Thobani Services Ltd

Mary's Home

Inspection report

88 Warham Road
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Surrey
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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

Mary's Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Mary's Home does not provide nursing care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service supports up to 29 people with mental health issues. There were 25 people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

People were protected from abuse and staff received training in safeguarding adults at risk and understood their responsibilities. The provider followed suitable processes for any allegation of abuse to keep people safe.

The provider carried out recruitment checks on staff to check they were suitable to work with people. There were enough staff deployed to care for people safely and staff had time to engage with people meaningfully.

The provider managed risks relating to people's care, including their mental health needs, through suitable risk assessment processes. Staff understood risks to people's care and the support people required.

People's medicines were managed safely by staff who the provider trained and checked were competent to administer medicines. The provider checked people received their medicines as prescribed.

People lived in premises which the provider maintained safely. The provider carried out a range of health and safety checks including fire safety, water hygiene and water temperatures, window restrictors, electrical and gas safety.

People were supported by staff who received the training and supervision they needed to understand people's needs. New staff also received a suitable induction.

People's care needs were assessed by the provider and people's views and preferences were gathered by speaking with them. People's care plans were based on their needs and preferences and were reviewed

regularly so they were accurate and reliable to staff in following them. People's care plans reflected their physical, mental, emotional and social needs, their personal history, individual preferences and interests.

People received care in line with the Mental Capacity Act 2005. The provider applied to deprive some people of their liberty as part of keeping them safe as part of the Deprivation of Liberty Safeguards (DoLS).

People enjoyed the food they received and people received food in line with their preferences and cultural needs. People were supported to maintain their health and had regular contact with a team of mental health professionals.

People liked the staff who supported them. Staff were compassionate towards people and treated people with dignity and respect. Staff were supportive of those who were in consenting relationships in the service. People were involved in decisions about their care.

People were encouraged to maintain and build their independent living skills. Some people were able to move into more independent living after receiving support from staff.

An activity officer engaged people in meaningful activities within the service. Those who were interested were supported to worship locally and a priest visited the service each week. People were supported to maintain and develop relationships which helped reduce social isolation.

A suitable complaints process was in place and the provider investigated and responded to any concerns raised.

Leadership was visible and competent with an experienced registered manager in post. The directors were accessible to people and staff, being present at the service most days. The management team carried out audits of the service to check the quality of care. Systems were in place to gather feedback from people and staff.

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 remained Good.

Good

Is the service effective?

The service remained Good.

Good

Is the service caring?

The service remained Good.

Good

Is the service responsive?

The service remained Good.

Good

Is the service well-led?

The service remained Good.

Good

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.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

We visited the home on 6 September 2018. Our inspection was unannounced and carried out by an inspector 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 service.

During our inspection we spoke with six people using the service, one relative, the registered manager, two care workers, the activities coordinator, the chef and the two directors. We also spoke with a district nurse who was visiting the service. We looked at care records for three people, staff files for three staff members, medicines records for three people and other records relating to the running of the service.

After our inspection we contacted five health and social care professionals to obtain their feedback on the service although we did not receive feedback from any.

Good

Is the service safe?

Our findings

People were supported by enough staff to safely meet their needs. People told us there were enough staff and a relative said, "I believe there are enough staff. I come at weekends as well." We observed there were sufficient staff to support people during our inspection. Staff were present at all times in communal areas and we saw they responded promptly to people. The rota showed staffing levels were in line with the levels the registered manager told us were required. Additional staff were booked to support people on planned activities such as appointments or social events.

People were supported with care-related risks. The provider carried out risk assessments for each person and put guidance in place for staff to follow in reducing the risks. Staff we spoke with understood the risk relating to people's care and the best ways to support people in reducing the risks. Risks included those relating to people's mental health. Staff had clear guidance on signs a person may be becoming unwell and the best ways to support them. Other assessments included risks relating to falls, accessing the community safely and receiving personal care.

People were safeguarded from abuse as the provider had suitable systems in place. People told us they felt safe with the staff who supported them. A relative told us, "[My family member] is safe here, staff are very good to her here." Staff understood their responsibilities to safeguard people from abuse and neglect. Staff received training in safeguarding adults at risk to keep their knowledge up to date. The provider responded appropriately to allegations of abuse and neglect to keep people safe and worked closely with the local authority safeguarding team during any investigations.

People were supported in the event of any accidents or incidents. Staff understood how to respond to accidents or incidents and staff made clear records. The provider reviewed records of accidents and incidents to check people received the right support. The provider shared learning from any accidents and incidents or safeguarding investigations with staff during staff meetings.

People were supported by staff who the provider checked during recruitment. The provider checked the employment history and qualifications of candidates and obtained references from former employers. The provider also checked for any criminal records, identification and right to work in the UK. The provider interviewed all staff to check they had the right qualities to support people and monitored staff suitability during their induction period.

People's medicines were managed safely by staff. People told us staff gave them their medicines on time and told them what their medicines were for. Our checks of medicines records found no omissions and the medicines in stock were as expected. We observed a medicine round and observed staff administered medicines safely and made records appropriately. For a person who required regular blood tests to check the level of a medicine they required staff carefully followed clinician's instructions. Staff managed other high-risk medicines appropriately. Staff closely monitored medicines stocks to check people received their medicines. People's medicines were stored securely. Staff received training in administering medicines and the provider assessed staff competency to administer medicines.

People lived in premises which were maintained safely. The provider carried out any repairs promptly with a maintenance team who were working during our inspection. The provider monitored the premises with a range of checks carried out by external specialists, the maintenance team and staff. Checks included water hygiene, water temperatures, gas safety, electrical installation, electrical equipment, fire safety and window restrictors. Staff carried out regular practice emergency evacuations with people and staff. The provider risk assessed the environment and fire safety and checked for hazards regularly.

Infection control risks were managed well and the premises were clean and free of malodour. One person told us, "It's always spotless, the cleaner comes in every day." A second person told us, "I cannot do the hoovering anymore and the cleaner cleans my room beautifully." A domestic assistant cleaned the service each day including the rooms of people who were unable to do this themselves. Staff followed suitable procedures to reduce infection risks relating to laundry and clinical waste. The chef followed suitable hygiene practices in keeping the kitchen clean, checking the temperature food was served at and food storage. The provider was awarded a five-star rating for food hygiene in the local council's inspection earlier this year. Staff received training in infection control and food hygiene to help them understand their responsibilities. The provider carried out infection control audits to check staff followed recommended practices and maintained good standards.

Good

Is the service effective?

Our findings

People were cared for by staff who received the right training and support. People told us they found staff to be well trained. Staff received regular training on topics including mental health awareness. New staff completed an induction which followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff were supported to do diplomas in health and social care to deepen their understanding of their roles. Staff received regular supervision from their line manager during which they discussed their role and people's changing needs.

The 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 be 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were cared for in line with the MCA and DoLS. The provider assessed people's capacity in relation to their care and made decisions in their best interests if they lacked capacity. The provider obtained DoLS authorisations for some people as part of keeping them safe. The authorisations included keeping the front door locked so people could only access the community with staff support. We identified the fire door on the first floor was not alarmed so a person who required staff support may be able to leave the premises without staff being aware. When we raised our concerns with the registered manager they told us they would reduce the risks immediately. The provider summarised key information from MCA assessments and DoLS authorisations in care plans for staff to refer to. Staff understood their responsibilities in relation to the MCA and DoLS and also received training on this.

People were positive about the food they received. We observed a mealtime and people told us they enjoyed the food. Some people told us they would prefer certain meals to be included in the menu and the provider told us they would accommodate their preferences. The chef had a good understanding of people's dietary needs and preferences, including cultural preferences, with key written information visible for other kitchen staff to refer to. One person was at risk of choking and staff supported them to see specialists including a speech and language therapist who guided staff to thicken their fluids, encourage them to eat slowly and for staff to closely monitor them while they ate. Staff followed these guidelines and the registered manager told us they were updating the person's care plan to ensure staff could review the guidelines at any time. Staff supported people to monitor their weights each month and reported any concerns to professionals such as the GP and dietitian.

People were supported to maintain their mental and physical health. People told us they were supported to see their GPs and a dentist, optician and chiropodist visited the service. People were supported to attend hospital appointments. People had mental health professionals involved in their care and most had their

care coordinated with the Care Plan Approach (CPA). A care coordinator ensured mental health professionals met with the person regularly and that their CPA was reviewed. The provider carried out assessments of people moving into the service which included their mental health and physical health needs. Information from people and professionals was gathered as part of the assessments and developed into care plans for staff to follow.

The premises met people's needs. The directors told us they had a refurbishment plan in place and would repaint some communal areas in the next few weeks. The service had a large communal lounge, a conservatory and a separate dining area with sufficient seating. People had their own bedrooms in which they could spend time privately. People also had free access to a secure garden.

Good

Is the service caring?

Our findings

People and relatives were positive about staff. A person told us, "Staff are very nice. They're gentle and honest. They do understand me because they sit with me and get to know me." A relative told us, "Staff do a good job, [my family member] has been here a good while, I would notice if things weren't right." A professional told us people always seemed happy when they visited and staff were friendly and helpful. We observed there were enough staff to interact meaningfully with people. Staff spent time listening to people and conversing with them. We observed when a person became distressed staff showed compassion in the way they comforted them.

People were involved in decisions relating to their care such. A person told us, "Staff do listen to you about your care." Staff told us they followed people's wishes and if a person did not want to receive personal care they respected that and offered assistance again later. People were able to choose how they spent their day. Those who were not under DoLS were free to leave the service. One person told us, "I go out a few times a day shopping and looking around."

People's privacy and dignity was respected. People in consenting relationships at the service were able to spend time in each other's rooms at their leisure and staff respected their right to do so in private. Staff gave us examples of how they respected people's privacy during personal care, ensuring they shut curtains and doors. We observed staff knocked on people's bedroom doors before entering. Staff only talked about confidential information with us in private.

People were encouraged to maintain and build their independent living skills. One person told us they were going to live in their own flat soon as they no longer needed staff support. Staff told us two other people left to live independently recently. Staff told us they helped people relearn how to do chores such as laundry, cleaning and cooking to build their skills. People's care plans set out people's strengths and weakness and the support they needed from staff to maintain their independence.

Good

Is the service responsive?

Our findings

People were enabled to spend their time meaningfully. One person told us, "[The activities officer] does the activities and we do exercises and ball games. I like all that." A second person told us, "We play bingo and listen to records." A third person told us they were growing fruits and vegetables in the garden. A professional told us people were engaged in activities whenever they visited. An activities officer engaged people in a programme of activities most days which included music sessions, quizzes, bingo and exercises. We observed the activities officer was skilled at involving people in the activities and their sessions were popular. Our discussion with the activities officer and observations showed they were enthusiastic about their role which had a positive impact on people. Some people did activities independently in the community such as swimming and art classes. The provider also provided materials for people to create art in the service and displayed people's artwork across the service. A priest visited once a week to engage those who were interested in worship. Staff also supported some people to attend religious service locally each week.

People were supported to maintain and develop relationships to reduce social isolation. One person told us, "Staff encourage visitors. I like it when I have visitors." A second person told us, "My family and friends are welcome to come down." We observed people were encouraged to spent time entertaining their visitors privately. Staff were supportive of people in consenting relationships in the service. The activity officer spent the day engaging people very well in activities which encouraged people to share their life stories and get to know each other better. The provider invited people's friends and relatives to special events such as BBQs which also helped maintain relationships.

People's care plans reflected their needs so were reliable in guiding staff. People and relatives told us they were involved in care planning. One person told us, "I go to reviews every six months." The provider included information about people's mental health, physical health, emotional and social needs, personal history, individual preferences, interests and aspirations in their care plans. Staff understood people's needs and preferences well and followed their plans in delivering care to individuals. Staff reviewed people's care plans each month to ensure information remained accurate.

Processes were in place to respond to concerns or complaints. One person told us they had raised a concern and it was resolved to their satisfaction. A second person told us, "I soon get the message over to the staff." A relative said they knew how to make a complaint but had no reason to do so. Records showed the provider investigated any concerns or complaints and took action to resolve them, keeping people informed.

People's preference in relation to their end of life care would be considered. The registered manager recently began a programme of training with the local hospice in helping people plan their end of life care. The registered manager told us they had had some discussions with people and their relatives about beginning end of life planning and the response had been positive.

Good

Is the service well-led?

Our findings

The registered manager had a good understanding of their role. One person told us, "It is well run, no problems." The registered manager was an experienced manager and had been in post since the provider registered with us. People knew who the registered manager was and were positive about them. Staff had confidence in the registered manager and one staff member told us, "I like it very much here, the manager is very supportive." The registered manager attended training to keep their knowledge current and was scheduled to begin a diploma in leadership and management. Our inspection findings and discussions with the registered manager showed they were clear about their responsibilities and led the service well.

Leadership was visible with a clear hierarchy in place. The registered manager was supported by the two directors who were available at the service most days. One person told us, "The directors are very good people." People and staff told us the directors were accessible. We observed the directors spent time engaging with people and carrying out checks and observations of the quality of the service. Senior care workers also supported the registered manager and were responsible for leading each shift and tasks such as administering medicines. Staff told us they could contact the registered manager or directors at any time and that everyone worked well together as a team.

The provider gathered feedback from people and staff and communicated openly with them. People told us they were able to give their views on the service. Each person had a keyworker who worked closely with them to check their care met their needs, to gather their views and share any concerns with management. 'Residents meetings' were held every two months and records showed people were asked for their feedback on aspects of the service including activities, food and cleanliness. Staff meetings were held most months and staff told us they could speak freely in the meetings and share their feedback and any suggestions for improvements. The provider asked people, staff, professionals and relatives to complete satisfaction surveys although few had been received for the current year. However, the responses gathered so far showed people were very satisfied with the care they received. One relative wrote, "Super staff. Very, very good."

The provider had systems to audit and improve the service. The registered manager and directors carried out spot checks and observations to check people received good quality care. During our inspection a director observed the lunchtime experience recording their findings on a standard form used to identify any improvements. Unannounced checks of evenings, weekends and nights were also carried out regularly. Other audits in place included daily, weekly and monthly checks relating to fire safety, health and safety, medicines management, infection control and care records. The registered manager kept track of staff supervision and training requirements. The registered manager maintained detailed and accurate records in relation to people, staff and the management of the service.

The provider submitted notifications to CQC as required by law in relation to significant incidents. This helped CQC to monitor the service and plan inspections.