

St. Mary's Care Limited

# St Mary's Care Home

## Inspection report

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Date of inspection visit: 22 September 2015  
Date of publication: 25/11/2015

### 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 

### Overall summary

This unannounced inspection took place on 22 September 2015. The last inspection of St Mary's Care Home took place on 4 March 2015. The service met all the regulations we inspected at that time.

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, 68 people were using the service.

The service had 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.

People were kept safe at the service. Staff understood how to take action to protect people from neglect and abuse. Healthcare professionals told us people received safe and effective care and support. Medicines were kept securely and administered safely to people as prescribed.

# Summary of findings

People were treated with kindness and respect. People had sufficient food and drink and received support from staff with their eating and drinking when required. Staff followed healthcare professional's advice in supporting people with their nutritional needs.

The registered manager ensured risks to people's health and their well-being were assessed. Staff had up to date information about people's needs and sufficient guidance to manage the identified risks. People were supported to pursue their hobbies and interests.

People were supported by experienced and skilled staff. The registered manager showed leadership and expertise to manage the service. Staff received appropriate training and the necessary support to enhance their work. People were involved in the planning of their care and consented to the support they received. Staff knew people well, understood their needs and respected their views on how they wanted to be supported. People's privacy and dignity were respected.

The registered manager carried out regular audits on the management of the service and used feedback to make improvements. People and their relatives were asked their views about the service and the care and support they received and their opinions were considered. The registered manager recorded and monitored incidents and accidents and ensured staff took appropriate action to minimise recurrence.

People had access to healthcare services when needed. People were effectively supported by staff to maintain their health and wellbeing. The service had received an award for its care and support to people nearing the end of their lives. The registered manager worked in partnership with other healthcare professionals and ensured people's needs were met appropriately.

# Summary of findings

## 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 safe. People received their medicines safely as prescribed. There were sufficient and suitably skilled staff to support people safely.

Staff knew how to recognise signs of abuse and neglect and actions to take to protect people from harm.

Staff assessed and safely managed risks to people's health, safety and wellbeing.

Good



### Is the service effective?

The service was effective. People were effectively supported by staff who understood their needs. Staff received relevant training and support to undertake their roles.

People accessed the healthcare they needed. People received sufficient food and drink which they liked and met their dietary needs.

People consented to the care and support they received. Staff supported people in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring. People were treated with kindness and compassion. Their dignity and privacy was respected by staff.

The service had been awarded 'Beacon Status' for a second year running which is the highest award in the Gold Standards Framework training, for providing high quality care to people nearing their end of life.

Staff knew people well and had developed meaningful relationships with them.

Good



### Is the service responsive?

The service was caring. People were treated with kindness and compassion. Their dignity and privacy was respected by staff.

The service had been awarded 'Beacon Status' for a second year running which is the highest award in the Gold Standards Framework training, for providing high quality care to people nearing their end of life.

Staff knew people well and had developed meaningful relationships with them.

Good



### Is the service well-led?

The service was well-led. People and their relatives felt the registered manager was approachable. Staff told us they felt valued and listened to by the registered manager.

The registered manager ensured an effective partnership with healthcare professionals to meet people's needs.

Regular audits were carried out on the quality of care and support people received. Improvements to the service were made as necessary.

Good



# 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. It 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.

This unannounced inspection took place on 22 September 2015. The inspection was carried out by two inspectors 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.

Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection, we spoke with 10 people who use the services of St Mary's Care Home. We spoke with the registered manager, deputy manager, nurse, administrator and receptionist, 10 care workers and two activities co-ordinators. After the inspection, we spoke with a tissue viability nurse, a social worker and a community psychiatric nurse.

We reviewed eight people's care records and 10 Medicine administration records (MAR). We looked at six staff records which included recruitment, training, supervision and appraisals. We looked at staff duty rotas, records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service and other records relating to the management of the service.

We undertook general observations of how people were supported and received their care in the service. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

The service was safe. A person told us, “I feel safe here and have never lost anything”. A relative told us, “Being safe is number one priority in the service and people are well taken care of”.

People were supported by staff with sufficient knowledge and skill to recognise signs of abuse and to report any concerns they had. Staff understood when it was necessary to whistle-blow and used policies in place to guide them on how to do that to protect people from abuse. Records showed the registered manager worked with local authorities on safeguarding concerns to protect people from the risk of harm.

One person told us, “There is enough staff to give me the help I need”. The registered manager ensured there was always sufficient staff on duty to meet people’s needs safely. A relative told us, “There is always someone around to help people”. Staff told us absences and sickness were covered and rotas we checked confirmed this. We observed call bells were attended to promptly and people supported to meet their needs as required.

The registered manager operated an effective safe recruitment process and ensured staff employed at the service were of good character and fit to undertake their roles to meet people’s needs safely. New staff did not commence employment until satisfactory checks such as proof of identity, Disclosure and Barring Service (DBS) checks and references from previous employers had been obtained. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People were supported to receive their medicines safely as prescribed. A person told us, “I get my medicines as

expected, four times a day”. We observed people receive their medicines. Staff informed people the medicines they had been prescribed and asked if they wished to take them. The Medicine administration record (MAR) charts we reviewed were correctly completed and showed medicines had been given at the stated times and in correct dosages.

Medicines were managed by nurses whose records showed they had received additional training in medicines management. Records showed staff followed the service’s policies and procedures for ordering, storage and recording of medicines and controlled drugs. Medicines were stored securely and disposed of safely in line with relevant legislation and guidance. Staff completed medicine audits at the end of each shift, which allowed them to rectify any errors promptly.

Some people were prescribed ‘as required’ medicines and these were managed appropriately in line with the service’s medicines procedure. Records showed staff followed protocols in place for the use of these medicines and as set out in people’s care plans. The registered manager carried out regular checks on the management of medicines and ensured issues picked up were followed up and appropriately addressed.

Care records showed people’s needs were assessed and there was information on risks to their health and well-being and the measures the service had taken to minimise these. Staff regularly reviewed risks to people and updated their care plans to reflect changes to the support they required to manage the identified risks. For example, a person’s records stated they were at risk of falls and needed staff’s support when walking. We observed staff provide support to the person by prompting them to use their walking cane and handed it to them when they got up to walk.

# Is the service effective?

## Our findings

People were supported by staff who understood their needs and were suitably trained in their work. One person told us, “Staff know what to do and give me the help I need”. A relative told us, “What I see they do, they do well”. The service operated a named nurse and key worker system, which meant individual members of staff were responsible for particular people, and supported them with their care and support in their daily activities whilst taking into account their individual preferences.

New members of staff had induction which ensured they achieved acceptable levels of competence to support and care for people. Records we saw confirmed staff had received induction to develop their skills and confidence in their role. Staff had a mentor during their induction programme and had completed all the relevant training before assessed as able to support people. Staff told us they had their practice observed by the registered manager during their probation period to ensure they were competent to effectively support people.

People were supported by staff who had received relevant training and had up to date skills. Training records confirmed staff had attended courses in moving and handling, safeguarding and infection control. A member of staff told us, “We have lots of training and can request to attend specific courses if we feel we need particular skills. For example, I have attended pressure ulcer management training”. Staff told us the training helped them to develop their knowledge and skills they needed to support people effectively. Records showed nurses had completed training related to medicines management and on completion had their competency assessed by the registered manager to ensure their practice was safe.

Staff received appropriate support and had relevant knowledge and skills to carry out their responsibilities. A member of staff told us, “I find my supervision sessions useful and feel supported in my role.” Staff records confirmed they received regular supervisions. We saw appropriate topics such as team working and learning from incidents were discussed in supervision. We saw the registered manager used annual appraisal sessions to review staff’s training needs and personal development goals and had put plans in place to support them achieve these.

Staff understood the principles of Mental Capacity Act 2005 and told us they always presumed people were able to make decisions about their day to day care and support. Staff ensured people gave consent to the care and support they received. A person told us, “Staff always ask me if I need help me with my wash and support me as I want”. We observed staff gain consent from people before supporting them. For example, a person was asked if they wanted their food cut into smaller pieces. The person agreed and was supported accordingly.

Care records showed where a person was assessed as lacking capacity, their relative and GP were appropriately involved in making decisions in their ‘best interests’. One person had the involvement of an advocate to support them to make decisions in how they wanted to receive care and support. Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and told us they understood their responsibilities in line with the legislation. Records showed DoLS applications were made to the local authority to ensure people were lawfully deprived of their liberty when appropriate and authorisation for this had been received. .

People told us they enjoyed the food which was provided in the service. A person told us, “The meals are great and the portion sizes are adequate”. People and their relatives told us they were involved in planning the menus which were displayed in the dining room for people to choose from. We saw in the chef’s office records of people’s food preferences and dislikes. People told us the chef respected their choices and took note of them when preparing their food. We observed the chef prepare fresh food in the kitchen. Fresh fruit, snacks, juice and jugs of water were available in the lounges.

People’s nutritional needs and weights were assessed and monitored and relevant healthcare professionals were involved for advice. For example, a person’s records showed they had lost weight. Staff had contacted the GP and dietician who had recommended an appropriate diet in relation to their medical condition. The kitchen staff were aware of the person’s new diet and prepared appropriate meals. We saw records of the changes made to the person’s diet. Records showed staff had followed the advice and the person had some weight gain.

People received appropriate support to meet their healthcare needs. A person told us, “They get the doctor if needed”. A relative told us, “My relative gets visits from a

## Is the service effective?

chiropractor and is taken to the dentist. The service provides transport when they go for hospital appointments". We read care plans, which provided guidance from physiotherapists, podiatrists, opticians, dieticians and occupational therapists to manage people's health. Records showed the general practitioner visited the home every week. Information of the visits was retained in people's care records with actions taken such as staff monitoring people's medical condition. The service sought timely professional advice and ensured people received appropriate support to manage their conditions.

The service worked effectively with other healthcare professionals to ensure people received appropriate support and treatment. For example, the service worked in partnership with tissue viability nurses to minimise the risk to people who stayed in bed for long periods in developing pressure ulcers. The registered manager had ensured staff followed the advice given. The risks to people developing pressure ulcers was minimised. This had resulted in fewer hospital referrals.

# Is the service caring?

## Our findings

People were positive about the care they received. One person told us, “The staff are very caring. I like it here and am very happy”. A relative told us, “The staff are lovely and kind. They talk to people nicely and are very good”.

People told us staff were respectful and supported them in a dignified manner. One person told us, “Staff are polite and respectful towards me. They ask me what I want.” One person told us, “I have a female member of staff support me with my wash”. Records showed the person’s wish was acted on. We saw rotas were drawn and consideration given to the balance of male/female staff to ensure people received appropriate care.

People’s privacy and dignity were respected. We saw staff knock on people’s doors and waited before entering. We observed staff support a person to transfer from a wheelchair into a chair. Staff respected the person’s dignity by ensuring their dress was pulled down and there were properly covered. We saw staff patiently communicate with the person what they were doing and gained their cooperation.

We saw staff greet people and their relatives in a way which showed they knew them well and had developed positive relationships with each other. Staff showed an understanding of each person’s needs. One person told us, “I have a chat and a laugh with staff”. A relative told us, “Staff spend time with people and understand their different needs”. Staff we spoke with knew about people’s backgrounds and their needs and supported them as they wished. One person told us they were happy as staff ensured her preferred seat was available in the dining area when they had lunch.

Staff respected people’s cultural backgrounds and their religion and supported them to enjoy their beliefs. For

example, a person’s care plan had information about the support a person wanted in relation to practising their religion. Records confirmed the person had received support in accordance with their wishes and attended religious worship every week in the community and celebrated significant religious events.

People were happy to be supported in the way they wanted. One person told us, “I tidy my drawers but get the staff to hang my clothes in the wardrobe”. People told us they received support from staff to keep in contact with their friends and family. One person told us, “I write letters and send birthday cards to my family. Staff post them for me”. Care plans showed what name people preferred to be known by, and we observed staff use these names.

People were involved and supported to make decisions which affected their day to day living. For example, people were supported to choose and decorate their rooms as they wished. People’s bedrooms were personalised with their photographs, ornaments and other personal items. People told us staff supported them to live an independent a life as possible. One person told us, “I do all the things I can do for myself and only get the staff to help when necessary”.

People at the end of their life received high quality care as the registered manager had ensured there was appropriate support to meet their needs. The service had received the Beacon Status of the Gold Standards Framework (GSF) in Care Homes Training Programme. A relative told us, “Staff listen and address promptly any health changes of [relative] and ensure their condition is well managed”. The service encouraged and supported people and their relatives to plan in advance their end of life care and support. People were assured of high quality care respect of their wishes up to the end of their lives.

# Is the service responsive?

## Our findings

People and their relatives were involved in planning for their care and support and had signed their care plans to show they were in agreement with how they wished to be supported. People's care records were personalised and included assessment information on their background, medical history, preferences and nutritional needs. A person told us, "We discussed with my family and staff the support I needed before I came to live here". People received care and support focused on their individual's needs and the information they had given staff. For example, a relative told us, "The staff knows and respects [relative's] preference on not being checked on during the night when they are in bed". Another person was supported to have their meals in a quiet room as they told us, "I enjoy having meals on my own without people around me". People received care and support that met their needs and in line with their preferences.

Care records were reviewed and updated to ensure staff understood the support and care people required. For example, a person's care plan had been updated due to their swallowing problems. Their record detailed how staff were to support the person to take fluids, monitor intake and report any concerns. The service had received input from a dietician to plan the person's special dietary support. Records showed staff had followed the guidance and completed daily reports on the care and support the person had received. Staff told us they had discussed this information at handovers with nurses who monitored the situation and took appropriate action.

People were supported to attend activities of their choice and pursue their interests if they wanted to. One person told us "I like to attend the services in the chapel held by the local priest and staff help me to get me ready". A relative told us, "They do have musical events, which [relative] enjoys". We saw an activities co-ordinator and a member of staff support people in a gentle exercise session. People were encouraged to take part and staff were flexible in their approach to what they were doing. For example, one person had started to sing along an exercise song playing in the background and other people had joined in the singing. The activities coordinator had joined in the sing along and ensured people did what interested them.

On the day of the inspection, a person at the service had a birthday party. People, their guests and staff appeared to be enjoying themselves. People were engaged in pleasant conversations with staff and were relaxed. We saw a person who had not attended the party and they told us, "I was invited but chose not to go as I wanted to watch my favourite television programme". Staff told us they respected the person's wishes and had supported them as they wanted. Another person told us, "The care I get is what I need. I don't like group activities. I prefer to be in my room and do my own things". Staff told us they supported the person to have one to one activities with the person in their room or out in the community which helped reduce social isolation.

The complaint system was effective and people's concerns were resolved. A person told us, "I would complain if I saw anything amiss, particularly with other people". People and their relatives said they were aware of the complaints procedure and felt confident to use it to raise a complaint if they needed to. A relative told us, "We've never needed to complain about anything". They felt assured the registered manager would investigate their complaint thoroughly and provide them with a response.

The registered manager kept a register of all complaints received and ensured they were dealt with in line with the service's complaints procedure. Records showed the registered manager had responded appropriately to a person's complaint and fully resolved the issue.

People and their relatives told us they attended regular meetings organised by the registered manager were asked for their feedback on the support and care they received. They told us their views were considered and used to improve the service. A relative told us, "I attend relative's meetings and use questionnaires to voice my concerns". We saw minutes of a meeting held which showed the registered manager had taken action in response to people's suggestions and they were happy with the outings at the service. On the day of inspection, we saw a refurbishment programme and building work taking place to extend the dining room capacity and facilitate more lounge space for people. Records and discussions with the registered manager showed this was because of feedback from people.

People had hospital passports to assist them to provide hospital staff with important information about them and their health when they were admitted to hospital. The

## Is the service responsive?

documents contained relevant medical and personal information to ensure hospital healthcare professionals provided appropriate support and safe care according to people's known needs.

# Is the service well-led?

## Our findings

People and their relatives told us they were pleased with the way the service was managed. A person told us, “The manager is open-minded, polite and approachable. She checks on me when she is at work”. Relatives and staff spoke highly of the service and the registered manager. A relative told us, “The service is managed well and the staff seem to work as a team”.

People and their relatives told us the registered manager promoted a transparent culture in the home and they were involved in the development of the service. A relative told us, “I’m sure management would listen and deal with any issues. The manager held meetings with people and their relatives and gave them the opportunity to have an input into the running of the home. People told us they shared their views and got issues addressed. For example, records showed the registered manager had positively responded to a suggestion to change the time people went out to see Christmas lights.

Staff told us the registered manager was supportive and felt motivated to perform in their roles. They told us the registered manager was visible in the service and spoke with them and considered their views. A member of staff told us, “I feel valued”. Staff told us the registered manager had ensured they knew what was expected of them in relation to how they cared for people and carried out their work. They told us the registered manager showed them how to care and support people appropriately.

Staff told us they held regular meetings with the registered manager and received guidance on how to improve on the support and care they delivered to people. Staff told us they could raise issues with the registered manager and were confident they would be listened to and action taken

as appropriate. Records of staff meetings showed issues discussed included areas for improvement within the service and feedback from the registered manager regarding accidents, complaints and compliments received. For example, there was a discussion about a person who had left the service unaccompanied. We saw appropriate additional security measures were immediately put in place and any future action required to prevent a recurrence. The registered manager had used this incident as an opportunity for further learning.

The service had a registered manager in post since 2009. The registered manager ensured notifications were sent to CQC as appropriate. The registered manager told us the provider was supportive and was available to discuss issues and provided resources as necessary.

The quality of the service was subject to regular checks and the registered manager ensured staff followed good practice to meet people’s needs. The registered manager made spot visits to the service to check on the quality of support and care provided to people. Records of these visits showed checks were made on issues such as privacy, dignity and standards of nutrition. The registered manager had also focused on aspects of the service that people had told them they needed to improve.

The service had effective monitoring, quality assurance and audit systems which were used to drive up improvements. The registered manager carried out regular audits on medicines management, care planning records and staff performance. The registered manager also reviewed information on the safety of the building and equipment. We saw audit records on health and safety where outstanding actions were followed through. For example, the laundry room had been relocated from the ground floor to the basement for hygienic and operational reasons.