

Mr & Mrs J F Warren

St Mary's House

Inspection report

71 Ormond Avenue
Hampton
Middlesex
TW12 2RT

Tel: 02089792847

Date of inspection visit:
18 March 2019

Date of publication:
24 April 2019

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

About the service:

St. Mary's House is a privately-run home for up to 24 people over the age of 65, including people living with dementia. The home provides accommodation and personal care with any nursing services being provided by external health services.

People's experience of using this service:

- At this inspection the service did not meet the characteristics of Good in all areas. In the areas of Safe and Well-Led the service met the characteristics of Requires Improvement. More information can be found in the full report.
- People did not always receive safe care and support. We found one medicine which was prescribed for an individual being administered generally to others.
- We found some staff records which did not contain sufficient evidence that staff had been thoroughly checked and vetted via the recruitment process.
- We found that there was a risk to people who lived on the top floor of the home of falling down stairs.
- There was no policy for the management of controlled drugs and controlled drugs were not covered in the "Administration of medication Procedure".
- There was no separate lockable fridge for medicines and records of daily temperatures were not taken.
- The service was not consistently well led. The registered provider carried out quality assurance checks however they were not effective in identifying areas for improvement.
- The registered provider had not reviewed or developed the service regarding management and quality assurance despite this being an area for action at the previous inspection in 2016.
- Elsewhere, people received effective care from staff who knew them and understood their needs.
- People and their relatives told us that they felt safe and well cared for in the home. People were complimentary about the quality of meals and how staff respected their dignity and privacy.
- We found where people lacked capacity that the appropriate authorisations were in place and being reviewed by the local authority.
- People accessed health care when needed and there were records in relation to hydration, nutrition, pressure area care monitoring and healthcare.
- People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff.
- The provider had a complaint process which people and relatives were aware of, although the home had an open-door policy which welcomed informal discussions and conversations whenever needed.

Rating at last inspection

At our last inspection of 5 and 6 September 2016 the service was rated "Good".

Why we inspected:

- 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 intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 House

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 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.

Service and service type:

St. Mary's House 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 was owned and run by a single provider who was registered with the Care Quality Commission. The registered provider was also the registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This 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 spent time with ten people using the service to ask about their experience of the care provided and to

observe interaction between people and staff. We spoke with the registered provider and manager and five staff members. We also spoke with three relatives to ask for their views on the service. We looked at four people's care records, four staff files and other records relating to the management of the home.

Is the service safe?

Our findings

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

RI: 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.

Using medicines safely

- A medicine prescribed for an individual was being used for multiple people. Several people had a similar prescription for lactulose. However, because there was not enough room on the medicines trolley for several bottles of medicine one bottle was being used to administer lactulose to all. We raised this with the registered provider who acknowledged that this was not good practice.
- There was no policy for the management of controlled drugs and controlled drugs were not covered in the "Administration of medication Procedure". We raised this with the registered provider who acknowledged this as an oversight. We saw that two staff administered controlled drugs and that two signatures were provided. Controlled drugs were stored in a locked cabinet within another locked cabinet. In this cabinet behind the door there was a checklist of possible side effects and allergies for medication.
- Medicine administration records (MAR) were appropriately signed and up to date. However, on one person's chart it stated that the resident had allergies, while on the person's front cover sheet with their photo on it, it stated that the person had no allergies.

The above issues demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no separate lockable fridge for medicines and records of daily temperatures were not taken. The fridge for storing medicines had been broken for some time and medicines were stored in a fridge in the kitchen. After this inspection we were informed by the registered provider that a fridge had been purchased and we were satisfied that medicines were now appropriately stored and that temperature checks could recommence.
- Staff were able to demonstrate their competence in the administration of medicines and guidance for each person was clearly recorded. Staff were trained before being allowed to administer medicines.

Assessing risk, safety monitoring and management

- The stairs to the top floor led to a narrow passageway where there were some people's bedrooms. The stairs were steep and sometimes a rope barrier was placed to prevent people from accidentally falling, and sometimes the rope barrier was not in place. There was no specific risk assessment for the people who lived on the top floor regarding the risk of falling. There was no general risk assessment for the home regarding this stairway for staff or people living in the home. This posed an increased risk of accidentally falling down these stairs.
- As the top floor was not constantly monitored by staff we found that the safety arrangements for the top floor landing were not adequate to effectively prevent the risk of avoidable accidents to people, staff or visitors.

- We recommended that the provider take prompt and appropriate action to ensure that safe measures are in place to decrease the risk of people falling down the stairs. Since this inspection we were informed by the registered provider that they had a risk assessment for the stairs which would be reviewed and updated. We were also informed that people who were mobile on 2nd floor had sensor mats so staff were alerted when someone stands or moves in the room reducing the risk of each person going into the corridor. The registered provider further informed us that a safety gate would be installed on the second floor stairway.
- Other than the top floor the premises were safe and suitable for people and people had personal emergency evacuation plans in place. The registered provider explained that the Fire Evacuation Policy placed each person in the category of "instruct", "walk with instruction" or "full support needed". We asked the registered provider if she felt confident that staff could respond if there was a fire and she told us "they would give it a good try."
- We saw that the home had a "Standard Personal Emergency Plan". This had not been updated since October 2018. The registered provider explained that it "needed updating as there are new residents in the building now". The lack of an up to date plan increased the risk to people's safety in the home.
- Fire drills were not regularly carried out, and the registered provider explained that the dependency level of people made this a difficult exercise.
- Incidents and accidents were recorded in a report book. We saw that this was well kept and used properly. For example, the report book contained updates and changes to the person's behaviour and included information provided by Community Mental Health. This, in addition to information contained in people's care plans, provided clear and concise information on how to support the person.
- People had a risk assessment which was updated every 6 months.
- People told us they felt safe in the home. One person said, "I feel perfectly safe, much safer than I would be if I was still at home." Another resident told us, "I choose to stay in my room but staff are always coming in to make sure I am ok so I know they worry about me. I am never forgotten about."
- Relatives also spoke positively about the service. One said, "I live quite a distance away and I know that [my relative] is well looked after and is safe here. I never drive away with any worries at all." Another told us, "I know [my relative] is safe day and night and that is a great comfort to me."

Staffing and recruitment

- Most staff had worked at the home for several years. However, not all staff records consistently stored evidence of robust recruitment procedures. We saw that some records did not have evidence of reference checking, and others where the application or interview process was missing.
- The registered provider and staff confirmed that thorough recruitment procedures were carried out and that missing documentation was due to the passage of time and misplacement of records rather than a failure to observe correct recruitment procedures. The condition of staff records indicated that this was probably the case. We were satisfied with the registered provider's response that the files would be cleansed and updated by the removal of old and duplicated records and the addition of missing details.
- Staff were subject to a Disclosure and Barring Service (DBS) check, and were not permitted to commence their role until this was received. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear on how to safeguard people from the potential risk of abuse and had received training. One staff member said, "If there was an issue we would report it to a senior colleague and then to the manager." Another staff member told us, "Safeguarding is discussed in meetings and if there was a safeguarding issue we discuss it with [the registered provider] and she would report it to Richmond social services."
- The provider had a clear safeguarding procedure in place to ensure that staff knew how to report any concerns raised.

Learning lessons when things go wrong

- Staff told us that they discussed complaints, incidents and accidents at team meetings, handover sessions and directly with the registered provider.

Preventing and controlling infection

- Staff ensured that premises were kept clean.
- We noted that in some rooms incontinence pads had been placed in an ordinary bin instead of a closed bin. Staff we spoke with were aware of the policy and told us the only explanation was simple human error, as everyone knew the policy and it was not the norm.
- We found the laundry room was quite untidy, not only containing clothing but also furniture and hoists, placed there to make space in other parts of the home. Although we acknowledged staff comments that "These hoists would not normally be here, we are redecorating some rooms." It did not provide a good environment for the laundry staff.
- Staff knew to wear personal protective equipment (PPE) when supporting people with personal care and ensured this was disposed of appropriately.
- The kitchen had a food hygiene rating of 5 as from January 2019 and the cook maintained a "due diligence book" which included temperature checks for fridges.
- Elsewhere we saw good practice and guidance. There were posters clearly displaying guidance and reminders on washing hands, the principles of infection control and how to use equipment such as mops and chopping boards.

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.

Staff support: induction, training, skills and experience

- Staff received a range of training, relevant to the needs of people living at the home. Training was offered at basic level through to advanced level with regular refresher training as necessary. Two team leaders had both achieved diploma level 5 in Health and Social care.
- Regular daily supervision was provided to staff to ensure they were supported in their roles together with occasional individual meetings. Staff told us that they felt supported in their work. One said, "I can speak to [the registered provider] whenever I need to and we can discuss anything I need to."
- Records showed that staff had one to one support meetings with their line manager, although this was not always with a consistent frequency. However, the registered provider was always on-site and the size of the home was such that supervision and meetings could take place as required.

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

- At the time of inspection the home was going through a redecoration in some rooms and refurbishment in others. plans were in place to freshen up the home.
- People's rooms were personalised and styled in a way that reflected things that were important to them. This included family photographs and other personal items. One person told us, "I love my room and being surrounded with my own things which bring back memories. It is like my room would have been when I lived at home."

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

- People's support needs were assessed before they moved to the home so the provider could be sure they could meet people's needs. We found that people's preferences, likes and dis-likes were part of the assessment process.
- Staff could access care records when needed. We found that information was gathered as it related to the protected characteristics within the Equality Act 2010 and staff showed they understood the importance of the Act in how people were supported and they worked within the principles of the Act.

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

- People were supported to get enough to eat and drink, and people told us they liked the food that was made available to them. One person said, "The food is exemplary and I can always choose what I want. The chef could probably open a restaurant if she wanted to. In fact, it is too good sometimes!" A relative commented that a short while ago their relative had lost their appetite but the home had "tried their very best to encourage them to eat" and were prepared to cook anything that may tempt them to eat. The relative told us that "this approach worked and [my relative's] appetite is now back to normal."
- Records kept in the kitchen area reflected people's food likes and dislikes, so that this was accessible to

staff when preparing and planning people's meals. A choice of meals was always available.

- We observed staff offering residents tea, coffee and cold drinks throughout the day, demonstrating they had an awareness of the need to prevent dehydration.

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

- People were supported to access other healthcare professionals. Each person had a healthcare file that provided a full overview of the person's mental and physical healthcare needs.
- Staff completed up to date visits records whenever someone attended a healthcare appointment, including any actions the home needed to take to support the person.
- We saw from people's care records that health care professionals visited the home regularly. Where people needed to see a doctor, dentist or a speech and language therapist these services were available and people could access them when needed.

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 applications had been made to the local authority in a timely manner. Any conditions pertaining to people's authorisations were clearly recorded for staff to access them.
- Staff were clear on how to support people to make decisions for themselves, and provided us with examples of how they did this on a day to day basis. One staff member said, "If someone is able to make any choices or decisions, no-matter how small, such as what to wear, or if they want to eat in their room, we respect that."

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 were supported by staff that knew them well, with some staff having worked at the home for many years. One resident told us, "One of the good things is the staff are consistent so are fully aware of my needs and able to meet them". Another said, "The staff will assist me if I need it but will also allow me to do what I can for myself".
- All the relatives we spoke with confirmed that they could visit whenever they wanted to. One said, "I come almost every day and I am always warmly welcomed." Another said "I bring my dog with me to visit and it has always been accepted without a problem which I think is good. If I did not bring the dog with me my visits would have to be shorter as I live some distance away." Another said, "I come in regularly so it might be mornings, or afternoons or even evenings and no-one has ever said anything about it."
- Staff took steps to support people to practice any religious or cultural needs. One person told us, "I go to church on Sundays but if I cannot then they arrange for the church to visit me."

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

- Staff told us how they encouraged people to discuss their needs and make decisions about their care. A staff member said, "We are here for the residents. If and when their needs change we have to be able to talk to them about it and look how best we can help them."
- People had their care needs reviewed annually and relatives confirmed that they were consulted and involved.
- Staff confirmed that before making decisions about how to provide care or support they would consult the care plan as well as speaking to the individual. One staff member told us, "We always look at care plans and talk about them, such as in handover sessions. But we have to check with the resident as well."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity, and we observed staff knocking and asking permission prior to entering anyone's room.
- Staff knew how to ensure people's dignity and independence was maintained. We saw people could spend time in various parts of the home as they wanted for private time. We observed a member of staff helping someone into the lounge and making them comfortable by providing them with a cup of tea and the newspaper that they wanted to read.

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

- We saw that people had their own care records, which included a description of how they preferred to be supported written from their perspective.
- People's records indicated whether there was a Do Not Attempt to Resuscitate (DNAR) notice in place. The support people received was reviewed regularly so where people's support needs changed, the support they received could be amended.
- People and their relatives were involved in the planning of their care and in the decisions around how it should be provided.
- The home did not have a designated activities co-ordinator. However, the registered provider advised us that although there was no specific timetable to show us, the activities varied from bingo to crossword puzzles and entertainment from outside organisations/entertainers.
- One person told us, "I like the craft activity and I do join in when there is bingo or crosswords but mainly to help the other residents. Some of them struggle to hear the numbers being called at bingo so I help them."
- Previous activities included trips and entertainment and these varied from lunch at a farm with animal handling, lunch at a garden centre through to lunch by the river in Chertsey. There had also been a staff and residents Christmas Party and a Christmas Carol Service with refreshments afterwards. Two local children's nurseries visited regularly.
- The provider was aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. At the time of inspection there was no one for whom special arrangements were needed.

Improving care quality in response to complaints or concerns

- The registered manager ensured that any complaints were suitably recorded and responded to.
- People told us they felt confident in the complaints system. They told us they would "talk to staff or to the manager". One relative said, "I did have a couple of problems but they were resolved instantly by the Manager. I think they were so trivial now it's not worth giving you more details but I was happy with the way in which they were handled."

End of life care and support

- People were supported to express their end of life wishes, where this was deemed appropriate.
- People were invited to provide details of who they wished to be contacted in the event that their health deteriorated, and any preferences they may have in relation to their care or funeral arrangements.

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

RI: 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

- We found that although there were regular audits of specific areas, such as testing of portable appliances (PAT), fridge temperatures, and monitoring by the registered provider physically "walking the floor" there was insufficient overall quality assurance monitoring of the home as a whole.
- The lack of systemic quality assurance systems meant that there were small shortcomings in various areas which, if left untreated, could develop into more serious problems in the future. Examples included small medicine errors, missing procedures on controlled drugs, no formal risk assessment on the safety of stairs to top floor, infrequent professional supervision of staff, poor quality of record keeping, out of date emergency plans, poor technology and expertise within the home with regard to email and admin systems and the lack of a vision for the future.
- This did not pose any immediate risk to people's safety. They did not result in an uncaring or unresponsive service. However, the current governance did not fully contain the characteristics of a service that supported learning and innovation or one which used the experience of people to inform its future plans. It did not demonstrate that the care provided was based on recognised best practice or that the service sought to continually improve.
- This was further reinforced by the registered provider's view that this was one of the "older" types of homes and they did not "do things like the modern homes do".
- We recommend that the registered provider review their method of quality assurance to ensure that audits and governance systems are based on recognised best practice, that they take the Care Quality Commission standards into account and that they focus on the experience of people and developing staff potential.

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

- The registered provider was clear on their responsibilities to the home to make sure people received care in a safe and caring environment and to take appropriate action to maintain that, when required.
- Our records showed that the registered provider notified us of important incidents as they occurred, and responded promptly to our requests.

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

- People, relatives and staff were engaged in developments across the home. People and relatives were consulted on an informal basis and told us that their experience was that the home had an open-door policy.

Continuous learning and improving care

- Staff told us that reflective learning was practiced, where issues and incidents could be learned from.

Working in partnership with others

- The registered provider told us they were continuing to work alongside the mental health teams in order to support individuals who live with dementia.
- The registered provider worked collaboratively with GP, pharmacist, speech and language teams and other local health services.
- Dignity in care awards were received by two staff members who had been nominated by people's relatives.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not always ensure the proper and safe management of medicines. |