The Frances Taylor Foundation

St Mary's Home

Inspection report

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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

This inspection was carried out on 23 January 2018 and was unannounced.

St Mary's 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.

St Mary's Home provides care and support for men and women with learning disabilities, some of whom have physical disabilities and dementia. The home can accommodate up to 40 people. On the day of our visit there were 33 people using the service. The home is situated over four floors. It is located on the High Street in Roehampton and is close to all amenities including shops, cafes and restaurants. The home is managed by The Frances Taylor Foundation which is part of the UK charity the Poor Servants of the Mother of God.

At the last inspection the service was rated Good, at this inspection we found the service remained Good.

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.

We made a recommendation for the service to review their procedures in relation to how people's emergency epilepsy medicines were managed and stored.

Risk management plans were in place and staff were aware of how to support people if they had an epileptic seizure. The service carried out investigations and took actions as a result of the safeguarding alerts raised. There were suitable recruitment procedures in place to ensure staff's on going suitability for the role. Staff levels were monitored and increased where needed to provide the necessary support for people. Staff were aware of and used appropriate equipment to provide hygienic care for people. People received their medicines as prescribed and staff stored the medicines safely as required. The service took actions to mitigate the incidents and accidents occurring.

The service followed the Mental Capacity Act (2005) principles to support people to make decision where necessary. However, the records we looked at lacked details and information on how the decisions were made.

The manual handling equipment used was adapted to people's individual needs. Staff were appropriately trained and the management team had encouraged them to gain a qualification in the care sector. People had their dietary needs met and told us about the choices they made around the meals they wanted to have. The service worked in partnership with healthcare professionals to ensure joined-up care for people.

People told us that St. Mary's Home was their home and felt comfortable living there.

Staff showed a caring attitude in helping people where they needed assistance. People had their dignity and privacy respected. The staff team understood people's communication needs and helped them to express themselves if they needed support. People had assistance to build and maintain important relationships to them. People made suggestions around the choice of activities provided for them. Staff encouraged people to have control over their lives and access community independently where possible.

People's care plans were personalised, detailed and reviewed regularly. People had support to write their own care plans. People's complaints were investigated and responded to as necessary which gave people confidence to raise their concerns if they had any. Relatives were involved in people's care planning and provided regular feedback for making improvements where necessary.

The management team were passionate in delivering care for people that made them feel dignified and valued. People and their relatives told us the management team was approachable then they needed to talk to them. The staff team had shared responsibilities to ensure smooth running of the service. Staff were encouraged to share their experiences and concerns if they had any. Quality assurance audits were carried out at all levels to review the quality of the services being delivered for people.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St Mary's Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 23 January 2018. This inspection was unannounced and carried out by three inspectors, a specialist nurse 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 reviewed information we held about the service. This included statutory notifications. A notification is information about important events which the service is required to send to us by law. We also looked at a Provider Information Return (PIR). The PIR 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.

During our visit we spoke with 10 people living at the home. We talked to the registered manager, deputy manager, two team leaders and eight staff members working for this service. We reviewed people's care plans, risk assessments, epilepsy protocols, staff's recruitment files, training and supervision files and other records relating to the management of the service. We used the Short Observational Framework (SOFI) to make observations. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. On the day of inspection we also talked to two healthcare professionals.

After the inspection we contacted two relatives and seven healthcare professionals for their feedback about the care provided for people.

Good

Is the service safe?

Our findings

People felt safe living at St. Mary's Home. One person said, "It is safe because staff help me." Another person commented, "I had fire training to practise how to evacuate the building and how to be safe." A relative told us that staff were "sensitive to and knowledgeable about the need to balance [the relative's] safety and care with the need to give [the relative] as much autonomy as it is practicable."

Staff monitored people's epileptic seizures and made appropriate records to ensure that accurate information was passed on to relevant healthcare professionals as necessary. Records showed that staff had attended training for epilepsy. Staff were knowledgeable about the support people required if they had a seizure, for example they called 999 if a seizure lasted longer than five minutes. Although information about potential hazards and control measures was recorded in people's individual risk assessments, some people did not have emergency seizure protocols in place to guide staff on their individual needs if they had an epileptic seizure. We discussed this with the management team who reassured us that this information was communicated to staff verbally during the handover meetings. We also found that people's emergency epilepsy medicines were locked in a control drug cabinet. In an emergency situation this would require a staff member to obtain the keys, retrieve the medication and return to the person to deliver the dose. There was a risk that the person would not receive their medicines in time. People also did not take the emergency epilepsy medicines with them when they went out. We discussed this with the registered manager who told us that the service had followed guidance provided by the healthcare professionals involved. Shortly after the inspection the registered manager told us they requested the healthcare professionals to review these procedures to ensure that the necessary actions were taken to address risks around the epileptic seizures to people.

We recommend for the provider to seek guidance on best practice how to support people diagnosed with epilepsy safely.

Staff had knowledge of adult safeguarding procedures and told us how they would report abuse if they observed any. A staff member said, "If I note a physical mark on a service user, I would report to a team leader." The management team monitored safeguarding alerts raised and took appropriate actions to protect people from harm. Records showed that the safeguarding alerts raised were investigated and action was taken as a result of safeguarding investigations, for example a staff member was given a written warning for not following appropriate manual handling guidelines. The provider had a safeguarding coordinator to oversee safeguarding alerts raised within the service and to ensure that the necessary protection plan was in place for those who were harmed.

There were risk management plans in place to mitigate the identified risks to people as necessary. One person said, "We have to do risk assessments. Staff sit with us and the risk assessment sheets go in a plastic sleeve that is put into our care plan folder." Records showed that individual risks to people were identified and there were robust control measures in place to minimise these risks. The risks identified had been assessed for severity and likelihood which helped staff to determine the level and impact of risks on people. The staff team had also applied a proactive approach in considering future risks to people. Staff approached

relevant healthcare professions for support to plan a person's care for when their health needs increase. This ensured that the person would be provided with appropriate care in time when needed.

The provider had appropriate recruitment processes in place that helped to check suitability of staff they employed. These included checks on staff's eligibility to work in the UK, references from previous employers and criminal records checks. The service had carried out criminal records checks every three years to assess staff's on-going suitability.

There were enough staff on duty to meet people's needs. People and their relatives were happy with the staffing levels provided by the service. Throughout the inspection we saw staff available in communal areas to support people whenever they needed them. We saw staff responding quickly when people required reassurance about their day plans or assistance with personal care. The registered manager told us they were in the process of recruiting new staff members to cover the vacancies they had. Regular agency staff were employed to provide cover for staff calling in sick, attending training or if more staff were required to support people on outings. This meant that the staffing levels were planned depending on people's care needs and additional staff were provided when needed.

We observed people's bedrooms and the communal areas of the home being clean, free from odours and well presented. Staff completed infection prevention and control training. The service had an up to date infection control procedures visibly displayed throughout the home for staff to follow which ensured that people were safe from infection. We observed staff wearing disposable gloves and aprons when providing personal care to people. We saw the cleaning materials being kept in a lockable cupboard to ensure people's safety. Staff used appropriate colour-coded bags for clinical and other types of waste.

Policies and procedures were in place to manage people's medicines safely. People told us they received the necessary support with their medicines. One person said, "They give it [medicines] to me on time." Medicine Administration Record (MAR) charts were suitably maintained. Staff signed the MAR charts after people had taken their medicines. We observed staff competently administering medicines to people. They asked people for their consent before giving the medicines to them. Staff knew the actions they had to take if people refused their medicines. One staff member said, "If a service user repeatedly refused their medication, I would contact the GP." People's medicines were stored in a lockable trolley and only authorised staff had access to it. The trolley had a sign with appropriate emergency phone numbers to use in case of medicines error or concerns. Regular audits were carried out to ensure that records were correctly documented and people received their medicines as prescribed.

Staff used an incident and accident form for recording accidents occurring. Systems were in place for staff to share information about the incidents which ensured that actions were taken in time as necessary. Referrals to appropriate health professionals were made as a result of incidents, for example to the district nurses where there were concerns about a person's skin condition. The management team had carried out a monthly analysis to find out any underlying factors that caused the incidents which ensured that lessons were learnt to prevent the accidents taking place in the future.

Good

Is the service effective?

Our findings

People and their relatives felt that staff were competent in their role. One person said, "Staff help me when I feel poorly. They [staff] look after me and my health problems." A family member told us they were "delighted at how [the relative] has been looked after. Staff gone way beyond what could be reasonably expected of them and I genuinely feel that they feel personally responsible and concerned for [the relative]."

Staff helped people to use appropriate aids to increase their independence. We observed staff following safety procedures in supporting people to use wheel chairs to move around the home. There was manual handling equipment available for staff to use as necessary. The staff team told us that people were supported with hoists that met their individual needs.

Staff told us they received the required training to ensure effective care for people. The service provided staff with mandatory training courses, including manual handling, safeguarding, medicines management, infection control, dementia, epilepsy and Mental Capacity Act (2005). The registered manager told us and staff had confirmed they were encouraged to do training on Qualifications and Credit Framework which is a nationally recognised qualification for care staff. Staff said the training courses they received were suitable and helped them to develop in their role which led some staff being promoted to senior staff members. Staff files contained evidence on staff receiving regular supervision and appraisal meetings which provided an opportunity to discuss whistleblowing and confidentiality policies. Supervision and appraisal monitoring charts were used to monitor when staff were due for another one to one meeting.

People were satisfied with the meals provided and told us they had a choice of what to eat and drink. The comments included, "The food is lovely and nice. I have plenty of everything in small portions. Sometimes chicken pie, soup, mixed grill", "It depends what they cook and what's available. I like what they cook", "The food is lovely, it's warm, we get nice drinks, we can just make our own tea, breakfast or whatever we want", "I have my own menu and they cook it for me. If I fancy something, I put it on the menu and they put it on the online shopping list" and "I have my tea the way I like it."

People's preferences in relation to their nutrition, including with any medical conditions that affected their nutrition, were recorded. People had their dietary needs clearly identified. The service received support from healthcare professionals to assess people's nutritional needs and provided staff with guidance on how to meet these needs. These included support for a person to sit correctly when eating and drinking. People also had food and fluid plans in place that included information on the assistance people required to eat and actions to be taken if a person refused food. This ensured that staff had the necessary information about the support people required to eat and drink safely.

The service developed close working relationships with the healthcare professionals. The staff team worked in partnership with local authorities, district nurses, behaviour specialists, physiotherapist, dementia specialists and dieticians to deliver joined-up care for people. The feedback received from the healthcare professionals highlighted the continuity of care people received from the service and noted staff being good at making referrals and updating them about people's changing needs.

People felt they received staff support to meet their health needs as required. One person said, "I see a doctor when I don't feel well. I tell a senior." Another person told us, "Last week I had the flu. They [staff] gave me cough mixture, check my temperature and give me pills." Records showed that staff made referrals quickly to health services when people's needs changed. For example where they had concerns in relation to a person's mobility. People had their health needs suitably recorded in health actions plans which ensured that staff were up to date with information on the assistance people required to meet their health needs. Care plans held contact details of the health professionals involved in people's care, including GPs and district nurses if applicable. This helped staff to contact the healthcare professionals quickly when required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their responsibilities around consent and were aware of the importance of respecting people's right to choose how they wanted to be supported. A staff member told us, "I never assume that a service user does not have capacity to make decisions, this has to be assessed." The service followed the MCA principles to ensure that decisions made on people's behalf were in their best interests. A healthcare professional said, "Residents come first and when decisions are made for people who lack capacity the management will consult appropriate people to be involved in a decision making process."

We saw a mental capacity assessment being carried out to determine if a person had capacity to make a decision related to bed rails. A best interests meeting took place after that to ensure that the bedrails were the least restrictive option for the person's safety. However, the records completed in relation to the MCA were not detailed enough and lacked information on why a person was not able to understand, retain and communicate back information related to the decision. Also, the service had not recorded the healthcare professionals' names that participated in the best interests meeting. We discussed this with the registered manager who promptly took actions to address these areas by including this information in the relevant documentation.

There was a clear system in place for monitoring DoLS authorisation requests submitted by the service to local authorities. Records showed the service applied to renew the DoLS applications in advance which ensured they had enough time to get the requests approved in time. The management team knew the conditions applied to the authorised applications and records showed the actions were taken to meet these. For example, a referral was made to assess a person's changing health needs.

St. Mary's Home provided a calm and relaxing atmosphere. People said it was their home and looked content living there. Comments included, "It's [the home] lovely: it's tidy and I look after it", "I like living here [in the home]. I like the people here. I'm happy here" and "I like it [the home] because it's big, there's lots of space." There was a lovely décor throughout the home, including signs saying 'smile', 'have a good day', and 'this is our home'. We observed the furniture being in a good state, looking fresh and sturdy. The premises were divided into seven small units that included separate kitchens and lounge areas for people to use choosing where they wanted to spend their time or accommodate their visitors. Staff told us that people liked socialising and having picnics in the home's garden.

Good

Is the service caring?

Our findings

People felt well looked after by staff who showed a caring attitude. They complimented staff that supported them daily. Comments we received included, "I always tell them I like it here [at the care home] very much. I tell my family and the staff", "Staff are very kind and treat us very well" and "Very nice staff, I like them." A family member said their relative "feels loved by the staff and able to confide in those closest to [the relative]." A staff member told us the St. Mary's Home "feels like family, not work."

People told us about their experiences in relation to staff being kind and helpful when they needed assistance. One person said, "We are well looked after: staff cook for us, look after us, they keep us company, it's like a big family." People felt that staff had time to listen and have conversations with them. A person told us, "I like the day and night staff because they're friendly. When you talk to them, they respond. When you ask them something, they just do it." Another person said, "They do listen to us. I suggested a locked cupboard so we wouldn't trip up on their stuff left around. This was done." However, some people felt that agency staff were less engaging. We discussed this with the registered manager who told us they would address this.

Staff treated people with dignity and respect. People told us their privacy was respected and maintained. Comments included, "They [staff] always knock at the door and say it's them.", "I shut the door and don't let them [staff] come in when I'm having a bath" and "Staff don't come barging in. My room is for my private use." Staff respected people's beliefs and choices. We saw a person being called by their preferred name. The service addressed people's commination needs. Pictures were used to help people to understand and engage in conversations. For example, staff pictures were visibly displayed to let people know who was on the shift that day. A healthcare professional said, "The staff are very good at creating communication ways and understanding a person's way of expressing themselves where they have substantial communication difficulties."

People had support to attend day centres which meant they were provided with support to build relationships. St. Mary's Home had a day centre on their premises which was attended by the people living in the home and other people from different services. One person said, "I help out at the day centre. We made a movie called 'Grease' at the back of the day centre. We used lighting." Another person told us, "A [staff member] will give me a birthday party at the day centre." Activity plans showed that people also attended day centres in the community. One person said, "I go to the day centre sometimes when I feel O.K. Sometimes we have parties; I dress up and dance. I join in and enjoy myself." Another person noted "I enjoy getting on with people at the day centre and talking to people." This showed that people were provided with opportunities to socialise, express themselves and make choices about their leisure time.

People were supported to maintain important relationships for them. People told us they had visitors and went out visiting family and friends. One person said, "I go and see my friends at the Post office. They come and take me out to the cafe." Another person said, "My cousin comes to visit me on a Saturday and takes me out for lunch." We talked to a person who had a long time partner and was engaged. The service arranged evening groups for people as they raised a concern about not having enough activities in the evenings.

These included bingo, art and craft and music. One person said, "A music man comes in tonight. I am looking forward to it." This encouraged people to socialise and spend time together in the home. The service also had a volunteer who came regularly to spend time with people and develop relationships to prevent social isolation.

Staff encouraged people's independence and helped them to learn new skills if they wished to. People were supported to undertake household chores for themselves. One person said, "We do the hovering, washing, dusting, cleaning and washing up." People went out to the community independently. Some people had a fob to allow them free entry into the building. One person said, "I go to the local shops myself. " Another person told us, "I go to Wandsworth on the bus. I'm independent." People chose if they wanted a key to their room and were able to lock their door if they wished so. There was a pictorial sign on the second floor, where people were more independent, showing the instructions to open the door if someone rang the bell, so people could let their own visitors in. There was also a payphone available in the entrance for people to use, should they need it. Staff encouraged people to integrate in the community. One person said, "Staff found a job for me." At the time of inspection four people had paid jobs. We also found that a person was involved in the recruitment process to help make decisions about staff's suitability for the role.

Good

Is the service responsive?

Our findings

People's family members were complimentary about the competency of staff and told us their relatives were provided with person centred care. A family member said that staff supported their relative to go to a "hairdresser where [the relative] had a more stylish cut and helped [the relative] to choose a more appropriate and more fashionable wardrobe, giving her greater self-esteem." A staff member told us they believed in "improving the quality of life of service users by building positive relationship with them".

People's care plans were personalised which enabled staff to provide individualised care for people. Care plans contained information on the support people required and in what areas. For example, a care plan had information for staff on how to support a person with behaviour that challenged the service. This included applying a proactive approach to reduce the person's anxieties such as, making an eye contact and letting them know they were listened to. People's care plans were regularly reviewed to reflect people's changing needs. Records showed that a person had regular dementia coordinator review meetings to discuss their support needs, for example in one of the meetings it was agreed to help the person to communicate more effectively by using video calling.

People were involved in developing their care plans. People told us they made decisions about their care. Comments included, "When we do the review we have a book and at meetings we discuss things about our care plan. We get a chance to speak our mind and say what we think. They do listen to us", "Staff look after my care plan, we talk about it with my key worker" and "They talk about my care plan. I ask questions." We saw people being supported to write their own care plans. Care plans were available in pictorial format so people could understand them.

There were suitable arrangements in place to respond to people's concerns and complaints. People told us they knew how to raise a complaint and that any concerns they had were dealt with appropriately. People told us the actions they would take if they had a complaint. One person said, "I'd go and see the manager but I'm happy anyway because it's a nice home." Another person told us, "I'd go to the manager, deputy manager or a senior." We saw a pictorial complaints procedure available and on display in the care home. Information included CQC's details and contact details for the directors of the provider organisation. Records showed that the complaints received were investigated and responded to with an apology and action taken as a result of the complaint. There were a number of compliments received by the service. One relative stated, "You lot are amazing! I know you go over and beyond for the people you support."

People's relatives were regularly asked to provide a feedback about the service. We saw the quality assurance questionnaires' for relatives and visitors (2017) outcomes visibly displayed at the service so everyone could see the actions taken to make improvements where required. The registered manager told us that any issues or concerns people's relatives raised were discussed at staff team meetings to share learning on working practices and agree on actions where necessary. For example, the feedback survey results showed that people's relatives lacked understanding on the service's complaint's procedure. The staff team was instructed to have discussions with people's relatives about this.

Good

Is the service well-led?

Our findings

People told us that St. Mary's Home was well-led. Comments included, "It's very organised because the staff are organised looking after us, especially when I go out", "It's well organised. The walls got repainted last year by the handyman. They know what colours we like" and "The [registered manager] is caring. I do know. I talk to her about standing up for myself." A relative told us the service was managed "professionally and efficiently." A healthcare professional said, "The manager of the home has always been approachable, understanding and informative. "

We found the registered manager being passionate about the values they shared with the staff team. The registered manager told us they regularly talked to the staff team about the importance of care being delivered in dignified and respectful manner so people felt valued. This included taking time to listen to people and giving them time to respond. People told us that staff had time to talk to them. We observed staff encouraging people to engage in conversations that interested them. We observed discussions taking place about the activities people were planning for the day and the family visits. A healthcare professional said, "The service responds very well to feedback and are always willing to learn and improve their service and care."

There was a clear management structure in place to provide good leadership at the service. The registered manager was supported by a deputy manager, team leaders and senior staff members. The management team had shared responsibilities which meant they were accountable for certain aspects of the service delivery, including staff training and performance reviews. The registered manager knew the different forms of statutory notifications they had submit to CQC as required by law and our records showed these were sent to CQC in good time. The registered manager was also aware about the recent changes in CQC's methodology.

The management team encouraged open communication at the service. Staff told us they received the necessary support for their role. One staff member said, "The managers are friendly. They help and explain if I do not know something." The registered manager told us they took actions to support staff requests where necessary, for example they approached the provider for reviewing staff's employment conditions. This showed that the staff team was listened to.

The staff team were aware of their responsibilities and supported the registered manager to deliver effective care for people. Staff told us about the tasks they had to carry out during their shifts. These included information sharing about the activities taking place at the service and health appointment that people were required to attend. Staff were encouraged to take on additional responsibilities at the service to learn new skills for their role. The management team were in the process of developing champion roles. Staff took initiative to guide and provide advice for the rest of the staff team in specific areas, including infection control and healthy eating. Senior staff members were trained to deliver manual handling training for the staff team to ensure that people's individual needs were addressed. This meant that the staff team were supported to develop in their role to provide people with the best possible care.

Systems were in place to monitor the quality of the services being provided for people. The management team had carried out regular quality assurance audits and ensured that any issues identified were acted upon as necessary. These included checks on people's care records. Staff were responsible for undertaking daily checks on health and safety, fire safety and water temperature and any maintenance issues identified were addressed in a timely manner. Records showed the provider's directors had carried out an unannounced audit recently and some of the recommendations made had already been implemented, for example each person was provided with an eating and drinking placemat that detailed their specific needs around nutrition and hydration.

The service built contacts with external agencies to inform people about their services in the community. The registered manager told us they invited police to the service to talk to people about their safety and share their experiences. We saw a person having an advocate because they didn't have a family member to support them in making decisions.