

St. Mary's Care Limited

# St Mary's Care Home

## Inspection report

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09 June 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 September 2015. The service met all the regulations inspected at that time. We rated the service as good.

We undertook a focused inspection on 9 June 2016 due to concerns we had received about the service in May 2016. There were concerns that people were not receiving safe care and treatment due to staffing levels at the service. This report only covers our findings in relation to these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'St Mary's Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

St Mary's Care Home provides accommodation for persons who require nursing and personal care for up to 82 people. On the day of the inspection, 78 people were using the service.

There was a registered manager in post. 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.

During this focussed inspection, we saw the action the registered manager had taken to mitigate the effects of staff shortages due to staff leaving the service. The registered manager had recruited nursing and care staff to ensure there was sufficient staff to provide safe care to people. The provider had not successfully recruited a replacement for the deputy manager and recruitment was underway. Staff had the right skills and knowledge to provide people with safe care and treatment. People received the support and care they required although some people might have experienced delays. The provider had appointed an operations manager to provide management oversight at the service and to support the registered manager. The registered manager had taken appropriate action to address the concerns and develop the service.

## 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 registered manager had taken appropriate action to ensure there were sufficient members of staff to meet people's needs.

The registered manager had recruited care and nursing staff to ensure there were sufficient and consistent staff to support people with their needs safely.

There were suitably skilled staff to support people safely with their specific health needs.

# 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.

We undertook a focused inspection of St Mary's Care Home on 9 June 2016. This inspection was carried out in response to concerns raised against the service in regards to providing safe care and treatment to people using the service. The service had experienced staff shortages due to staff leaving the service. There were concerns this might have a negative impact on the care and support provided to people. We inspected the service against one of the five questions we ask about services: Is the service safe?

The inspection was undertaken by one inspector and a specialist advisor who is a nutritionist. Before our inspection we reviewed the information we held about the service including records of notifications sent to us. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with the registered manager, two nurses and three care workers. We spoke with a GP visiting people at the service.

We looked at five people's care records, which included assessments, care plans and risk assessments relating to pressure ulcer management. We viewed records relating to staff including training, staff rotas and the service's arrangements to cover absences. We checked feedback the service had received from people and their relatives about the quality of care at the service.

We spoke with staff from the local authority who commissioned the service before and after the inspection.

# Is the service safe?

## Our findings

During this inspection of 9 June 2016, we found that the registered manager had taken action to address the staff shortage to improve the safety of the service. Between January and May 2016, three nurses, four care staff, and the deputy manager had left the service. Records confirmed the service had experienced a high staff turnover in the last few months for both nursing and care staff. The registered manager had used agency nurses and care staff to fill the vacancies temporarily. The registered manager had recruited replacement and additional staff to ensure there were sufficient staff to meet people's needs safely.

We spoke with the registered manager about how they determined staffing levels. They told us the service took into account people's needs, guidance from healthcare professionals involved in each person's care and the skills mix required to support people with their complex needs. The registered manager understood people's needs and used this information to determine the staffing levels in line with the service's procedure.

The registered manager ensured members of staff on duty had the appropriate skills mix required to enable them to meet people's specific needs. For example, nurses and care staff who had received training in pressure ulcer and wound care management. We saw that people who had pressure ulcers were referred to the tissue viability nurses as appropriate and received the support they required.

People received the care they needed although staff shortages had caused some delay to people receiving the support they required. Staff told us they had responded appropriately to meet people's needs when there were shortages by prioritising their work. The registered manager told us there was a time when the nurses at the service had used their professional judgement to mitigate the effects of nurse staff shortages to determine the level of care they provided to people at the service. For example, a tissue viability nurse had requested dressings of a person to be changed three times a day. Due to staffing concerns, the person's dressing had been changed once in one day. The registered manager explained that she was aware of the situation and had continued to monitor the person's dressing during that time. Records showed the person's health had not declined because of this. There was no evidence to suggest that staff shortages had caused people distress or harm. A visiting healthcare professional had noted that the shortage of nurses had stretched them. However, they told us they had seen an improvement in the number of staff employed at the service.

There were enough staff on duty support people safely. Staff told us they were happy with the staffing ratios and said they had enough time to support people safely. We observed sufficient staffing levels on our inspection. The service was fully staffed as indicated on the rota. We saw from rotas over twelve weeks that the planned staffing ratios had not always matched with staff that turned up for duty. However, records showed the service had ensured there was cover for the absences. Staff told us the registered manager provided cover in most cases and there was an odd occasion of insufficient to cover for unplanned absence. The registered manager informed us they sought cover from two nursing and care staff agency services they used and requested the same staff where possible to promote continuity of care. Staff told us sickness and planned absences were usually covered and sometimes late into the shift.

The provider had an ongoing recruitment exercise to ensure there were sufficient staff at the service to support people safely. The provider had recruited six full time nurses and five care staff. Three nurses were undertaking their probation at the time of our inspection while the other three were awaiting criminal record checks and references before they were confirmed in post. The provider had appointed an operations manager to strengthen the clinical and management oversight on people's health and wellbeing. The impact of the recruitment will be fully assessed at the next inspection of the service.