents. Incident forms clearly recorded the event that had occurred, the provider investigation and any action taken.

Is the service well-led?

Our findings

At our last inspection of 13 December 2017 we found that the provider's quality assurance systems were not always effective in identifying areas for improvement. For example, poor oversight of the consistency of staff files and lack of guidance in people's care plans for managing behaviours that challenge.

At this inspection we found that steps had been taken to improve the above areas, and we again reviewed the provider's quality assurance systems. The provider had carried out a recent care plan audit and identified that three care plans had not yet been completed. We looked at the three identified care plans, and one of these had been completed. Whilst the other two care plans had been completed to reflect risks and the people's care needs; the full care plan identifying people's personalised needs had not yet been undertaken. The provider had identified areas for improvement, but had not yet taken appropriate action to rectify this. We raised these issues with the provider who informed us that they would carry out these care plans immediately.

Additionally, we were not assured of the robustness of the provider's quality assurance systems, as the registered manager had not identified the medicines errors we found during the inspection, or the ongoing safety concerns of the people who used the service.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also reviewed other quality assurance audits the provider had carried out, in areas such as infection control, medicines and health and safety. Records showed that where issues had been identified that action had been taken to implement any improvements required.

Staff spoke positively about the registered manager. One staff member told us, "I see him on the wing often. I don't really get to sit down and talk with him, but I can talk to him if I have any problems." Another staff member said, "I see him [registered manager] every time I'm on shift, he will come and tell me to lead the team and ask if everything's okay. I do feel really supported by him." A third staff member said, "The [registered] manager is always in and he does a ward check every shift. I feel well supported by him."

Staff were positive about the changes that the registered manager had made. One staff member told us, "Yes there have been a lot of changes since your [CQC] visit. We're not short staffed now. The lounge is decorated and looks nice." Another staff member said, "Yes, there's a lot of improvements. Changes to the building, the décor."

Team meetings were held regularly to keep staff teams updated on developments throughout the home. We looked at the most recent meeting minutes which showed that concerns raised and management of maintenance issues in the home had been discussed.

People using the service, and their relatives were invited to share their views about the service through

questionnaires. We looked at the most recent responses received, which were not dated, however the registered manager told us that they were received in May 2018. Responses we reviewed were primarily positive and the registered manager had made improvements following people's feedback.

The provider was keen to make improvements following issues identified throughout the inspection and was able to show us how they worked alongside police, social services and commissioning teams. The registered manager also worked alongside other healthcare professionals to ensure that people's needs were met.

The provider had notified of CQC of important incidents as they occurred, and responded promptly to requests for information.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always safeguarded from the risk of abuse or improper treatment, in that people said staff did not always make them feel safe. Regulation 13, 1, 2, 3, 4 (c),(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not identify concerns or alleged abuse expressed by people at the home. Prompt action was not always taken to rectify issues identified through quality assurance audits. Regulation 17, 1,2 (a), (b), (c)