

Leonard Cheshire Disability

St Teresa's - Care Home with Nursing Physical Disabilities

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 unannounced comprehensive inspection took place on 24 and 29 January 2018. The last comprehensive inspection took place on 24 November 2015. The service was meeting the requirements of the regulations at that time.

St Teresa's - Care Home with Nursing Physical Disabilities 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 Teresa's - Care Home with Nursing Physical Disabilities provides single room accommodation for up to 27 people with nursing physical disabilities. At the time of the inspection there were 26 people using the service including two people who were staying at St Teresa's on periods of respite. The service is based in a purpose built single storey detached property which was suitably adapted for the purpose of providing nursing care and support to people. St Teresa's is close to the local amenities in Marazion and Penzance.

There was 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.

Some people who lived at St Teresa's had limited communication skills meaning we were unable to gain some people's verbal views on the service. We observed staff interactions and spoke with seven people who lived there. We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. We also spoke with people's relatives and staff to understand their experiences.

The atmosphere at the service was welcoming, calm and friendly. The service was divided into three units but people moved freely between each one. Each unit area provided large lounges and dining areas suitable for people to use with mobility aids. People were able to spend their time in various areas of the service as they chose. There were a range of mobility aids and equipment to support people. People's bedrooms were personalised as were the furnishings in lounge areas.

Some people had complex needs and were not able to tell us about their experiences. Comments from those people we spoke with about the quality of their care and support were positive. People told us, "They [the staff] have given me a life back, I can do things I thought I would never do" and "This is our home, not just a care home."

We observed staff providing support to people throughout our inspection visit. The staff were kind, patient and treated people with respect. People told us, "Staff are lovely, they will do anything for you.". Staff demonstrated a good depth of knowledge about the people they cared for and responded appropriately as

people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals.

St Teresa's used a staffing assessment tool to work out the required numbers required to staff the service. Staffing levels were perceived to be low by both service users and staff. People commented, "They could do with more staff. I know other people need help too but sometimes I have to wait for a really long time before it's my turn to get up" and "It's an excellent place, they do an excellent job but the staff are really stretched." Staff commented, "Our units are pretty well staffed. Recently we have had a large amount of sickness which is unusual. It is rare for us to have agency but we have had to use agency recently". We spoke with the registered manager about this and were shown the staffing assessment that demonstrated that the core staffing hours was currently being met. The registered manager said she was aware that due to recent staff illness and increasing complexity of people's care needs there had been additional pressure on staff. The registered manager was in the process of undertaking a new assessment for people whose needs were increasing to ensure there were adequate funds in place to increase staff numbers when required.

One nurse was available to provide nursing support to people. Staff told us this put pressure on the nurse on duty due to the complexity of people's needs. A relative of a person who lived at St Teresa's shared their concerns about staffing levels generally and in particular about the availability of appropriately trained staff to support their relative with their feeding regime. The deputy manager told us specialist training to support individual feeding regimes had been provided to staff on one of the three units but had not yet been provided to staff on other units.

We have made a recommendation about staffing levels in the Safe domain of this report.

People's care and support needs had been assessed before they moved into the service. This included risk assessments to ensure people's safety. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence. For example, we saw risk assessments regarding appropriately supporting people to access their local community as well as keeping safe in their home environment. People told us, "I feel safe, I don't have to worry about what will happen to me all the time, knowing someone is always around, it's a good feeling."

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. Care records included details of people's choices, personal preferences and dislikes. These were regularly reviewed and any changes in people's needs were communicated to staff.

Staff had been recruited safely and received training relevant to their role. Staff said they were supported by the registered manager. They had the skills, knowledge and experience required to support people in their care.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

The service was suitably maintained. It was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed and there were appropriate procedure in place to manage infection control risks.

Medicines management systems were robust. Staff were confident about the action to take if they had any safeguarding concerns and were confident the registered manager would follow up any worries they might have.

The service worked successfully with healthcare services to ensure people's health care needs were met. People were supported to access services from a variety of healthcare professionals including GPs, dentists, psychological services, occupational therapists as well as other specialist medical services to provide additional support when required. Health and social care professionals were positive about the service, comments included, "I feel that St Theresa's Nursing Home is generally a well run home with caring staff who are always are happy and willing to accommodate any visits from [multi-professionals]."

People's nutrition and hydration needs were being met. The cook had information about people's dietary needs and special diets. Staff supported people to eat meals where they needed help. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Staff were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs. The service had signed up and achieved the Gold Standard Framework. This aimed to provide optimal care for people approaching the end of life.

We found the building generally met the needs of people who lived there. For example, corridors were wide and spacious for people who used a wheelchair. There was overhead tracking available in two of the wings of the building which accommodated 18 people and had en-suite facilities to their bedrooms which meant people's movement was less restrictive. There was insufficient signage available to help people orientate around the service. For example, each unit had a small naming plate at the entrance but this was difficult to read. There was a lack of signage for communal toilets. This would negatively impact users with visual or learning impairments. We brought this to the attention of the registered manager who told us she would ensure clearer signage was made available to help orientate people around the service.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People told us they knew how to complain and would be happy to speak with a manager if they had any concerns. Complaints received were investigated and issues raised were dealt with in a timely way with the complainant being informed of the outcome.

There were regular feedback opportunities for people to give their thoughts on how the service was working. This included a compliments, complaints and suggestions book on main reception for people to leave their comments. The organisation also employed a regional customer support advisor. They visited the service and spent time with people regularly to gather people's views. There was also an annual 'Have Your Say' survey. This was provided to all people who used the survey. The last results of the survey in 2017 demonstrated people were happy with the care and support provided to them. The service provided a 'Future Choices' two day workshop which aimed to collaborate with people about how to take the service forward and giving people a voice to be involved. In addition a Friends and Family survey was sent out annually to seek feedback from relatives. This enabled people and their relatives to comment on the service independently. Feedback received from relatives of people supported at St Teresa's confirmed family members felt involved and an integral part of their relative's care team.

The management team used a variety of methods to assess and monitor the quality of the service. People and their relatives were asked for their opinions about the service. Regular audits of the service were undertaken which helped to monitor, maintain or improve the quality of service provided to people. Response from this monitoring showed that overall satisfaction with the service was very positive.

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 safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remained well led.	Good ●

St Teresa's - Care Home with Nursing Physical Disabilities

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 24 and 29 January 2018. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, the deputy manager, seven people who were able to express their views of living at the service and two relatives. We spoke with six staff members during the inspection visit. Following the inspection visit we spoke with three health professionals who work closely with the service and a commissioner of the service.

We looked around the premises and observed care practices on the day of our inspection visit.

We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters,

staff training records and records relating to the running of the service.

Is the service safe?

Our findings

We spoke with seven people who lived at St Teresa's and also received feedback from two relatives. People and their relatives told us they felt the service was safe. Comments included, "Staff here make me feel safe, "I feel safe because they always check me at night which is the worst time for my anxiety and they always ask if I'm OK" and "I feel safe, I don't have to worry about what will happen to me all the time, knowing someone is always around, it's a good feeling."

People and their families told us that if they had any concerns about the safety or well-being of a person living at St Teresa's the registered manager and/or their key-worker would deal with them straight away. People were supported by staff that had received appropriate training and understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was a regular agenda item at staff meetings. The registered manager followed a clear procedure for making appropriate alerts to the local authority regarding people's safety. Where concerns had been expressed about the service; for example if there had been safeguarding investigations, the registered persons had carried out, or co-operated fully with these.

There was a stable staff team which provided people with continuity of care. This enabled staff to build positive working relationships with people over time. People confirmed the same group of people provided their support.

St Teresa's used a staffing assessment tool to work out the required numbers required to staff the service. Staffing levels were generally maintained at a ratio of between four to five staff on shift to support nine people. There was regular use of agency staff to ensure staffing levels were maintained.

Staffing levels were perceived to be low. People commented, "They could do with more staff. I know other people need help too but sometimes I have to wait for a really long time before it's my turn to get up" and "It's an excellent place, they do an excellent job but the staff are really stretched". When spending time with people in communal areas we saw that no staff were visible on one unit for 20 minutes. This was because staff were assisting people in their rooms. Most people who received care and support required two members of staff to support them with manual handling. When two people needed help at the same time, this left one member of staff available to respond to people's needs.

Staff views about the level of staffing were mixed. Comments included, "Our units are pretty well staffed. Recently we have had a large amount of sickness which is unusual. This has put added pressure on staff and we have had to use agency recently" and "We need more staff because if two or sometime three of us are assisting one resident, I know there are others waiting and there is nothing we can do about it." The registered manager showed us their staffing assessment which demonstrated that the core staffing hours were currently being met. The registered manager said she was aware that due to recent staff illness and increasing complexity of people's care needs there had been additional pressure on staff. The registered manager told us she was in the process of undertaking a new assessment for people whose needs were increasing to ensure there were adequate funds in place to increase staff numbers when required.

One nurse was available to provide nursing support across the service. Staff told us this put pressure on the nurse on duty due to the complexity of people's needs. A relative of a person who lived at St Teresa's shared their concerns about staffing levels generally and in particular about the availability of appropriately trained staff to support their relative with their feeding regime. The person required nursing support to connect PEG feeds. Because the nurse on duty was required to connect and disconnect the feeding system, the relative had concerns that there had been delays in providing support to their relative because the on-duty nurse was often busy supporting other people. The deputy manager told us specialist training to support individual feeding regimes had been provided to staff on one of the three units but had not yet been provided to staff on other units. The registered manager confirmed this would be prioritised to ensure staff were available across all three units.

It is recommended the service review the current staffing needs assessment to ensure appropriate numbers of staff are available to provide care and support to people in a person-centred and timely way.

Adequate numbers of ancillary staff, including kitchen, maintenance and housekeepers were also employed to ensure the smooth running of the service.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff.

People were safely supported with their medicines. The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept as necessary to record when people took their medicines. We saw these were completed appropriately and audited regularly. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff. The service followed appropriate safety procedures for handling and administering Controlled Drugs (CD) prescribed to individuals. Recording requirements demonstrated room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for.

People were supported by staff that had been safely recruited. Recruitment checks were in place and demonstrated that the staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two satisfactory references and a Disclosure and Barring Service (DBS) check. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

Staff were observed treating people with kindness, respect, dignity and following safety procedures consistently (such as temperature checking hot drinks). All of the people felt they were valued as individuals and had a sense of self and being at home at St Teresa's. Comments included, "This is our home, not just a care home."

Staff discreetly supported people to move around whilst empowering people in order to promote their independence. Equipment was available to support staff in all areas of the service to transfer people safely and in a dignified way.

Risk assessments were carried out to identify any risks to the person using the service and to the staff

supporting them. For example, how staff should support people when using equipment to reduce the risks of falls; the use of bed rails and reducing the risk of pressure ulcers. Where people had been identified as at risk from falls or requiring pressure care, the records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for people in a consistent safe way.

There were effective systems in place to help people manage their finances. Everyone had a safe in their room and records of monies in and out were documented in this. Two staff always signed and checked balance of monies where it was agreed that the service would help manage people's monies. Nineteen people who lived at St Teresa's had their personal finances managed by the service. Monies held by the service were regularly audited when monies were added or taken out and accurate records were kept for all purchases made. We checked the money and records held by the service for one person and these were accurate. Two people had independent financial appointees and managed their own money.

The service had a contingency plan in place to manage emergencies. Risks to people, in the event of an emergency, had been assessed. A personal emergency evacuation plan (PEEP) had been completed for people who were supported to ensure a safe evacuation in the event of an emergency. People were protected as robust processes were in place to manage emergencies.

Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe. Equipment including moving and handling aids, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

The environment was clean and odour free. Procedures to ensure the maintenance of cleanliness and hygiene standards were in place. Staff followed good infection control practices and were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff supported people with their meals and had received training in food hygiene. Staff were aware of good practices when it came to food preparation and storage.

Is the service effective?

Our findings

Peoples comments about the standard of care provided were very positive. People told us they felt the staff understood their needs and support they required. They said the staff were good and competent. A relative told us, "The staff are excellent. I couldn't be happier that my [relative] has been able to move here." People who used the service commented, "I'm happy here. The staff are great. We are treated as individuals" and "The staff are very good. No complaints."

Management recognised the importance of having of having a competent skilled staff group. People were cared for by staff who had the knowledge and skills to deliver a high level of care to people. Staff completed an induction when they commenced employment this included shadowing more experienced members of staff. All staff who were new to the service completed the care certificate. The care certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector.

The provider had systems in place to identify what training staff should receive and when this should be completed and refreshed. This was monitored at the service using a training matrix. This gave an overview of training completed at the service. We saw from this report that training was up to date for staff. There was a wide variety of training available to people including person centred planning, health and safety, manual handling, equality and diversity, communication and emergency first aid.

There was a named person each day who was the nominated first aider. This was visible to people and would hasten any response to accidents or incidents. Staff told us they felt supported to complete their training, "I did some First Aid at Work training but I didn't feel confident so I asked if I could do it again. It was no problem and I wasn't made to feel stupid for asking, that's how well I was supported."

Staff told us they felt supported by management and they received regular individual supervision. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. This gave staff the opportunity to discuss working practices and identify any training or support needs. Supervision records were personalised and included details of training undertaken or required, tasks to be completed and feedback on performance. They were dated and signed by both the supervisor and staff member. One member of staff we spoke with told us "I have regular supervision and can also approach the registered manager at any time if I need support."

People's physical, mental health and social needs were holistically assessed before the service accepted the care package. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. People received care and support from staff that were well trained, supported and knew their needs and preferences well. Consent to care was sought in line with legislation and appropriately recorded on care plans.

The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Health and social care professionals told us staff had the knowledge

required to meet the person's care and support needs. Staff encouraged people to maintain their health by supporting people to access services from a variety of healthcare professionals including GPs and dentists and medical appointments to provide additional support when required.

A physiotherapist visited the service twice weekly to support people. A room was equipped with suitable equipment for physiotherapy sessions. When not in attendance care assistants were instructed to support people to continue with their personal therapy programme. A relative told us "My [relative] enjoys using the physio equipment, they say it is their time 'at the gym'."

People's nutritional needs were assessed during the care and support planning process. Individual likes, dislikes and any allergies had been recorded in the persons support plan. People's weights were monitored and recorded at regular intervals. Where changes had occurred this had been highlighted. Appropriate referrals had been made to a dietician for people when required.

People were positive about the quality of the food served by the service. Comments included, "I like the food, it is varied and warm. I get help to eat and I never feel rushed", "You can have anything you like, within reason. The choices are good but if I don't fancy it, the staff will always get me something I do fancy", "I am on a gluten free diet and the chef even makes me my own cakes for parties so I never feel left out. He even made my own gluten free Christmas cake because he knows I love it", "The food is good, there is always plenty of choice every day.". Five people preferred a vegetarian based diet and most were complimentary about the choice and quality of vegetarian options available. One person who was a vegetarian commented, "The vegetarian menu is a bit limited, it's the same old stuff so I often buy my own vegetarian meals and have those instead or add it to the Quorn dish on the menu.". We spoke with the team leader and registered manager about this. We also received the vegetarian menu options available to people and saw these were extensive and varied following consultation with the chef who had agreed and trialled a more extensive vegetarian menu. The team leader commented that people sometimes chose to buy foods they wanted to try but any foods people wanted could be sourced and made available upon request.

Meals were very flexible and each unit had its own kitchen areas where drinks and snacks could be made. We saw one person chose to have their breakfast late in the morning as this suited them. Some people were supported to eat in their own rooms due to their nursing needs. Others took meals in dining areas. Lunch time was seen to be a time when people engaged with others during their meal. It was a social occasion and seen to be relaxed and shared by staff. Where people required support to eat, staff sat with them and talked with them. People were seen to respond positively to this approach.

The service was designed to meet the needs of people living there. This included wide corridors, large lounge and dining areas so that the range of wheelchairs can move freely without restriction. Ceiling tracks supported people to move around their rooms and bathrooms with ease and to support people's privacy and dignity. There were a range of specialist bath and shower facilities designed for people requiring support with personal care. External areas were accessible with ease and designed for wheelchair access.

There was insufficient signage available to help people orientate around the service. For example, each unit had a small naming plate at the entrance but this was difficult to read. There was a lack of signage for communal toilets. This would negatively impact on people with visual or learning impairments. We brought this to the attention of the registered manager who told us she would ensure clearer signage was made available to help orientate people around the service.

People's bedrooms contained personal pictures and ornaments which helped the service to have a familiar homely feel for people who lived there. A sensory garden was rebuilt to help people use this. New surfacing

was put in place to assist people access the garden and a number of gardening projects were built such as raised beds for growing vegetables.

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 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).

The senior management team demonstrated a good understanding of the principles underpinning the legislation. People were supported to make day to day decisions and any restrictions were assessed as being the least restrictive option. Where conditions were attached to a DoLS authorisation these were being followed. Capacity assessments had been completed before the applications were made as required by the legislation.

Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Is the service caring?

Our findings

The service ensured people were treated with kindness, respect and compassion and people were given emotional support when they needed it. Staff were seen to be kind, compassionate and caring toward the people they supported and spoke about people positively and with affection. People told us, "Staff are lovely, they will do anything for you". Staff demonstrated concern for people's well-being and were motivated by a wish to help people have a good life. Staff told us, "St Teresa's is a really lovely place to work. We have a good staff team and we work well together to provide the best care we can for the people who live here."

Staff were respectful of people's privacy and requested people's consent before providing support or entering people's rooms. A person told us, "If I want to be left alone, they respect my space, that's really important to me."

People said they were well cared for at the service. Comments included, "Staff are lovely, they will do anything for you", "I am very well cared for. You couldn't ask for better staff" and "I love the staff." People told us they benefitted and enjoyed the personalised support from staff. Comments included, "I love having my nails painted, it makes me feel girly and I can't do them myself any more so it means a lot." Another person told us, "They [staff] will bring in little treats, like packs of sweets they know you like, out of their own money, it makes you feel like they genuinely care and it's not just a job."

Staff spoke in a reassuring way when talking with people. Staff could be seen kneeling or bending down to make sure people they spoke with were at eye level. Where people requested assistance with personal care, staff responded discreetly. A health professional told us "Staff have always appeared very caring and committed to the care of the residents and to each other and visitors."

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences about how they wished their care to be provided. For example, one person liked to move independently around the service and staff discreetly observed them to make sure they were safe but not restricting them.

Support records included detailed information about how people wished to be cared for. Records also provided details about people's specific needs and the kind of attention they would require if they felt unwell.

Care records detailed how people preferred to communicate their wishes and what certain gestures or behaviours conveyed. Staff had a good understanding of the peoples' communication methods and used this knowledge to enable them to make their own decisions about their daily lives. For example, people used a range of communication tools including eye-gaze technology and alphabet boards to assist their communication.

People's religious and cultural needs were respected and supported. There was information about this in

people's care records. One person told us they received regular communion from a local priest who visited them at the service. There was a weekly non-denominational church service. As part of the service Quality Assurance Framework an 'Accessible Information Guide' had been produced to support individuals communication and to ensure this information was made available in different formats to meet individual needs.

There was appropriate safe storage of people's personal and confidential information to ensure compliance with the requirements of the Data Protection Act.

Information about community organisations and advocacy services that could provide independent support and advice was available to people and their families. The registered manager told us this was something discussed during the initial assessment and when necessary people were signposted and supported to contact other agencies such as social services and Citizens Advice when appropriate.

The registered provider employed a regional Customer Support Advisor who was available to assist people and their families with any queries or questions. They also spent time with people to gain people's views about the service. The notice board held the details and photo of this person so people knew who they were speaking with.

Is the service responsive?

Our findings

People told us they were happy with the care and support provided to them by St Teresa's. Comments included, "The staff are amazing, I couldn't be happier" and "They [the staff] have given me a life back, I can do things I thought I would never do."

People said the service was responsive to their needs. One person commented, "Everyone seems to do their job well, everyone knows what they are doing so it runs like clockwork here."

The registered manager and staff were knowledgeable about people's needs and how to respond to them. People who used the service and who were able to speak with us told us the staff responded to their needs and they said they were looked after well. Relatives of a person who lived at St Teresa's shared their concern about the timing of their relatives feeding regimen and told us they felt the service could be more responsive about ensuring their relatives feeding support was carried out earlier in the day. We saw written records that the relative had shared their wishes with management and also confirmation that the information had been shared with the staff group. The registered manager told us the person had capacity to choose the time of their support with their feeding regimen.

People told us they were asked for their views and input into how the service operated "all the time." People commented, "Staff are always checking that I am happy", "Staff ask every day if I need anything and if I am happy" and "My Key Worker asks me all the time if I need anything new or different or want something done another way." People could become involved in the running of the service in different ways. For example, people could be involved in staff recruitment and training. Two people were actively involved as volunteers to support the running of the service. There were also opportunities to take part in Service User National Association meetings to provide feedback about living at St Teresa's.

A professional who worked alongside the service supporting a person told us, "My experience of working with the service has been very good. They are keen to ensure people's needs are met and have worked cooperatively with me to ensure services are in place for individuals."

During the inspection visit staff chatted with people about their interests and what they would like to spend their time doing at various times of the day. Some people were going out for various activities and another person was supported to attend a health appointment.

The service had a volunteer coordinator and a bank of volunteers who supported people in a range of activities. These included befriending, driving, escorting, helping with activities and fundraising. We met a group of volunteers who told us about the fundraising work they had been doing and how the funds were being used. A specialist piece of technology to support people to make music was in the process of being purchased from funds raised. All volunteers underwent the full disclosure procedure before volunteering at the service.

The service had a broad range of activities available to people including arts and crafts, film club, and a

gardening club. A weekly cookery class was a popular activity undertaken by people. Each week different recipes were used. People were being supported by staff to engage in making food. People told us they enjoyed the wide range of activities and opportunities to access activities outside of the service that was available to them. Activities were arranged that were suitable to stimulate people who had mobility needs, restrictive movement and sensory needs. In addition community links were maintained by having a four adapted vehicles available to people. In addition to drivers employed for that purpose, volunteers and staff were also trained to use the vehicles so that people did not have to go out in groups or wait for drivers to be available.

People were also supported with an IT club and had access to computers for their personal use. A computer specialist worked in the service three days a week to support people with Interactive technology (IT). The most recent introduction was a system called 'eye gaze'. This is a specialist piece of IT equipment enabling people with no hand movement to control it by eye movement. It enabled people to engage in games and also use computer technology to communicate. In addition people were being supported to communicate using IT to speak with family members who lived out of the country using a computer tablet.

There was a separate sensory room external to the main building. It had recently been completed and was available to people using the service. It was a warm inviting environment with a variety of seating and padded beds. Lighting was variable and provided a calm and inviting environment. A range of music was available as well as a projector displaying a country scene on a light fabric divider.

People who wished to move into the service had their needs assessed to help ensure the service was able to respond to their wishes and expectations. There were examples where the registered manager and nursing staff had responded to changes in people's needs. This included updating care plans to provide information for staff where changes had occurred. Where people required additional support from specialists including dieticians or physiotherapists, referrals had been made and responded to.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. For example, standing in front of a person when communicating to engage with the person. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. This included what people were able to do for themselves and what tasks staff needed to support people with. For example, some people required support with eating such that staff needed to be in line of sight to ensure their safety if there was a risk of choking. Care plans also contained important information about any allergies or health concerns. For example, the importance of ensuring emergency medication was taken out with one person at all times.

Records showed people or their families had been involved and were at the centre of developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was being provided for them. Where people did not have the mental capacity to make decisions, or understand their care planning needs, families had been involved. Members of staff told us care records were accessible, informative, easy to follow and up to date.

Care planning reviews took place regularly and plans were reviewed at least six monthly and sooner where a change to their support had happened. Assessment tools such as Waterlow and MUST screening tool to assess people's risk of malnutrition took place monthly. Records demonstrated that people and their relatives routinely discussed their care plans. Each person or a family representative with appropriate legal authorisation had signed their care plans to indicate they were aware of, and gave consent to, their planned delivery of care. Where people were unable to sign their plan themselves it was signed on their behalf by the team leader of the unit with verbal approval acknowledged.

Daily notes were consistently completed and enabled staff coming on duty, to get a quick overview of any changes in people's needs and their general well-being. At the end of each care shift a formal handover meeting was held. This ensured the following staff team duty were aware of any changes to people's needs or other issues that were of concern to staff.

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People told us they received regular and helpful feedback on proposed changes to care and support, in light of the comments they had made. We saw this led to concrete changes to the service. For example, in the Future Choices consultation people had asked that fundraising be carried out to raise funds for additional equipment to support communication. This was carried out and six electronic tablets were purchased for people's use. Also people had asked that a new internet provider be sourced due to frustration with the speed of the internet. This was carried out and super-fast broadband is now in place at the service.

Staff recognised the importance of supporting people to maintain contact with friends and family. People used social media platforms to maintain contact with family and friends where they wanted to do this. Close family members told us they felt 'valued' and 'involved' in their relatives care package and were glowing in their praise of St Teresa's and the staff team. Comments included, "Staff keep me informed regularly and I am easily able to speak with anyone should I need to.

Staff found innovative and creative ways to communicate with each person using the service. For example, one person used their own form of sign language which staff were familiar with and used. In addition, other people in the service used Makaton sign language to communicate. One person used a word board to spell out words. Another person used a light writer. We heard that a person used this technology to be able to text. A relative of a person told us they had benefitted from their relative using this technology because when they received a text they knew to immediately call their relative back and this was reassuring for both parties.

We found people were assured of consistent, co-ordinated and person-centred care when they moved between services. For example, people had hospital passports with important information about their health needs, how the person communicated and what medication they were currently taking. Where people had regular specialist appointments, staff accompanied them and there was regular documented communication between the service and the treatment centre. For example, one person attended hospital regularly for dialysis treatment.

People and their relatives told us that they were comfortable discussing their experience of care with the service. Families reported regular contact with their relative's key-worker where this had been consented to. People told us they felt integral to their support plan. Key workers acted as the first port of call for people when they wanted to arrange a holiday, buy new clothing or arrange an appointment. Key workers see people regularly and ensure they meet with people to check they were happy.

The service had a policy and procedure in place for dealing with complaints. Although there were no current complaints, people told us they were aware of how to make a complaint and would feel comfortable doing so. One person commented, "I can speak to my key-worker or [registered manager] any time." The service

had an adapted and simplified complaints document available for people to use if they wanted to raise a complaint.

St Teresa's provided care and support for people approaching the end of their life. The service was accredited under the Gold Standard Framework. This aimed to provide optimal care for people approaching the end of life. Wherever possible, people were encouraged to make as many choices as possible for example if they wanted any specific support from religious leaders, friends or family.

Is the service well-led?

Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The service requires a registered manager and there was one in post at the time of the 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.

The registered manager had overall responsibility for the service, but was supported by a deputy manager, an area manager, clinical leads and care staff. There was regular overview of the service using the audit and service review procedures of the Leonard Cheshire Organisation.

Management and staff were professional and friendly. People told us they were happy living at the service. Relatives we received feedback from were positive about the majority of aspects of how care and support were delivered at St Teresa's. One relative told us, "I couldn't fault [registered manager's name] or indeed any of the staff in the way they support [person's name]. We feel very fortunate that our [relative] has been able to come here." Staff were also overwhelmingly positive about how the registered manager led the service, "[Registered Manager] is a brilliant manager, approachable, fair and consistent" and "I love working here, I wouldn't want to work anywhere else".

People using the service had confidence in the management and staff at the service. We were told management were available. Both the deputy and registered manager's undertook care shifts themselves so had a good knowledge of how the service was operating. People who lived at St Teresa's said, "Staff are always checking that I am happy", "Staff ask every day if I need anything and if I am happy. I feel listened too". Care staff said that, "Management are good".

Staff confirmed they were appropriately supported by the registered manager. Comments included, "I love my job, we are well managed and you couldn't wish for more support", "(Registered manager) will do anything for everyone here" and "I can talk to the managers about anything that worries me."

There were regular staff meetings and information about the service was shared appropriately. Staff said the provider, Leonard Cheshire, were good employers who encouraged constructive open discussion and dialogue with staff. For example, a recent staff consultation regarding the pay structure had been held where staff discussion groups were held without managers so that everyone felt they could speak openly.

The management team had a number of ways to measure and improve the quality of the service for the benefit of the people who lived there. For example surveys were sent to relatives/residents annually. The last survey in 2017 was positive and comments included, "You [management and staff] should all be very proud of the care you provide," "Thank you for all the care shown to [Person's name]," "Staff keep me safe and comfortable" and "New staff are always introduced to me." People reported they felt the staff were professional, knew them well and respected their wishes. Relatives felt able to visit at any time and were

happy with the service provided. Staff felt valued and enjoyed their work.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans, infection control, environment, and ensuring people's birthdays and anniversaries were celebrated.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements.