

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

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

About the service:

- St Mary's Care Home is a residential and nursing care home.
- The home accommodates up to 80 people in one adapted building, and is split into five different units.
- At the time of our inspection 72 people were living at the home.

People's experience of using this service:

- The provider had made good improvements to the service since our focused inspection on 14 August 2018.
- People were safely protected from the potential risk of abuse, and staff were clear on how to identify and report concerns.
- Medicines were now well managed to ensure that people received them safely and in line with best practice.
- Quality assurance systems had improved to ensure that any improvements required were promptly identified and implemented.
- Sufficient risk assessments were in place to ensure that people were safely supported.
- People received support in order to meet their nutritional needs, with good access to other healthcare professionals.
- People's capacity to consent had been assessed in line with legal requirements.
- People told us that staff were kind, compassionate and attentive to their needs.
- People were treated with dignity and respect.
- Activities were provided to ensure people received appropriate stimulation, and people were consulted on their views about their care.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
- More information is in our full report.

Rating at last inspection:

- At our last focused inspection, the service was rated "requires improvement", where we inspected the key questions 'Safe' and 'Well-led' only. Our last report was published on 18 September 2018.
- Our last comprehensive inspection was published on 20 January 2018, where the home was rated 'requires improvement' overall.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

St Mary's Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was conducted by two inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge of supporting people with dementia care.

Service and service type:

- 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.
- The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

- Our inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with seven people who used the service and three relatives.
- We spoke with the registered manager, operations manager, a unit manager, four nurses, seven health care workers and two activities coordinators. We also spoke to a visiting chiropodist.
- We reviewed eleven people's care records, three staff personnel files, audits and other records about the

management of the service.

- Throughout our inspection we observed the way staff interacted with people living in the home and performed their roles and responsibilities.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 18 August 2018, this key question was rated "requires improvement". We found people were not always appropriately safeguarded from the risk of abuse. Medicines were not always managed safely, with medicines administration records (MAR) not always accurately completed and a lack of stock balance checks. At this inspection, we found the service had taken steps to improve people's safety and medicines management. Therefore, the rating for this key question has increased to "good".

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Comments included, "I feel safe here, I've got my call bell and they answer quickly", "I do feel safe here", and a relative told us, "I think she [family member] is safe here and the staff know how to look after her."
- Staff had received up to date safeguarding adults at risk training.
- Staff were familiar with the different signs of abuse and neglect that people living in an adult social care setting might experience, and the appropriate action they should immediately take if they witnessed or suspected its occurrence. One member of staff told us, "If I saw anyone being abused at the home I would report it to my supervisor straight away."

Using medicines safely

- At this inspection we reviewed medicines on three of the homes five units.
- Medicines were now managed consistently and safely in line with national guidance. Staff were observed to be patient and kind during medication administration.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency. Appropriate management systems were in place to ensure medicines were managed safely.
- Medicines were kept securely in locked trolleys and rooms, and administered by trained staff.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks balances checked tallied with the balances recorded.
- Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- People received their medicines as prescribed with dedicated trained staff to manage stock control, ordering and safe storage of medicines.

Assessing risk, safety monitoring and management

- Risk assessments were in place and staff were knowledgeable about what action to take to reduce identified risk.
- For some people, risk assessments were in place to help support people at risk of developing pressure

sores. Where risk was identified staff knew what action they should take, such as moving people's position and using specialist pressure relieving equipment.

- We saw positive behaviour support plans that had been developed with external professional input from the Care Home Intervention Team (CHIT) also in place for people whose behaviour might challenge the service.
- During our inspection we observed a member of staff appropriately use positive intervention techniques to deescalate a potentially hazardous incident by quickly and calmly redirecting a person whose behaviour had become challenging.
- The provider continued to have suitable arrangements in place to deal with foreseeable emergencies.
- People's care plans contained a personal emergency evacuation plan (PEEP), which explained the help people would need to safely evacuate the building in an emergency. Records showed staff routinely participated in fire evacuation drills and received ongoing fire safety training.
- The environment remained safe. Maintenance records showed environmental health and safety, and equipment checks were routinely undertaken by suitably qualified external contractors in accordance with the manufacturers' guidelines.

Staffing and recruitment

- The provider's staff recruitment processes remained robust.
- The provider carried various checks on all prospective new staff including, employment and character references from their previous employers, proof of identity, eligibility to work in the UK, full employment history and a Disclosure and Barring Service (DBS) check.
- We also saw the provider checked the personal identification number of all nurses employed to work at the home to confirm they were registered with the Nursing and Midwifery Council (NMC) and therefore authorised to practice as nurses.
- Staff told us the units they worked on were usually adequately staffed. One member of staff said, "Today we've got three carers and a nurse who also helps out with another unit, which is the right number of staff. We're always busy, but we have enough staff with the right amount of skills and experience to cope."
- We saw nursing, care, activity, catering and housekeeping staff were visible in the main communal areas. We also observed numerous examples of staff responding quickly to call bells being activated or people's verbal requests for assistance.

Preventing and controlling infection

- People continued to be protected by the prevention and control of infection.
- People told us the home always looked clean and tidy. One person told us, "It's very clean, my room is cleaned every day."
- The service was kept free from any unpleasant odours.
- On several occasions we observed staff appropriately use personal protective equipment after supporting people with their person care and washing their hands after handling waste.
- Staff had received up to date infection control and basic food hygiene training.

Learning lessons when things go wrong

- The registered manager ensured that any incidents or accidents were promptly recorded and investigated.
- All incidents were fully investigated, with a monthly review of all incidents occurring to ensure actions taken and any learning was clearly disseminated.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection of 13 and 18 December 2017 arrangements for staff, supervision, support and appraisal were not effectively operated. At this inspection, we found that staff received the regular support they required. However, staff had not always received training in areas specific to the needs of some of the people they cared for. The registered manager had identified this and a plan was in place to improve staff knowledge. At this inspection, we found the service had taken steps to improve staff support. Therefore, the rating for this key question has increased to "good".

Staff support: induction, training, skills and experience

- We found gaps in some staff's knowledge and skills. For example, records indicated no staff had received any training in mental health awareness despite many people living in the care home having a mental health diagnosis. In addition, approximately only half the staff team had received any training in how to positively intervene and prevent or appropriately manage behaviours considered challenging, despite many people living who might present such behaviour from time to time. This was confirmed by several staff we spoke with.
- Two staff told us they did not feel they had the right mix of knowledge, skills or experience to effectively support people with mental health needs or who behaviour might be perceived as challenging.
- We fed this back to the registered manager at the time of our inspection. They told us plans were already in place for all staff to complete training in how to support people whose behaviours might challenge the service within the next 3 months.
- They also agreed to ensure staff who supported people with mental health needs received mental health awareness training.
- We will review at our next inspection of the service whether the action the provider said they would take to address these staff training issues has been taken.
- Staff at all levels spoke positively about the training they had received. Typical feedback included, "My induction was very good", "The training is non-stop here" and "The training is good. Its ongoing and teaches me everything I need to know about how to look after people that live here properly."
- Records indicated staff had completed training in dementia awareness, moving and handling, basic life support and person-centred care.
- In addition, nursing staff also completed additional training in the use of specialist medical equipment and health care practices to meet people's more complex health care needs. For example, this included training in the safe use of percutaneous endoscopic gastrostomy (PEG) feeding tubes and catheters, as well as pressure sore prevention and epilepsy awareness. PEG feeding is an endoscopic medical procedure in which a tube is passed into a person's stomach.
- The provider operated a rolling programme of regular supervision (one-to-one meetings), competency

assessments and annual appraisals where staff were encouraged to reflect on their work practices and identify their training needs.

- Staff told us they were encouraged to talk about any issues or concerns they had about their work.
- One member of staff said, "I had my first supervision with my manager the other day as I've just finished my probation, which I think went pretty well. I do feel supported by the managers here."
- All new staff received a thorough induction that included shadowing experienced staff on their scheduled visits and completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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

- The premises met people's needs and were accessible.
- As recommended at the service's last inspection we saw memory boxes containing photographs, pictures and objects that were important to a person.
- We saw easy to understand pictorial signage and bedroom doors painted contrasting colours throughout the care home to help people living with dementia orientate themselves and identify the function of different rooms.

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

- People's care records were clear and identified desired outcomes.
- People's care was delivered in line with good practice guidance such as the use of the waterlow score to review people's skin integrity, and the malnutrition universal screening tool (MUST) for monitoring nutrition.
- Dependency assessments were reviewed monthly to ensure people received the appropriate level of support.

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

- People were supported to ensure that their nutritional needs were met.
- People told us of the food at the home, "There is a choice of food and usually it is very good" and "There are some foods I can't eat, I can always get something different if necessary."
- People's care plans reflected if they had any nutritional risks, with detailed guidance for staff so that they knew how to support people.
- People with complex nutritional needs were protected from risks. We saw one person who had difficulties swallowing food being appropriately supported.
- The home chef kept a record of people's dietary requirements in the kitchen so that people's meals could be appropriately prepared.

Supporting people to live healthier lives, access healthcare services and support

- People were promptly referred to other healthcare agencies for support when required.
- People told us, "I do go to the hospital for appointments as I have a pacemaker, the transport is always arranged" and "We go to see the doctor whenever necessary. There is a doctor here every Wednesday, Specsavers and the community dental team come in and the podiatrist visits."
- Where one person had swallowing difficulties the service had arranged for the Speech and Language Therapist (SALT) to assess the person.
- All actions had been applied instantly following this visit including the kitchen being updated of the person's requirements for a soft diet and an urgent referral to a dietician.
- Care plans were in place for people's specific conditions, and staff supported people to attend healthcare appointments.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Records showed that DoLS were applied for in a timely manner, with appropriate capacity assessments in place to ascertain people's ability to consent to specific decisions.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with people, other professionals and continually developed their skills.
- Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. They were encouraged to reflect, learn and focus on continuously improving their practice at staff handover and team meetings.
- Staff used best practice guidelines to underpin practice in assessing and meeting people's needs.
- The service worked with GP's, social workers and palliative care to ensure people's care needs were met.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the service they received at the care home and typically described the staff who worked there as "kind".
- People told us "This is a nice place to live", "It's the staff who make the home so good...They're all very nice" and "The staff treat me very well. Can't fault any of them."
- Relatives told us, "My wife sometimes gets very tearful; the carers are wonderful and will talk to her and comfort her" and "The staff are very kind, even though [my relative] doesn't speak any English they are very good at understanding body language."
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.
- We saw several good examples of staff sitting and talking with people in a relaxed and friendly manner either in their bedroom or the communal areas.
- People's cultural requirements were accommodated, such as their dietary needs.

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

- People's care records included life histories and social profiles, to help guide staff in understanding people's individual needs.
- Records showed that other healthcare professionals were consulted to ensure people's care needs were appropriately reviewed.
- Where people practised any religious beliefs these were clearly recorded in their care files and people were supported by staff to practice the faith of their choosing.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity promoted.
- People told us staff always addressed them by their preferred name and never entered their bedroom without their expressed permission.
- During lunch we saw numerous examples of staff assisting people who were having their meal in bed do so in a kind and dignified way. These staff were overheard constantly explaining to people in a reassuring tone of voice what they were having for their lunch and how they were going to be assisting them.
- We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.
- Staff knew how to protect people's privacy when providing personal care. Several members of staff told us they would always close a person's bedroom door when they were supporting an individual with any personal care.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support which was responsive to their needs and wishes.
- People were involved in the care planning process and their preferences about the way they preferred to receive their support were accurately recorded, and staff were knowledgeable about these. For example, people's strengths, likes and dislikes, life history and preferences for how they wanted their support to be provided.
- People were given choices about various aspects of their daily lives. Several staff told us how they encouraged people to choose what they wore each day by showing them various items of clothing from their wardrobe to select from each morning.
- People were supported to follow their interests and live fulfilling social lives.
- The care home continued to have a designated cinema room that showed a rolling programme of films every afternoon.
- The service has also recently created a reminiscence room which we saw was furnished with all kinds of memorabilia, including old ornaments, photographs, paintings, furniture and domestic appliances. During our inspection we observed an activities coordinator use this room and the objects it contained to support two people to reminisce about the past.
- The service took appropriate action to protect people who preferred or needed to stay in their bedrooms from social isolation.
- For people who were not able to get out of bed there were bed based activities on offer. For example, during our inspection we saw a Namaste trained staff member provide hand massages to people who were bedbound. Namaste is an evidence-based programme designed to improve the quality of life for people living with dementia.
- In addition, in the morning we observed the operations director announce the start of 'butterfly time', which several staff confirmed was a daily occurrence when staff were expected to stop what they were doing to spend quality time talking to people who were bedbound. Several staff told us they liked the idea of having a set period every day to spend quality time in the company of people who might otherwise become socially isolated in their bedroom.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns telling us, "If I needed to complain I would go to see the manager. I haven't needed to though" and "I would speak to the manager if I had to make a complaint."
- Complaints received by the home were responded to promptly, including sufficient written correspondence to resolve any issues raised.

End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.

- People's preferences and choices for their end of life care were clearly recorded in their care plan and acted upon. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in care plans for people who had made this decision.
- Records indicated staff received end of life care training. Managers told us they worked closely with local GP's and palliative care professionals from St Christopher's Hospice.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 18 August 2018, this key question was rated "requires improvement". We found that quality assurance systems required improvement to ensure improvement action was taken in a timely manner. At this inspection, we found the service had taken steps to improve the governance of people's care to ensure quality outcomes. Therefore, the rating for this key question has increased to "good".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People spoke positively about the management of the home telling us, "I think the home is well managed", "It's hands on here, there are never any problems", "The manager is very good. He is very helpful" and "The manager is very friendly."
- Staff were positive about management support telling us, "The manager is lovely" and "A very good leader and he is an excellent manager."
- People mattered and staff spoke with pride about the people they cared for and celebrated their achievements.
- Staff endlessly considered ways to improve care so people had positive experiences and led fulfilling lives. People living with dementia received best practice care because staff demonstrated a good understanding of how the different types of dementia affected people.
- The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The provider had systems in place to help managers assess and monitor the quality and safety of the care and support people living in home received. For example, at provider level the operations director routinely visited the care home to carry out regular checks that focused on different aspects of service delivery.
- The operations director gave us several examples of how they had used quality monitoring checks to identify issues, such as care plans not always being reviewed in a timely way and menus not always reflecting the daily meal choices that were available.
- The operations director told us they had developed and implemented action plans to ensure care plans and daily menus were now kept up to date, which we saw during our inspection.
- The registered manager ensured that statutory notifications were submitted to us in a timely manner.

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

characteristics

- People and their relatives were involved in providing feedback on the care they received including feedback questionnaires and regular resident and relative meetings.
- People and relatives said, "I have done a survey" and "I have been to relatives' meetings and they are very good at listening and things have improved."
- Staff attended regular team meetings where they were able to share their views on care delivery at the home and discuss their working practices.

Continuous learning and improving care

- The service collaborated with St Christopher's Hospice in the 'Echo Project', where best practice and learning from incidents was shared.
- The provider had taken on board all feedback from our previous inspections and ensured the required improvements were made to the home.
- The registered manager told us staffing levels had been reviewed to ensure that suitable staffing levels were available to cover night shifts.

Working in partnership with others

- The provider worked in partnership with other agencies. The registered manager gave us some good examples of how the service sought professional guidance from St Christopher's Hospice and CHIT to ensure staff had the right knowledge and skills to meet the needs and wishes of people nearing the end of their life or whose behaviours might challenge the service.