

The Frances Taylor Foundation St Mary's Home

Inspection report

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

St Mary's Home is a residential care home consisting of seven living areas or flats, which can support up to 40 people. The service was providing personal care to 36 people at the time of the inspection.

People's experience of using this service and what we found

Right Support – People's care records did not always reflect the support they needed, as effective risk management plans were not always in place. Risk assessments required some improvement to ensure that clear guidelines were always in place to guide staff as to how to support people. Staff received regular training, supervision and appraisal. People were supported with their dietary needs and to access healthcare professionals.

The numbers and skills of staff matched the needs of people using the service. Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

Right Care - People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were patient and used appropriate styles of interaction with people.

Staff supported people to express their views using their preferred method of communication. Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff helped people to have freedom of choice and control over what they did. People were supported to participate in their chosen social and leisure interests on a regular basis.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture – Governance processes were not always effective in ensuring records management was consistent to keep people safe, protect people's rights and provide good quality care and support. Important incidents were not always reported to the Care Quality Commission.

The provider sought feedback from people and those important to them and used the feedback to develop

the service.

Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 February 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Mary's Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an inspection manager.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people. Some people could not speak with us and tell us of their experiences verbally, so we observed their interactions with staff. We spoke with six members of staff including the registered manager, the deputy manager and four care assistants.

We reviewed a range of records. This included three people's care records and three medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected against the risk of harm from identified risks. For example, one risk assessment we reviewed did not give staff clear guidance to follow when the person engaged in behaviours that could cause anxiety or distress.
- Staff were not always aware of the procedures to follow to keep people safe when faced with identified risks. For example, where people engaged in behaviours that that could cause anxiety or distress, staff could not tell us what action they were to take to safely deescalate the situation.
- We shared our concerns with the registered manager who after the inspection, ensured clear guidelines were present in the person's care file.
- Notwithstanding the above we found some areas of good risk management. One person was supported by the District Nurses as they were at very high risk of pressure sores. They had an automatic turning bed and food and fluid charts. The food and fluid charts were completed appropriately without gaps. The setting records for the bed were correct and the bed was set to the appropriate setting for their weight and turning requirements. The staff had followed the DN's guidelines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were appropriately referred to the local authority and internal investigations reviewed incident occurrence.
- Staff had a clear understanding of their role and responsibilities in identifying, reporting and escalating instances of suspected abuse. One staff member told us, "If I suspected abuse, I would report it to the registered manager and record what had happened. I would take it further and contact the director if the registered manager didn't do anything. We can whistle-blow if we see bad practice."

Staffing and recruitment

- People received care and support from suitable numbers of staff to keep them safe.
- Records showed there were adequate numbers of staff deployed throughout the day to ensure people's needs were met swiftly. At the time of the inspection the service were using agency staff to fill staffing levels with familiar staff members.
- A staff member told us, "I think the number of staff here is enough. We do use agency staff, but we have enough staff to help people."
- Staff were safely recruited. This included obtaining their employment history, suitable references and a

Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed and administered safely. The provider had enlisted a consultancy firm approved by the National Care Forum to review the medicines processes within the service. As a result, recommendations were made to ensure the safe management of medicines, which were then implemented into the services procedures.
- A staff member told us, "I have received medicines training and I also receive refresher training. If I identified an error, I would go back to the staff member and ask them about it, I would check the medicines administration record (MAR) and medicines to see if there is a discrepancy and then report the issue."
- People's MAR were correctly completed and clearly showed that people received their medicines at the times that they needed them.

Preventing and controlling 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.

The provider had robust systems in place to ensure visitors to the home had taken the necessary precautions to ensure COVID-19 was not brought into the service. Only those who had received a negative COVID-19 test result could enter the premises, minimising the risk of spreading infection.

Learning lessons when things go wrong

- The registered manager implemented changes to ensure lessons were learned when things went wrong. For example, changes to the administration, recording and storage of medicines were implemented following the advice given by the consultancy firm.
- We were able to review the homes overview of incident occurrences which recorded a summary of the incident and an overview of any actions taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the home to ensure the provider was able to cater for their needs.

Staff support: induction, training, skills and experience

- At the time of the inspection, we identified and staff confirmed they had not received training in autism or learning disabilities. Despite the service providing the regulated activity to autistic people and people with a learning disability. Staff were unclear about the needs of autistic people and therefore we were not assured people received care and support that reflected their specific needs. We raised this with the registered manager who booked staff on training following our inspection.
- Staff spoke positively about the training they received and confirmed training provided enhanced their skills and the delivery of care. One staff member told us, "I'm on an NVQ [National Vocational Qualification] course at the moment."
- Staff received regular supervisions to reflect on their working practices and give feedback on their role. Staff confirmed supervisions were beneficial and gave them additional support.

Supporting people to eat and drink enough to maintain a balanced diet

- People continued to receive support to access food and drink that met their dietary needs and requirements. They told us, "The food is really good. I am on a special diet and the food is really great" and "I choose what I want to eat."
- We observed one person being fed through a PEG (percutaneous endoscopic gastrostomy). This is a way of giving food, fluids and medicines directly to the stomach. The staff made sure they were comfortable for the duration and were sitting and talking with them while the feed was going through.
- Staff had a clear understanding of people's dietary requirements, for example, people who required softened or pureed foods we catered for, in line with guidance from the dietician.
- Each floor had their own kitchenette whereby staff supported people to prepare meals for themselves where safe to do so. The service had a weekly menu plan that included healthy options, however people told us they could choose alternative meals should they so wish.

Adapting service, design, decoration to meet people's needs

- The space had been designed to meet people's needs, and so people felt they lived in much smaller groups. One person who was more independent had their own suite of rooms, with a bathroom and sitting room.

- Five people showed us their bedrooms. These were personalised with their own furniture and belongings. We found that some people had their own mini fridge in their room.
- The ground floor had one large kitchen and a large lounge, each of the other floors had two kitchens/ lounges. People could sit in the garden immediately at the rear of the house, or in the much larger beautiful back garden.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare services to monitor and maintain their health and wellbeing. They told us, "The doctor comes to visit every week and the staff call the doctor in between if I am unwell" and "The doctor, the dentist and the optician all visit here. They look after us."
- Records showed guidance and support provided by healthcare professionals was implemented into the delivery of care to ensure the support they received reflected their changing needs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed whether people were subject to DoLS and any conditions. The provider ensured these were applied for in a timely manner so as to ensure people were not unlawfully deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by staff. We observed staff giving one person a hand massage, which the person showed they enjoyed through their relaxed posture and body language. One person said, "The staff speak very nicely to me."
- People were supported with any cultural or religious needs. One person said, "I'm Muslim and the staff take me to the mosque, but I don't want to go very often." Care records also reflected whether people had any religious needs and detailed any support they may need to practice their faith.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. This took place through one-to-one meetings, as well as residents meetings. This enabled people to share their views on their homes and how they lived their day to day lives.
- Comments from people included, "I have a great keyworker, she helps me keep my goals. We go to the café" and "I have three hours of 1:1 time each week with my keyworker, to do whatever I need to do – go shopping, go to try a new activity, sometimes to go for a bus ride."
- People or those important to them were consulted in the review of care needs. This resulted in care files reflecting people's personalised views within a one-page profile, enabling staff to understand people's primary decisions in their care delivery.

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated well by staff. Care records clearly reflected people's goals and achievements as well as the ways they wished to receive their care.
- Staff were keen to ensure people maintained their independence where possible. One staff member told us, "We [staff] try to encourage people to eat themselves. If we do it for them it's like we are trying to take their ability away from them. We try to encourage people to walk and we walk with them and support them, we give positive reinforcement and feedback to motivate them and raise their self-esteem."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were concise and staff understood the relevance of ensuring they were familiar with people's care preferences. A staff member told us, "The care plan is really important it has medical information, relative contacts, how to communicate with someone and how their needs manifest. It says how to care for that person in particular."
- Where a person's care plan required changes to reflect their needs, staff would highlight the changes to their keyworker.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had a clear understanding of how to effectively communicate with the people they supported.
- During the inspection we observed staff speaking to people in a way they preferred, for example in a lowered voice and at eye level.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake activities that met their preferences. These included work in the community, holidays, crafts, use of the day centre and celebrations of community and personal events.
- A staff member told us, "We provide cooking, massage, relaxation, crafts, music and outings. We also go on trips to Brighton and sometimes go on holiday to west Sussex, this summer we're going to Butlins."
- People who were unable to participate in activities in communal areas were supported in their rooms, minimising the risk of social isolation. A staff member said, "We do one-to-one with people in their rooms who are bedbound. We can do painting and colouring with people."

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded and responded to. Records showed there had been no complaints since our last inspection.
- A staff member told us, "If someone wanted to make a complaint, I would listen to them and try to help them. Where there are complaints that you're unable to help with I would report it to the senior staff

member."

End of life care and support

- People were supported to express their end of life wishes, with the support of those important to them where it was appropriate.
- A staff member told us, "We support people on end of life care, there is an end of life plan you must follow. It tells you the person's needs i.e. how to care for them specifically in the end of their life and to make them feel comfortable."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service carried out regular audits to drive improvements, however these audits did not always identify issues we found during the inspection. For example, the provider did not always identify statutory notifications that required submission to the Care Quality Commission.
- The registered manager did not always send statutory notifications to the CQC in line with legislation. For example, we identified incidents whereby the police were called and physical altercations took place. Whilst these were reported to the local authority these were not submitted to the CQC.
- We shared our concerns with the registered manager who told us they were unaware these incidents were notifiable. We have signposted the registered manager to legislation to familiarise themselves with their responsibilities in notifying us of reportable incidents.
- The provider had not ensured that staff received appropriate training to support those that may present behaviours that could cause anxiety or distress. Risk assessment records were not always clear or updated in a timely manner to accurately reflect the support staff needed to provide to minimise potential risks. There was a risk that staff would not be able to consistently support people and reduce the likelihood of risk occurring.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the registered manager and management team. Comments included, "[The registered manager's] hardworking and makes sure everything is done and the service users' and staff's needs are provided for", "[The registered manager's] lovely, the office is always open, and you can always go to her to talk about anything or any concerns" and, "The words to describe [the registered manager] are friendly and supportive."
- One person said, "I really love [registered manager], she is kind and fair." We observed a homely and inclusive environment throughout our inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood the importance of identifying and reflecting when things went wrong, as well as apologising when mistakes were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff's views were regularly sought through keyworker meetings, annual questionnaires, house meetings, supervisions and handovers.
- A staff member told us, "We do have regular staff meetings, the last one was last month. We talk about the service users, their interests and observations we've made. We talk and get feedback from each other and we talk about any changes to people's needs. We also talk about supporting each other. We all try to be open with one another. Morale is good."

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside other agencies to meet people's presenting needs. This included learning disability teams, local authorities and other healthcare teams to provide continuity of care.
- People, their relatives and staff were consulted on their views and how care could be improved. Records showed that where feedback was received action plans were developed to ensure accountability for improvements in care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not always effective in ensuring records were maintained and up to date. Important events were not always notified to the Care Quality Commission.</p>