

# Sisters of the Sacred Hearts of Jesus and Mary CIO Marian House Care Home

## Inspection report

100 Kingston Lane  
Uxbridge  
Middlesex  
UB8 3PW

Tel: 01895253299

Website: [www.sacredheartsjm.org](http://www.sacredheartsjm.org)

Date of inspection visit:  
12 January 2022

Date of publication:  
19 January 2022

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

Marian House Care Home is a convent providing care and support to up to 20 sisters from the Catholic community the Sisters of the Sacred Hearts of Jesus and Mary. At the time of our inspection 14 people were living there

We found the following examples of good practice.

There were suitable procedures for reducing the risks of infection from visitors. The staff carried out COVID-19 tests on visitors, provided them with personal protective equipment (PPE) and spaces where they could meet people safely. There were separate entrances for visitors. When people were unwell or dying visitors were able to spend time with them in their rooms for as long as they wanted and needed.

The provider had supported people to follow religious practices and meet their spiritual needs. Some of the sisters were able to facilitate services and offer communion to others at times when priests were not able to attend because of visiting restrictions. People had also accessed religious services and important meetings through internet video meetings. This enabled them to remain active members of their religious community and had also provided opportunities to join others from around the world in celebrating their faith.

Social distancing was maintained where possible. Communal rooms were set up for people to have their own chairs, tables and furniture which they always used. Furniture had been arranged to enable social distancing. People had large individual bedrooms and there were plenty of communal rooms, including spaces for prayer and a chapel. Signage on the entrance to rooms reminded people to social distance and stated the number of people who could safely use the room at one time. Staff were allocated into different groups and used separate facilities, such as break rooms and bathrooms. Perspex screening was available to be used if needed in visiting rooms and offices.

There were enough rooms throughout the building which could be used to care for people who needed to isolate away from others, including a self-contained flat with a separate entrance.

There were systems to help make sure people were safely admitted to the service, when they first moved there, following a hospital stay and after they had left the home for a holiday. These systems included regular testing and isolation. The provider had gained people's consent for this practice. Where people lacked the mental capacity to make decisions, the provider had met with a multidisciplinary team to make decisions in people's best interests.

There was enough PPE for staff and people living at the service (when they wanted this). Good supplies of PPE were situated throughout the home and were available in a range of sizes. Staff knew how to wear and dispose of PPE correctly and had received training in relation to this. The registered manager regularly checked they were following procedures. There were additional protocols and PPE available for staff to use in the event of an outbreak as well as mobile PPE stations which could be situated directly outside people's

bedrooms. Hand sanitiser was available throughout the building and signage reminded people and staff to use this. The registered manager explained people using the service understood why staff needed to wear PPE. Some activities, such as communion and supporting people in chapel, were carried out by other sisters from the community (not those receiving care). They wore PPE and followed the same guidance as staff in order to help keep people safe from the spread of infection.

Staff and people using the service were regularly tested for COVID-19. The provider responded appropriately following any positive results, sharing the information with healthcare teams and making sure people received the treatment they needed. Some people were able to carry out their own tests and were supported to do this.

The layout of the building was suitable for helping to control the spread of infection. Corridors, bedrooms and communal areas were large and well ventilated. There were clear and detailed cleaning schedules and checks on cleanliness and infection prevention and control. The provider had purchased specialist equipment for deep cleaning areas. There were suitable systems for managing laundry.

Staff were trained and had information, so they understood about their roles and responsibilities during the COVID-19 pandemic. Care was provided by the same regular staff employed by the provider. During the pandemic, the staff had taken on different roles to support each other and to make sure all care and services were provided. They had training in order to learn different skills. The registered manager explained they had worked well as a team to provide a good service.

The registered manager had updated the provider's policies and procedures to make sure there was good infection prevention and control in line with government guidance. They liaised with other organisations and the local authority to develop best practice. They had assessed the risks relating to COVID-19 and other infections within the environment and had systems in place to help mitigate these, such as additional cleaning and regular audits.

Whilst they planned care for people in a personalised way and supported people when they became unwell, they had not specified whether their ethnicity, health conditions or any other factors placed them at more significant risk if they caught COVID-19. We signposted the registered manager so they could include this information within individual care plans and risk assessments. Risk assessments with these details had been completed for staff, and there were management plans where staff were at greater risk of severe illness. All people living at the home and staff had received COVID-19 vaccinations, which helped reduce the risk of them catching the infection or becoming seriously unwell.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Inspected but not rated**

Further information is in the detailed findings below.

---

# Marian House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of CQC's response to the COVID-19 pandemic we are looking at how services manage infection control and visiting arrangements. This was a targeted inspection looking at the infection prevention and control measures the provider had in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

This inspection took place on 12 January 2022 and was announced. We gave the service 48 hours' notice of the inspection.

# Is the service safe?

## Our findings

### Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

### How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.
- Whilst the provider planned care for people in a personalised way and supported people when they became unwell, they had not specified whether their ethnicity, health conditions or any other factors placed them at more significant risk if they caught COVID-19. We signposted the registered manager so they could include this information within individual care plans and risk assessments.