

St. Mary's Care Limited

# St Mary's Care Home

## Inspection report

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Date of inspection visit:  
29 June 2022

Date of publication:  
19 August 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Mary's Care Home is a care home providing personal and nursing care for up to 86 people. At the time of our inspection, there were 84 people using the service. The service supported older people living with dementia and nursing needs. The home is split into five different units, each with their own separate adapted facilities.

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

People were provided with safe care because staff received regular support and knew their care needs very well. However, some records and guidance needed reviewing to ensure continuity of care delivery. We will check the provider's taken actions to address this area when we next inspect.

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.

People felt valued and safe living at the service supported by staff who were considerate, kind and caring. Healthcare professionals told us their working relationships with the provider were at a high standard and effective.

People's risk assessments included mitigating strategies to keep people safe. There was enough staff to meet people's care needs in good time and staff spent time with people having conversations. People's medicines were managed safely and as prescribed. Staff were aware about the infection control procedures and hygiene requirements.

There was a clear leadership structure at the service with set values for inclusion and empowering of people. Quality assurance systems and processes were in place to ensure safe management of people's care. The management team told us that going forward they will not only act on individual people's feedback but analyse their feedback so that the necessary improvements to the quality and safety of the services could be made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last overall rating for this service was good (published 24/02/2021).

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).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor the service and information we receive about them. If we receive any concerning information we may inspect sooner.

## 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 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. 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, specialist advisor and Expert by Experience. The specialist advisor was a nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Mary's Care Home is a care home with nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed intelligence information we held on our system including notifications about important incidents.

During the inspection

We spoke with six people who used the service and five family members about their experience of the care provided. We also spoke with the registered manager, two registered nurses, one senior carer and four members of staff.

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

We contacted six healthcare professionals to find out their experiences of working with this provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people against the risk of abuse.
- People told us that the services provided to them were safe. Comments included, "I certainly feel safe. Everyone comes in to check you, even during the night. My [medicines] always come on perfect time and [staff] come quickly if I ring my call bell" and "I am absolutely 110% safe."
- Staff had access and were familiar with the provider's safeguarding and whistle-blowing policies. They told us, "Safeguarding is about protecting the residents and reporting the concerns to the manager. If the manager is not listening, I might just confidentially contact the Care Quality Commission (CQC) to do the whistleblowing" and "We have to make sure that the residents and ourselves are safe. We give the resident proper care. We have to ask [people] what and how they want to be supported and not what we want them to do."
- Systems were in place to monitor any safeguarding concerns received, including the date and outcome of the abuse allegation.
- We saw easy to read information being displayed for people on how to raise a safeguarding concern should they required to do so.

Assessing risk, safety monitoring and management

- Potential risks to people's safety were identified and mitigated.
- Healthcare professionals told us that the service managed risks to people's safety well. Comments included, "Through being organised, knowing patients well and knowing relatives I feel that the care home have a good approach to identifying and looking to mitigate risks" and "The service's approach to risk management is excellent."
- Staff received regular training to ensure they supported people effectively. Training provided included Dementia awareness, safeguarding, fire safety and medicines management.
- Care records were kept in a secure place and access was limited to those with overall responsibility for the day-to-day care of the people. Care records contained up to date risk assessments and risk management plans.
- Although staff were well aware of people's care needs and people received the support as necessary, we found that some records required more detail and/or full completion to ensure continuity of care delivery. This was in relation to people's capacity, mobility and continence management. We discussed this with the registered manager who took immediate action to address this concern. We will check their progress at our next planned inspection.

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

□

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- The service suitably recruited appropriate numbers of staff to support people safely.
- People and their relatives told us there was enough staff to meet the care needs of the people they supported. Comments included, "My needs are met even before I know it. [Staff] really know how to look after me. I do not have to fret or worry. I am very happy and grateful" and "I certainly get the care I need. [Staff] do everything for me. There is not one time that I have complained. [Staff] definitely take account of my preferences."
- We observed staffing levels throughout the day and saw that there was enough staff to meet people's care needs in a timely manner. We saw staff continuously checking on people in their rooms. Hot drinks and juices were frequently offered to people.
- Checks were carried out prior to staff commencing work for the provider to ensure safe recruitment decisions. Staff were required to attend an interview, provide references and undertake 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

- People received their medicines as prescribed, supported by trained staff who knew how to manage stock control, ordering and safe storage of medicines.
- The Medication Administration Record (MAR) charts were completed accurately and stocks tallied with the balances recorded. There were checks of medicines and audits to identify any concerns and address any shortfalls.
- We observed staff being patient and kind when administering medicines to people.
- Medicines were kept securely in locked trolleys.
- Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines. However, some guidance was out of date which the staff team told us they would review immediately. We will check their progress at our next inspection.

### 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 using PPE effectively and safely.
- We were assured that the provider was promoting safety through the hygiene practices they applied when supporting people in their homes.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- People received safe care because the provider had learned from safety alerts and incidents.



- Healthcare professionals told us that the management team used their guidance to improve the quality of service provision. One healthcare professional said, "They are receptive to feedback and will act on anything that enables them to better the service."
- During the inspection we saw that actions were taken quickly where it was identified that an improvement was required in relation to people's care records.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care

- Staff spent time with people showing care and concern for their wellbeing.
- People felt involved and consulted in the way they wanted to be cared for. One person commented, "[Staff] do listen to me, and take account of my preferences." One family member told us, "They are very keen for us to personalise the rooms. For example, they actually took the door frame out in order to get my mother's wardrobe into the room! They could not have been more helpful."
- We observed staff communicating with people in a warm and friendly manner. Staff treated residents with respect, compassion and dignity. For example, we saw staff knocking and waiting before entering people's rooms.
- Staff had protected time to speak to people. One staff member told us, "We've got the 'butterfly time', twice a day, it's a quality one to one time when we sit down and talk to people. We also talk to the residents when we do their personal care. After the lunch time we've got time to talk or read a book to residents. All of us got sympathy and empathy, we sing and paint nails for the residents. One resident never talked and now he would not stop laughing. They are happy here."
- We saw people being offered a number of activities to take part in should they wanted to socialise and keep busy. One family member said, "The entertainment is really good. [Staff] always make the effort to take [my relative] down to the lounge. Overall, I am very happy." The activity programme included visiting entertainers on three days of the week. Mass was held twice a week by a visiting priest.

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

- The provider's governance framework ensured that the service was well- managed as they continuously learnt and improved the care delivery.
- People complimented the management of the service. They said, "[The registered manager] is wonderful, and very kind", [The registered manager] helped me so much. I stay here because of her" and "[The registered manager] is amazing and very helpful."
- Healthcare professionals told us, "St Mary's Care Home from my perspective is outstanding... One feature that should be noted is how well the nurses/staff know the patients in terms of their advanced care plans. There is consistency of staffing, good levels of trained staffing and low staff turnover" and "I feel that the service is managed well and we certainly do not have any concerns."
- Staff told us, "The registered manager, ah she is amazing. She is really good. If I have any concerns, I can talk to her at any time and any minute. She says thank you, she does really appreciate us. She comes to check on us every single day, asking if everything is ok" and "It is very good team work here, we are smiling

when we are going home. The managers don't want us to be stressed but always smile."

- Staff were provided with on-going support from the management team which included regular supervisions and appraisals to guide them on the job. The service encouraged staff to develop and at the time of inspection they had five staff members doing training for nursing qualification.

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

- Systems and processes were in place to gather and act on feedback as necessary.
- Analysis of the 'Visitor Questionnaire May 2022' showed that family members scored the appearance of the home and staffing mostly very good. Action was taken to improve the garden where one family member made a comment that the 'garden needed some love.'
- People and staff were asked for feedback and completed the satisfaction surveys which were analysed and actioned on individual basis. However, the overall analysis was not completed which the registered manager told us they would address going forward making sure the feedback was used to drive improvements to the quality and safety of the services.

Continuous learning and improving care; Duty of Candour

- There was a clear management structure in place with shared responsibilities to ensure effective running of the service.
- We viewed audits in relation to medicines management, care records, recruitment and health and safety at the service.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the service had applied duty of candour where appropriate and shared information with us relating to challenges they were facing and had to overcome during the pandemic to ensure safe and effective care delivery for people.

Working in partnership with others

- Staff worked in partnership with the health and social care agencies and responded to recommendations to meet people's best interests. We saw that the healthcare professionals were contacted for guidance to support people with complex eating and drinking needs.
- A healthcare professional told us, "From my own experience, I find it very easy to work with St Mary's Care Home. I find the senior managers/owners very easy to contact and reach out to. This allows issues to be resolved quickly and allows the adoption of new ways of working very straight forward. As a practice we 'use' St Mary's Care Home as our test bed to try new ways of working/new technologies as we find it very easy to work with them and find them very responsive."
- When people were at the end stages of their life, procedures were in place to ensure they were cared for in a culturally sensitive and dignified way as recorded in their care plans. People at end of life were encouraged to remain in the care home via the provision of any specialist equipment and support needed.