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 inspection took place on 24 November 2015 and was unannounced. St Teresa's Care Home provides care and nursing for up to 27 people with nursing physical disabilities. The service is a single storey detached property which has had a number of extensions. The service was suitably adapted for the purpose of providing nursing care and support to people. St Teresas is close to the town amenities of Penzance and the local town of Marazion. At the time of the inspection visit twenty seven people were using the service.

The service received a comprehensive inspection in March 2014 at which time it was found to be meeting the requirements of regulations.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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.

People who used the service were looked after by staff who understood they had a duty to protect people from harm and abuse. Staff had been suitably trained to recognise potential signs of abuse and knew how to report abuse. Staff said they would raise issues with the registered manager or local authority.

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. However comments from those people we spoke with told us they felt safe because there were sufficient staff on duty to meet their needs. Comments included, "The staff are always around I don't have to wait long before they [staff] answer my call" and "You never have to wait long. I don't need as much help as some people but you never see the staff having to rush around". People's care and support needs had been assessed before they moved into the service. They included risk assessments to ensure peoples safety. Care records included details of people's choices, personal preferences and dislikes.

Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure people's safety.

The medicines system was well organised, and people received their medicines on time and there were safe systems for storage. People had access to a general practitioner (GP), and other medical professionals including a dentist, chiropodist and an optician. Where referrals for further investigation were made by a GP,

staff had made sure records were regularly updated so there was a clear audit trail for any prescribed treatment.

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 aims to provide optimal care for people approaching the end of life.

We found the building 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 from everyone's en-suite facility to their bed which meant people's movement was less restrictive.

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.

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?

Good

The service was safe.

Staff knew how to recognise the signs of potential abuse and knew how to report issues.

Recruitment processes in place were robust.

People were supported with their medicines in a safe way by staff who had the right knowledge and skills.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs

Is the service effective?

Good

The service was effective.

Staff effectively monitored people's health and wellbeing and gained help
and advice from relevant health care professionals.

Where necessary people's mental capacity was assessed. Action was taken to ensure that people were not unlawfully deprived of their liberty.

People were provided with a balanced diet. Their nutritional needs were monitored by staff and relevant health care professionals.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were

supported with
respect and kindness and experienced flexibility in their routines.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive.

People's social activities were varied and supported by variety of skilled
people.

People's care and treatment was focused on delivering person centred care and support. The service was flexible and responsive to individual's needs.

People received personalised care and support which was responsive to their changing needs.

Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of their service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Staff were motivated to develop and provide quality care and told us they felt supported by managers.

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 November 2015. 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, ten people who were able to express their views of living at the service. We spoke with ten staff members during the inspection visit. Prior to and during our 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 four 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.

Good

Is the service safe?

Our findings

People who lived at the service and relatives we spoke with told us they felt safe and secure. One person told us, "I feel a lot safer living here with the support I get". Another person said, "The staff look after me well". A staff member told us, "Everything we do is balanced around risk. We take risk very seriously".

The service had safeguarding procedures in place to minimise the potential risk of abuse. Staff had received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and how to use the organisation's reporting procedures. Two staff members told us they were confident any allegations would be fully investigated and suitable action taken to ensure people were safe. One staff member told us, "It's so important that service users feel safe living here. We are all aware of what to do if we are concerned about anything that might be seen as abusive. I would always go straight to the manager. It's too important not to".

Staffing levels were based upon the level of needs for people living at St Teresa's. Rotas showed there was a skills mix of staff on each shift. Care staff were supported by a registered nurse for each shift throughout the 24 hour period. Ancillary staff, including kitchen, maintenance and housekeepers were also employed. People told us they thought there were enough staff on duty to meet their needs and the staff we spoke with said staffing levels were satisfactory. We saw staff were accessible to people throughout the day. Staff were available to support people with personal care and also take part in activities of their choice. People who required regular support with their care and support received it when they needed it. For example a number of people required pressure care at very specific intervals. Records showed staff were carrying out the care when people required it. One staff member said, "It is so important people are getting the care they need when they need it".

Care files included risk assessments were in place to minimise risk. 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.

A 'personal evacuation plan' (PEEP) provided staff with guidance on the support people required in the event of a fire or incident. In this way the provider could demonstrate how they responded to emergencies keeping people safe from harm.

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.

There was a safe and secure medicine management system in place. All medicine administration records (MAR) were completed correctly showing when each person's medicines had been given and included the initials of the nurse who had given them. Medicines were securely stored in portable metal cabinets in

people's individual rooms. In addition medicines not in use were stored in a locked room. The service had arrangements in place for the recording of medicines that required stricter controls. These medicines required additional secure storage and recording systems by law. The service stored and recorded such medicines in line with the relevant legislation. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. Medicine audits were taking place regularly and an effective system was in place for communicating changes to staff. A nurse told us, "We have a good system for communicating with each other so that any changes are picked up straight away.

There was a medicine fridge in use for the cold storage of medicines where this was necessary. There was a fridge temperature record which was consistently completed. However the record showed that over the previous few days it was rising resulting in the temperature going above recommended guidance. The nurse was in the process of reporting this to the supplier for immediate attention.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required, to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. One staff member had worked at the service for a number of years and there was no evidence their DBS check had been renewed. The registered manager told us this was currently under review within the organisation to ensure declarations were reviewed more often.

The environment was clean and odour free. Procedures to ensure the maintenance of cleanliness and hygiene standards were in place. Staff responsible for cleaning the service received training in hygiene procedures. Protective equipment was available to staff throughout the service.

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.

Good

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. People told us, "No problems at all, the staff are very good at what they do" and "I was nervous when first coming here but the manager and staff have been great. I have every confidence in what they are doing for me".

During the inspection visit staff were available to support people with their needs. Staff were chatting 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 shopping, another person being supported to attend a health appointment. The service had a bank of volunteers who supported people in a range of activities. All volunteers underwent the full disclosure procedure before volunteering at the service.

People had access to healthcare professionals including doctors', chiropodists and opticians. Health checks were seen as important and were recorded in people's individual records. One staff member told us, "Service users have such a wide range of health needs. It's great that we have good access to all those services. We have a really good relationship them all". They always come out if we ask them and give staff advice where it's requested ". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Hospital passports had recently been introduced. This gave information on essential needs and would accompany people to any hospital admissions.

A physiotherapist was visiting 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. One person told us, "It's been a wonderful support to me and I feel I have really moved on".

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 and in one instance a referral had been made to a dietician for further assessment.

Meals were very flexible and each unit had its own kitchen areas where drinks and snacks could be made. 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 registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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).>

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out. Where people had been assessed as lacking capacity for certain decisions best interest meetings had been held. Two applications had been authorised and these were kept under review in line with legislative requirements.

Staff told us they felt supported by management and they received regular individual supervision. 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 feel really supported by the supervision. I feel comfortable talking with (person name) and I can bring up any issues and I am confident I am listened to.

People were cared for by staff who had the knowledge and skills to deliver a high level of care to people. The provider had systems in place to identify what training staff should receive and when this should be completed. This was monitored at the location level using a training matrix. This gave an overview of training completed at the service. We saw from this report that all 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.

The service was aware of the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wider theoretical knowledge of good working practice within the care sector. The service induction included training identified as necessary and familiarisation with the service and the organisation's policies and procedures.

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. People's bedrooms contained personal pictures and ornaments which helped the service to have a familiar homely feel for people who lived there. An area of garden was planned to be improved to enable better access. Where people have a sight impairment they were supported to know where they were in the service by using textured fabric on the wall. This enabled people with limited sight to feel the different textures and know where they were in the service.

Good

Is the service caring?

Our findings

People said they were well cared for at the service. "I have been so lucky getting a place here. It's been the best place for me. I would not want to live anywhere else". Most people had limited verbal communication but observations we made showed carers interacting with people in a positive and caring way. For example one person became upset and a member of staff discreetly sat with them and spoke softly to them. The member of staff supported the person to their room where the door was closed. Staff told us, "I have never worked in such a caring home and I have worked in a few" and "It is like a big family, we all care for each other".

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. Staff acted promptly in a caring and effective way when supporting people in the communal areas of the service.

St Teresa's provided care and support for people approaching the end of their life. The service had recently undergone an accreditation review and continued to achieve 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.

Staff spoke in a reassuring way when talking with people. People were not left on their own in any part of the service for any length of time. We observed staff giving people reassuring hugs when they were anxious and gentle hand squeezes. 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 and quickly. A health professional told us the staff were very caring and supported people well.

Staffing levels ensured that staff could spend quality time with people, for example, we saw staff talking with people in the lounges. Staff were mindful of people's wellbeing within their environment. We saw staff regularly checked on people who were cared for in their own rooms.

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.

Staff were highly motivated and told us people were well cared for. Staff told us, "It can be a hard job but we really care about the people here so we go over and above" and "Because we are a strong team we all work together for the service users". Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

The registered provider had a Personal Involvement Officer who was available to assist people and their families with any queries or questions. They also spend 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.

Good

Is the service responsive?

Our findings

The registered manager and staff were very 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. "I have everything I need and staff are there in a 'jiff' if I need them" and "If I want to go out or do something I need support with, staff are around and support me". Staff told us, "The focus is on the service user and we respond to them and their needs" and "It's a very satisfying job supporting people who live here. I love it".

The service had a broad range of activities available to people. 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.
Recent trips included, visiting Christmas lights in villages close by, 'Great Pirate Day' in Penzance when people dressed to the theme of pirates, Culdrose air day, restaurant dinners and surfing. People had been able to access the sport of surfing using adapted surfboards and had specialist support.

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'. A specialist piece of IT equipment enabling people with no hand movement to control it by eye movement. One person was using this when we visited. 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. This had enabled a person to engage with their family for the first time in many years.

A weekly cookery class was taking place. Each week different recipes were used. People were being supported by staff to engage in making food. This week it was preserves. This was particularly enjoyed by one person who had previously won a prize for their chutney making. We observed the class to be fun and entertaining with people and staff engaging with each other and lots of 'giggles' taking place.

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.

Staff responded to individual needs based upon information in the care planning and risk records. Risks

associated with peoples individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas including falls, communication, mental capacity and responding to hydration and nutritional risk.

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 so they could engage with the person. Care plans were informative and accurately reflected the needs of the people we spoke with and observed.

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. One staff member said, "We always get to know people through the care plans and with us having a key worker system we get to know people really well". 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.

People and their families were given information about how to make a complaint. Details of the complaints procedure were seen in the entrance to the service. The service had a record of three complaints raised in the previous twelve months. The complaints had been investigated and resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, but was supported by 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.

People using the service had confidence in the management and staff at the service. We were told "What I like is the manager is always visible and accessible" and "They (staff) are always asking if everything is OK and could they make things better. I feel listened too". Care staff said that, "Management was good. The manager is very approachable and always listens to suggestions put forward for any changes".

The registered manager had identified a number of areas for improvement and planned the way that they would implement change. This included the introduction of the sensory room and continuing development in the Gold Standard Framework, to ensure people were supported in the best possible way as they entered the final stage of their life.

There were systems in place to monitor the quality of the service provided, at both the level of the service and with senior management. The auditing process provided opportunities to measure the performance of the service. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accident and incidents, medicines, care records and people's finances.

Staff members told us they felt engaged with and listened to. This was through one to one conversations with senior staff, the registered manager and through regular engagement meetings. Staff told us meetings provided them with the opportunity to gain information about operational issues for the service and for them to contribute ideas or raise issues. For example recent meetings had discussed Christmas activities duties and rotas. A staff member said, "It's good that we can work things out together".

Staff had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with felt the management team worked with them and showed leadership. One staff member said, "The managers door is always open and available and takes time to listen to me. I appreciate that". Staff told us morale was good and there was a stable staff team, with some staff having worked in the service for a number of years.

There was a formal approach to gaining views of all stakeholders of the service. A recent 'Have Your Say' survey conducted by the organisation during March and April 2015 but managed by an external body for objectivity, showed overall satisfaction was scored highly. Following the outcome of the survey the registered manager had identified three positive points from the survey and three points where action may be taken to improve the service. We were shown the action plan in place. For example looking for cheaper ways to operate transport and increase drivers. This had been actioned by increasing volunteer drivers and sharing some trips to reduce costs. Also increasing en suite shower facilities to support people in their own

rooms with their dedicated shower facilities. In addition there had been an independent staff survey during 2015 on behalf of Leonard Cheshire services. This again had shown an overall satisfaction in staff working for the service. Staff confirmed it was a good organisation to work for and they felt valued working at St Teresa's.

Policies and procedures were in place for all aspects of service delivery and these had were reviewed corporately so that information sought by registered managers reflected current guidance and regulation.