

Homely Care Limited

St Theresa's Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected the service on 3, 4 and 6 November 2015. The inspection was unannounced but was a follow up inspection after the inspection on 10 February 2015. During the last inspection the service 'required improvement' overall and was found to be inadequate in the 'safe' domain. The service was found to be in breach of regulations 13, 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which were the regulations we used at the time. The breaches were in relation to poor management of medicines, poor assessment and monitoring of quality of the service and

lack of training records for staff members. Some improvements had been made since the last inspection. However, we found that there were still a number of concerns that had not been addressed.

St Theresa's Rest Home provides accommodation for up to 23 people who require accommodation and support with personal care. The home has three floors. There is a lounge, conservatory, bedrooms, main kitchen and the manager's office situated on the ground floor and bedrooms situated on the first and second floor. There is a lift for access to the first and second floor. At the time of our inspection there were 16 people using the service.

Summary of findings

At the time of our inspection 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.

We spoke with people living at the service and they told us that they were happy with the service they received and were positive about the staff who provided the service. We saw people being treated with warmth and kindness and that staff were aware of people's individual needs and how they were to meet their needs. People told us that staff supported them where necessary and encouraged them to remain independent. Relatives told us they were happy with the care that their loved one received and professionals had recorded positive statements about the service as part of people's care reviews.

There were systems and processes in place to protect people from harm. These included safe recruitment practices, staff training and risk assessments that considered the individual potential risks for each person using the service.

There were some aspects of medicine management that were not safe. Although some improvements had been made since the last inspection there were some issues that had not been addressed. Controlled drugs were not managed safely. Some medicines were not stored safely. Medicine stock records were not maintained and there was a lack of guidance and appropriate paperwork for people whose medicine was being crushed or administered covertly.

Systems were in place to monitor and improve the quality of the service. Improvements had been made since the last inspection to ensure these systems were applied regularly. However, some of the systems were still not effective as they failed to identify re-occurring issues in respect of medicines and documentation relating to the management of the home.

All staff including the registered manager had a good understanding of the Mental Capacity Act 2005 and were able to demonstrate a good knowledge base on how to obtain consent from people. Staff files looked at also

confirmed that staff had received training in this area. However, since the last inspection the registered manager had not implemented the principles of the Mental Capacity Act 2005 (MCA) especially where Deprivation of Liberty Safeguards (DoLS) were applicable. DoLS are required to be in place to ensure that where an individual is being deprived of their liberty that this is done in the least restrictive way. The service had only submitted a total of two DoLS applications and it was evident primarily due to locks and restrictions on the door that DoLS applications may apply to more people using the service.

At the last inspection there was lack of documentation available relating to the management of the home. This included a lack of documentation in respect of supervisions meetings, appraisals and staff meetings. During this inspection the same issues were again identified.

We found the home to be clean and free from odours. There was a record of health and safety, cleanliness and maintenance checks that had been carried out. There was also refurbishment work being carried out on the day of the inspection. The registered manager told us that refurbishment work was scheduled to be completed over the next six months which included re-decoration and improvements to the laundry and kitchen area.

People told us that the food was good at the home and that they enjoyed their meals. The chef was aware of people's likes and dislikes and also of anyone with a special diet. Relatives were also very positive about the food.

Staff had the appropriate knowledge and skills necessary to support the people who used the service. People told us that staff listened to them and respected their choices and decisions. Staff also told us that they always ensured that when caring for people the most important thing was providing them with dignity and respect.

Staff were positive about working at the home and felt that they were supported well by the registered manager.

We saw positive interactions between staff members and people living at the service. During the inspection there was some activity taking place but some people were involved in their own activity like reading books. People and relatives told us that although there was some activity taking place, there could be more taking place.

Summary of findings

People using the service, relatives and staff were positive about the registered manager. They knew who the registered manager was and felt confident in approaching them whenever they had any issues or concerns. Professionals that we spoke to also told us that they had no concerns with the quality of care provided and had no overall concerns.

We have made a number of recommendations in relation to the service's policies and procedures and improved signage around the home.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe because the service was not managing medicines properly and this was putting people at risk. There were issues with the storage, recording and administering of medicines. These issues identified were similar to those identified at the last inspection.

People told us they felt safe at the home and with the staff who supported them. Staff understood what abuse was and knew how to report any concerns they had to the management.

Staffing levels were determined by level of needs assessments. Recruitment processes were found to be robust and included background checks, criminal record checks, reference records and ensuring that staff qualifications and experience was of a high standard.

Risk assessments were in place for each individual which were person centred and recorded each person's own related risk and how staff were to ensure that risks were managed and minimised.

Inadequate



Is the service effective?

The service was not always effective. The registered manager and staff members had clear understanding of the Mental Capacity Act 2005 and how one should not assume that a person lacked capacity. However, where people were at risk of coming to harm, if they left the service unaccompanied, guidelines relating to the Deprivation of Liberty Safeguards were not being appropriately followed and applied.

Staff told us that they received regular training and we saw documentation to confirm this. Medicines training had also been delivered but we were unable to evidence that following the training a competence assessment had taken place to confirm that staff had learnt and understood safe methods of medicine administration.

Staff also told us that they received regular supervision and felt supported by the registered manager. However, there was a lack of documented evidence to confirm that these took place on a regular basis. We were also unable to evidence regular staff meetings and there were no handover records to confirm that effective communication was taking place.

People's nutrition and hydration was monitored. People were offered some choice of meal and evidence was available that people were involved in the planning of the menu. We observed people to enjoy their meals and people told us that meals were good.

Requires improvement



Summary of findings

Is the service caring?

The service was caring. People told us that they like the staff and were well cared for and content living at the service. The registered manager and staff members were aware of people's individual needs and how they were to meet those needs.

Throughout the inspection, staff were observed talking with people in a calm and friendly tone, treating them as unique individuals, with dignity and respect.

Staff also told us about the people they cared for, their likes and dislikes and gave examples of how they treated people with dignity and respect and ensured that they were able to maintain their independence.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred and specific to each person and their needs and requirements. People and their relatives were consulted about the care they received and this was reflected in their care plan.

There was no activity plan available on the day of the inspection. However, we did note some activities taking place which people had the choice to take part in. Some people and relatives told us that they felt that there could be more activities organised especially for those who were unable to occupy themselves.

The registered manager ran an 'open door' policy, which encouraged people and their relatives to approach them directly if they had any issues or concerns. A complaints policy was on display and a record of these kept.

Good



Is the service well-led?

The service was not always well-led. There was a lack of effective systems in place to monitor and improve the quality of the service especially in relation to medicines management. These systems were not detailed and robust enough to enable the registered manager to identify problems within the service.

The lack of recorded documentation in relation to staff supervision, staff meetings and staff handover did not ensure effective and robust support and communication methods between senior management and staff members.

People and relatives knew who the registered manager was and spoke positively about them. There was a clear management structure in place with a team of care staff, housekeeping staff, kitchen staff and the registered manager and staff told us that they felt supported by the registered manager.

Requires improvement



St Theresa's Rest 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3, 4 and 6 November 2015 and was unannounced. The inspection team consisted of one inspector, a pharmacist 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 care service.

Before the inspection we looked at information we had about the provider including notifications and incidents

affecting the safety and well-being of people using the service. We also spoke to the local authority safeguarding team and the quality monitoring team for their views about the home.

During the visit we spoke to thirteen people using the service, four relatives, five staff members including the registered manager and one local authority safeguarding lead. Some people could not tell us what they thought about the home as they were unable to communicate with us verbally therefore we spent time observing interactions between people and the staff who were supporting them.

We looked at care records of six people who used the service and checked files and training records of five staff members. Other documents we looked at relating to people's care included medicine records, resident meetings minutes, quality audits, policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe at the home and with the staff that supported them. One person when asked if they feel safe told us “as safe as anywhere I suppose” and another person told us “I feel safe.” Relatives also felt people were safe at the home. Relatives comments included “safe – yes very much so.”

Medicine management was found to be unsafe within the home. Issues that had been highlighted during the last inspection in February 2015 had not been addressed. Some improvements had been made such as the provision of a controlled drugs cabinet and the recording of people’s allergies on medicines records.

However, the recording and administration of medicines were not being managed safely. Pain relief medicines were not being administered appropriately. There were no protocols or care plans explaining what type of pain these medicines had been prescribed for, whether people were able to request pain relief, or whether staff had to assess people for signs of pain. One pain relieving medicine, prescribed to be administered every four to six hours, was administered every day with a nine hour gap between two of the day time doses. There was no record that it had been offered in between. Three other people on “when required” pain relief had not received any pain relief for at least ten days. As pain assessments were not carried out, and the code for “Offered, not required” had not been used, we could not be sure that these medicines had been offered and that people’s pain was controlled adequately.

Risks due to medicines had not been identified and managed. For example, most of the people at the service were prescribed four or more medicines, which placed them at increased risk of falls. Some people were prescribed more than one sedating medicines. This risk had not been identified and so there were no plans in place to manage the risk. There was a lack of understanding about the safe use of medicines. One person was prescribed a rescue inhaler for asthma. We could not find this in the medicines trolley. It was stored at the back of the spare medicines cupboard, which meant it would not have been easily accessible if the person had an asthma attack. One person was on a regular steroid inhaler, which meant that they were at risk of thrush infections of the mouth. The information leaflet with this medicines said that they

should gargle after using the inhaler. However this was not being done. A dispersible aspirin tablet was not being administered in water, according to the prescriber’s instructions.

Medicines at risk of misuse were not properly accounted for. We found a bottle of sedating medicines in an unlocked cupboard in the medicines room, the receipt of which was not recorded anywhere, which increased the risk of misuse. Records showed that another bottle of this sedating medicine had been received at the home in September 2015. This medicine was no longer needed for the person it was prescribed for, but the medicine was not at the home and was not listed in the disposal log. Staff could not tell us what had happened to this medicine. We found thirteen bottles of a sedating liquid prescribed to one person in the spare medicines cupboard. The current record listed only six bottles.

Accurate records for controlled drugs were not being kept. Quantities of two controlled drugs were listed in the controlled drugs register but we did not find these in the controlled drugs cupboard. We were told that these had been disposed of. However there was an entry in the disposal log for only one of these medicines. The quantity disposed of in the disposal log for this medicine (350ml) did not tally with the quantity in the controlled drugs register (100ml).

For one laxative medicine with a recommended dose of 25ml, staff told us that they had been administering a 10ml dose every day without checking with the GP whether this dose was correct. The dose being given was not recorded on the person’s medicines record. A laxative medicine prescribed to be given regularly twice a day was being given once a day, with no explanation recorded. There was no record of use for glaucoma drops for one person, for ten days. One medicine for asthma which required storage at 2-8°C had been stored in the food fridge instead of the medicines fridge as the medicines fridge was not always kept running at all times. When the medicines fridge was running, the temperature was not monitored appropriately to ensure medicines stored in it were kept between 2-8°C.

There was a lack of understanding around legal processes for covert administration. On 4 November 2015, both the manager and another member of staff told us that they were crushing tablets for two people. When we asked if there was authorisation from the GP and pharmacist for the crushing of tablets, we were told that there was

Is the service safe?

authorisation for only one person. The manager showed us a letter from the GP which authorised covert administration for the second person, but this did not authorise medicines to be crushed. When we asked if there was a mental capacity assessment and a best interest decision record to document the reasons for covert administration for this person, this had not been undertaken. When we discussed this with the manager again on 6 November 2015, they said that they were not administering medicines covertly to this person. However, we saw records in the person's care plan dating back to May 2015 confirming that medicines were being administered covertly, and we were also told by care staff on both 4 November and 6 November, that medicines were sometimes given covertly with food as the person was refusing their medicines.

There was no record available for the use of some creams and there was no record available on the medicine administration record sheet (MAR) that these creams had been stopped or were not required. The registered manager told us topical administration records had been put in place after the last inspection. However, there was no evidence that they were currently being used.

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

Staff were aware of what constitutes abuse and what action they must take. One staff member told us that "safeguarding is about protecting individuals who are vulnerable" and another staff member told us "it's about keeping people safe and to protect them from harm, risk or abuse." Staff told us that if they found any concerns they would report this immediately to the manager. Staff understood the term whistleblowing and to whom this must be reported to. Staff knew that they would need to report concerns even if this involved a colleague with whom they worked with. A safeguarding and whistleblowing policy was available. During the last inspection it had been noted that local authority and Care Quality Commission (CQC) contact details were not available on the policies. During this inspection, we found that this had not been addressed and the policies had not been updated.

We recommend that the provider ensures that policies contain the correct information.

The service had safe and effective systems in place to manage staff recruitment. This included criminal records checks, receipt of two references as well as checking that staff were appropriately skilled and qualified to carry out their role. The registered manager told us that they wanted to ensure they recruited the right staff member who 'cared' as they were not willing to employ anyone who was uncaring and did not hold people's best interest as priority. The service was also not willing to use any agency staff as this did not ensure continuity of service provision for the people who used the service.

Staffing levels had been determined by assessing people's needs. Level of needs assessments were completed as part of the care planning process. The service also evidenced that where required they would increase staffing levels in response to people's needs. On the day of the inspection we observed there to be sufficient staff available to meet people's needs. The service did not feel rushed. People and relatives confirmed that there were enough staff available to meet their need. One person told us that "I feel that there is enough staff." Staff members also told us that there was enough staff and that they always worked together as a team.

Risk assessments and care plans were clearly written, current, individualised and reflective of people's needs and abilities. For example, people had risk assessments on file for manual handling, pressure care, choking, urinary tract infection, aggressive behaviour and dehydration. Risk assessments contained information about the nature of the risk, the method used to reduce or manage the risk and a review of the effectiveness of the methods used. Standardised assessment tools were used such as Waterlow, to assess pressure risk, food and fluid charts and malnutrition universal screening tool (MUST). People had call bells in their rooms which they were able to use to summon assistance when people were in their room. People told us that staff respond to the call bells straight away. One person told us "most are pretty good in answering the bell."

We looked at accident and incident records that had taken place over the last three months. There were details regarding the incident, investigation notes and what action had been taken. The registered manager told us that they carried out an analysis of all accidents and incidents every six months but we were not shown evidence of this. There

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was also lack of written handover to staff members informing them of any such accidents and incidents occurring and what actions to be taken to ensure monitoring and safety of the person involved.

We recommend that information about accidents and incidents is disseminated effectively to ensure learning.

During the inspection we checked communal areas of the home which were all clean. We looked at maintenance records for the home which included annual, monthly and weekly fire checks, call bell checks, and emergency lighting checks. Other checks also included electrical and gas certificates, fire equipment checks and monthly water temperature checks. Hoists, wheelchairs, slings and the lift

used to support people were checked regularly. On the day of the inspection the service was undergoing maintenance works around the home. The service had completed a risk assessment for the building work being undertaken.

The home had an infection control policy. No records were kept in terms of daily cleaning schedules. However, information was available about chemicals and the control of substances hazardous to health (COSHH) that were kept in the building and deep cleaning of carpets was logged in the maintenance book. During the last inspection, a chemical cupboard was found to be unlocked. The service had addressed this issue and all chemicals were now locked away. However, when checking the main kitchen we did find that all opened food items had not been labelled with the date of opening. We highlighted this to the cook and the registered manager who told us that they would address this immediately.

Is the service effective?

Our findings

People told us that staff supported them in all areas where they required support. One person told us “the staff do everything for me. If they don’t I only have to ask” and another person said “you can’t fault them (staff), they are very good.” A visiting professional had written a comment in the “comments, compliments and complaints book” which said “you have some difficult clients to look after; you do a very good job!”

At the last inspection the service was unable to evidence that staff had received appropriate medicine administration training and due to the issues that were found the training was felt to be ineffective in equipping staff and management with the necessary skills and knowledge to manage medicines safely. During this inspection we found that staff had received medicine training and this was confirmed by staff and certificates that we saw on files. However, as similar issues in relation to safe medicine management were identified again the training had not been effective. We also noted that medicine competency assessments had not been completed for all staff dealing with medicines and the registered manager had not undertaken any training relating to safe management of medicines.

Staff told us that they received regular supervisions and also received an annual appraisal. However, when we checked staff records we saw some documented evidence of supervisions having taken place but this was not the case for all staff members. The registered manager told us that they regularly met with staff members on a one to one basis but did not always document this. The registered manager also told us that they carried out annual appraisals and that these were due in a two months’ time but there was no documentation to confirm that these had taken place in the last year. This issue was raised at the last inspection and the service was in breach of the regulations at that time.

The registered manager and staff members told us that they receive daily verbal handover regarding any important and relevant information about the people living at the service. These handover sessions were not documented. During the inspection we asked the registered manager how they ensured that important information was handed over and not forgotten due to it being verbal. For example, when someone had an accident, relevant paperwork was

completed. However, it was not recorded in the home’s communication book so as to ensure that each staff member was informed of what had happened and any actions that needed to be taken when their shift started.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation written to protect people who are unable to make decisions about their care and treatment. The registered manager and staff members demonstrated a good understanding of the MCA and DoLS and the importance of obtaining consent. One staff member explained that “the MCA applies when someone cannot make a certain decision for themselves where families, next of kin or a solicitor may have to be involved” and another staff member said “MCA is acting on behalf of people who can’t decide for themselves.”

Pre-admission forms lacked basic questions around whether a person had capacity and, if they lacked capacity, whether a mental capacity assessment and best interest’s decision was required. Care plans had been signed by either the person using the service or their representative which evidenced that people had consented to their care. However, where people lacked capacity, mental capacity assessments and best interest decision had not always been recorded in all care plans especially on admission or where a specific decision needed to be made, for example, the use of bed rails.

As another example, people had forms on files to alert staff and other healthcare professionals that if their heart stopped they would not want to be resuscitated or any resuscitation would not be in their best interest. Do not attempt cardio-pulmonary resuscitation (DNACPR) were completed appropriately with clear evidence of a multi-disciplinary approach being taken in order to reach this decision where a person lacked capacity. However, the same processes had not been applied where someone required medicines to be administered covertly.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Staff told us that they always seek consent from people when supporting them with their needs and requirements. Staff told us that “we always seek consent, we always ask the resident and encourage them to do for themselves” and another staff member said “we always give choices and ask for their consent and opinion.”

At the last inspection it was highlighted that there were people living at the home that were unable to leave the building independently and of their own free will and due to this relevant safeguarding authorisations called Deprivation of Liberty Safeguards needed to be requested. This was to ensure that the decision to place restrictions on an individual was in their best interests and that this was done in the least restrictive way. The registered manager was aware of this but had only completed two authorisations since the last inspection which meant that there were other people living at the service that were being deprived of their liberty without the appropriate safeguards in place. We were able to evidence this through the care plans that we looked at which had information confirming that there were other people who lacked capacity and were being unlawfully deprived of their liberty.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at training records for five staff members. We saw evidence that staff had undertaken induction training before they started working at the service. Induction training covered topics such as role of the care worker, personal development, effective communication, equality and inclusion, principles of person centre support, health and safety and food safety. Training records also showed that staff had received training in moving and handling, first aid, medicine administration, privacy and dignity, fire safety, dementia care, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff also confirmed that they attended regular training and could also request training in any area which they felt they needed.

People were positive about mealtimes and the food that was provided. One person said “the food is very good” and another person said “the food is very nice, every bit on the plate gone!”

One relative told us that “my mum is eating very well!” We observed lunch to be relaxed and not rushed and food that

was served looked appetising. We observed people eating well and empty plates being returned to the kitchen. Staff were aware of the needs of the people and knew the level of support people required and how this should be provided. For example, one person required support with their meal but it was known that they would refuse to eat if the staff member sat next to them throughout the duration of lunch. Instead, the staff member approached the person at short intervals to support them with their meal.

Menus were planned by the registered manager and the cook. The registered manager had spoken to people about meal choices at resident’s meetings and had set the menus accordingly. At lunchtime, no choice was available and people were given what had been prepared. At tea time people were offered a variety of sandwiches, home-made soup and a warm meal option such as an omelette. On the first day of the inspection we spoke to the cook who was aware of people’s likes and dislikes and the alternatives to be offered when someone did not like what had been cooked on the day. When we looked at the minutes of the residents meeting we did note that people had voiced their opinions on what they liked and would like to see on the menu and what they did not like or a dish that they had not enjoyed.

Drinks, hot and cold were visible throughout the day and people had access to snacks and biscuits at any time when requested. People’s weights were checked on a monthly basis and weight gained or lost was recorded and monitored. Where weight loss was noted, food and fluid charts were completed to monitor food and fluid intake over a period of time. Appropriate referrals were made to speech and language therapists (SALT) and dietetic services when needed to help ensure that people’s nutritional needs were met.

Care records showed that people’s health and well-being were monitored and calls to the GP were made swiftly in response to any changes. One person told us that “the GP and district nurse visit regularly” and a relative told us that “we have confidence with the service in relation to access to health care for my relative.” We also saw a visit book which outlined all visits made to people from professionals such as chiropodist, hairdresser and optician.

People’s rooms were personalised with pictures, personal items, photographs, televisions and radios. The home had a garden which was accessible to all people living at the service. The home had some signage indicating the

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location of the lounge or toilets, however, due to the nature of the building more efforts could be made to enhance the existing signage especially for those people living with dementia. People's bedroom doors were also not always personalised. They had a door number and some had the

name of the person whose room it was. However, it was positive to note that for one person there was a sign on the top floor stairs exit reminding the person "to use the lift and not the stairs and that their bedroom is number xx."

We recommend that the provider considers obtaining appropriate signage especially in relation to the specialist needs of people living with dementia.

Is the service caring?

Our findings

People told us that they liked the staff who supported them and that were treated with kindness and compassion. One person told us “they (staff) are all very good.” Another two people told us “we are well cared for” and “I am content here.” Relatives told us “staff care and comfort my relative” and “staff are very caring, they are kind and the care is good.” One relative also told us that “my daughter and I looked at so many homes – but instinctively we both thought this one was the best, homely, nice people, not so far from where I now live and the staff here are so kind to my relative!” “I am always welcomed and looked after as well.”

Throughout the course of the inspection we observed staff treating people in a respectful and dignified manner. People’s needs and preferences were understood. Staff engagement with people was jovial and staff had a friendly approach. Staff took their time and gave people encouragement whilst supporting them. Staff were aware of what person centred care was and told us that each person had their own care plan which outlined each individual’s needs and requirements. Staff also told us they had got to know each person and recognised their needs or how they were feeling through facial expressions as a way of communication.

Care plans provided information about how people should be supported in order to promote their independence. Each care plan was individualised and reflected people’s needs, preferences and wishes. In one care plan it was noted that the individual could display aggressive behaviour. There was a risk assessment in place which gave guidance to staff on how to manage this how to reduce the person’s anxiety or aggression. Care plans also took account of people’s diverse needs in terms of their culture, religion and gender preference to ensure that these needs were respected.

People were free to move around the home and could choose where to sit and spend their time. We saw that people had built friendships with each other and saw positive interaction and communication between people living at the service.

During the inspection we overheard a conversation between a relative and the registered manager. It was evident that the registered manager knew the relative very well and also the person who was using the service. The registered manager was able to answer every query or question that the relative asked and gave assurance that the person living at the service was well.

People were treated with dignity and respect. Staff told us what privacy and dignity meant and gave us examples of how they maintained people’s dignity and respected their wishes. One staff member told us that “I always ask, I simply ask their preferences” and one person told us “they (staff) are very good, they never just walk in, they always knock.” All staff had received training on equality and diversity. The registered manager told us that every person that entered their service was equal and would be treated as equal regardless of their race, religion or sexual orientation.

We observed and were told by people that family members and friend were able to visit at any time. Relatives told us that they felt welcomed at the service, were involved in the care planning process and were confident their concerns and comments would be acted upon. We noted in the compliments book written comments that one relative had told a reviewing social worker “I am very happy with the care at St Theresa’s, they are like an extended family to me.”

The registered manager told us that at present they only have one person who was deemed ‘end of life care.’ This person had been on end of life care for the last one year. There was no specific end of life care plan. However, palliative nurses were involved in the care of this person and had left contact details for the service to contact as required. There were also details on the care plan of funeral arrangements that needed to be made and whom to contact.

Is the service responsive?

Our findings

People using the service and their relatives were happy with the care and support that they received. They were happy to raise any concerns that they had with the staff and management of the home. One person told us “I know who the manager is and I know how to complain” a relative told us “I know the manager she is approachable and deals with any concerns or complaints.” Another relative told us “sometimes we have raised concerns but have always been assured of good care.”

There was a complaints policy on display on the door of the registered manager's office. The registered manager also had an 'open door' sign on the door welcoming anyone to approach her at any time. People's complaints and concerns were recorded in a 'comments, complaints and compliments' book. There had only been one complaint noted for the year which had details of what the complaint was, what actions the service had taken and whether the concern had been resolved. The registered manager told us that she encouraged people and their relatives to approach her immediately if they had any concerns so that they could resolve them immediately.

We saw that the service had received written compliments and testimonials from relatives and professionals. Some of the testimonials were very complimentary about the service.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. Relatives confirmed that they were involved in the care planning process and we saw evidence that people or their relatives had consented to the care and signed their care plan. Care plans were reviewed on a monthly basis or sooner if there was significant change. Pre-admission paperwork was always completed by the registered manager for each person prior to them moving in to the home. This contained useful information about the person, their preferences and wishes.

Care plans contained life history work which had either been completed by family members or by staff who had got to know people over a period of time. This gave important information about the person's life, their experiences and interests so that staff had a greater understanding of them

as an individual. Staff were aware of this document and told us that they spoke to the people and their families in order to complete the life history booklet. Staff said “families are very supportive.”

Staff knew what person centred care was and that people's needs were always changing and that they had to be aware of this to ensure that people were supported appropriately. Staff also told us they were 'key workers' for people living at the home. Their role included looking after a person's personal care needs, keeping the room tidy, changing the bed sheets, monthly reviews and updating the care plan. Key workers also supported people where if they required any items of clothing or personal items they would communicate with the family or inform the registered manager.

The registered manager told us that activities were based on what people wanted to do on the day and depending on the mood they were in. On the first day of the inspection we observed a few people undertaking their own activity such as reading, colouring or playing with a ball of wool. We also saw a group board game activity taking place. We observed that some people spent most time watching television in the main lounge and in the conservatory appropriate music was playing in the background. The service did not have a formal activities plan for the home that would give us an indication of any planned activities for the day or week. One person told us that “there is not a lot to do in terms of activities, I am fortunate that I like reading. The television is on for most of the time.” A relative told us “my relative may not always take part in the activities but efforts are made for her to do something such as colouring or reading.” The service could do more in terms of activities especially for people living with dementia.

People told us that they enjoyed the visit by a person who delivered exercise sessions which was every fortnight. They said they would like those visits to take place more often. People also told us that a group from the local church visited the home and delivered a church service every fortnight and this was open to all faiths.

We saw that there was an activity recording folder but this was not consistent in its entries. Daily notes were also kept but these did not detail any information about any activity that a person may have engaged in on a particular day. We

Is the service responsive?

told the registered manager who said she would try and ensure there was more structure around activities and more robust recording especially for those residents who undertook self or one to one activity.

We found that people's feedback was encouraged through regular residents meetings. Two had taken place this year.

Minutes showed that people were asked about the meals provided at the service, what they liked or disliked about the food, any dishes that they would like to see available on the menu. Activities were also discussed as well as people being asked if there was anything the home could do to improve.

Is the service well-led?

Our findings

People who used the service and their relatives told us that they knew who the manager was and felt comfortable in approaching her whenever they had a concern or complaint. Relatives that we spoke to also told us the same.

At the last inspection the service was in breach of Regulations 10 and 17 the lack of effective systems to monitor the quality of and safety of service provision. During this inspection we found improvements had been made and the service did have quality assurance systems in place to monitor and review the performance of the service and identify areas where improvement was required. We saw systems in place for daily health and safety checks, maintenance schedule, health and safety bi-monthly inspection report, and care plan audits.

However, in relation to medicines management, the service had completed two medicine audits since the last inspection. The audits were single page documents which were not very detailed, listing only six areas looked at. The audit did not pick up any of the issues that were highlighted as part of our inspection. The registered manager was unable to explain why similar issues had been identified and lacked awareness in relation to safe management of medicines.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt that they could approach the manager at any time and could request training on topics they felt they needed to perform their role. They told us they enjoyed working at the home and felt well supported. One staff member told us "I wouldn't change working here for anything, the manager is really nice and if there is anything we need the manager is there." Another staff member told us "I enjoy

working here, the manager and the owner are very supportive." Care professionals had also made written entries in the comments, complaints and compliments book.

There was a clear management structure in place and staff were aware of their roles and responsibilities. The owner of the home was also visible on the day of the inspection and was over-seeing the building work that was taking place.

Staff told us that there was effective communication between all staff members including the registered manager. They received daily verbal handover and staff told us they had regular staff meetings. However, we were unable to evidence any of this information as there was no written record of daily handover and no minutes of staff meetings which could confirm the topics discussed at the handover or meeting. A communication book was available at the home but this was not consistent with its entries.

The registered manager informed us that annual quality assurance questionnaires were sent to people who use the service and their relatives. The last survey completed was noted to be in December 2014. This was checked at the last inspection and positive comments were noted. Questionnaires were due to be sent out over the next month.

The registered manager maintained strong professional links with the local authority. We were told that most recently they have become involved with the local authority 'Hospital Discharge Working Group'. This looks at how services can work together and share good practice in order to prevent hospital admissions. Another group the registered manager was involved with is the local authority 'Improving Residents Lives' which looks at areas that impact on residents and their relatives. Both groups share good working practices and learn from each other's experiences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Where a person lacks mental capacity to make an informed decision or give consent, staff did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11(1) and (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not ensure that service users were not deprived of their liberty without lawful authorisation. Regulation 13(5).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe and improper management of medicines. Regulation 12 (1) and (2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not maintain appropriate records in relation to the effective management of the service and the people it employs.</p> <p>People were at risk because the service did not have effective systems in place to monitor the quality and safety of service provision. Regulation 17 (1), and (2)(a)</p>

The enforcement action we took:

We issued a warning notice on 30 November 2015.