

# The Sisters Hospitallers Of The Sacred Heart Of Jesus

## St Teresa's Care Home

### Inspection report

40-46 Roland Gardens  
London  
SW7 3PW

Tel: 02073735820  
Website: [www.sistershospitallers.org](http://www.sistershospitallers.org)

Date of inspection visit:  
28 April 2016  
29 April 2016

Date of publication:  
26 May 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

St Teresa's Care Home has been run by the Sisters Hospitallers of the Sacred Heart of Jesus for more than 85 years and provides residential care for 26 older people. All bedrooms are single rooms and the majority have an en-suite bath or shower. The building has three floors and a basement. The home is fully accessible, with a ramp to the main entrance and a lift serving all floors. There were 26 people living at the home at the time of inspection.

St Teresa's Care Home was last inspected in April 2013 where we found that the provider was meeting the regulations checked.

The service had a manager in post who had completed the application and interview process to become the registered manager of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 received excellent care in a way that was personalised and responsive to their changing needs. Risks to people were managed in a proactive way which enabled them to live independent and fulfilling lives. Staff worked closely with community health professionals and therapists to maximise people's well-being.

People had confidence in the staff and the sisters who supported them and felt safe in their care. Staff treated people with kindness and took steps to promote their privacy and dignity at all times.

People had control over their lives and spent their time as they wished. The provider offered a wide range of both group and individual activities that were meaningful to them and which had a positive impact on their lives.

People were provided with a variety of meals and kitchen staff catered for any specialist dietary needs or preferences. Mealtimes were viewed as a social occasion, but equally any choice to dine alone was fully respected.

Staff enjoyed working at the service and felt well supported in their roles. They had access to training which equipped them to deliver their roles effectively. Staff had supervision and appraisals. However, these sessions were not always taking place in line with the provider's policies and procedures.

The culture of the home was open and people felt confident to express their views and opinions. The manager and head carer provided clear leadership and direction to staff and were committed and passionate about the quality of care provided.

Quality assurance processes were in place and action plans to improve the service were prioritised and completed quickly. However we found that Do Not attempt Resuscitation (DNAR) orders in place were not always completed in full and that these records were not always consistent.

## 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.

Medicines were managed safely by trained staff.

Staff had received training to recognise abuse and knew what action to take to keep people safe.

Safe recruitment practices enabled people to be supported by appropriate staff of good character and there were enough staff to meet people's needs.

### Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

People were supported by staff who had the skills and experience needed to meet their needs.

Staff understood the requirements of the Mental Capacity Act 2005. Where people had been deprived of their liberty in order to keep them safe, authorisation from the local authority had been requested.

People were supported to maintain good health and had access to external healthcare support as necessary.

### Is the service caring?

Good ●

This service was caring.

People were supported by caring, respectful, compassionate staff.

Staff had strong values and promoted people's rights. Staff were concerned about people's welfare and worked hard to enable a sense of wellbeing.

People and their relatives were satisfied with the staff, their qualities and the overall care provided.

### Is the service responsive?

Good ●

This service was responsive.

Staff delivered care in a person centred way and were clearly responsive to people's needs.

Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

People were supported to follow their preferred routines, join in with meaningful activities both within the home and the local community.

### **Is the service well-led?**

**Good** ●

This service was well led.

The manager who had been in post for four months had completed an application and an interview with CQC for the home's registered manager's position.

The community of sisters played a very important role in creating a warm and loving environment in which people felt safe and secure.

A comprehensive range of audits monitored the quality of service provision.

People were encouraged to give their views about the service.

# St Teresa's Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 28 April 2016 and continued on 29 April 2016. The inspection was carried out by a single inspector. During a tour of the building we were introduced to and had a brief conversation with most of the people living in the home. Later in the day we spoke to six people at some length in order to gain their views about the quality of the care and support being provided.

We spoke with six care staff members, the manager, the Mother Superior and an area manager. Following the inspection we contacted five relatives in order to hear their views on the care provided to their family members. We reviewed a range of documents which included six people's care plans, six staff files and other records relating to the management of the service. This included quality auditing processes and staff training and recruitment records.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services are required to tell us about important events relating to the care they provide using a notification.

# Is the service safe?

## Our findings

People told us that they felt safe at the home and trusted the staff who cared for them. One person told us, "It's never occurred to me not to feel safe. I feel perfectly safe." Another person told us, "I feel safe because all the staff are absolutely wonderful." Relatives voiced no concerns about their family member's safety with one relative telling us that the home was "as absolutely safe as you can get."

Records showed that staff received training in safeguarding and policies and procedures were in place for staff to follow if they suspected harm. Safeguarding training was refreshed on a regular basis. Staff understood how to recognise the signs of abuse and told us they would speak to senior staff, the sisters and the manager if they had concerns about a person's safety and/or welfare. Staff were aware that they could also report any concerns they may have to the local authority, the police and the Care Quality Commission.

People and their relatives told us that one of the strengths of the service was that people did not feel restricted by their care. The manager was clear in her vision for the service that people should be supported to remain as independent as possible and continue to lead fulfilling lives. Our conversations with staff highlighted that they too shared this commitment to risk management with one staff member telling us "Most of the people here are very independent and have active social lives." One person told us, "We can do exactly what we like here."

Risks to people had been identified and managed in a person-centred way. A range of risk assessments were completed in relation to the environment, people's mobility and personal care support needs. There was an emphasis on positive risk taking which enabled people to carry out the activities they wanted to with safety measures in place. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these. Where falls had occurred, appropriate steps had been taken to analyse incidents and take additional preventative measures to prevent repeat incidents.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including proof of identity, employment history, character references and employment contracts.

People told us that staffing levels were sufficient to meet their needs. One person said "There is always someone to help." Visitors also confirmed that there were always staff around and that their family members always received the care they needed in a timely way. We looked at the staff duty rota for the previous month. The recorded staffing levels were consistent with those as described by the manager and staff spoken with. People also received continuous support from the sisters, all of whom had nursing experience and who lived on site. Therefore the provider was able to maintain minimum staffing levels in the event of sickness or annual leave.

Medicines were managed safely. People told us that they got their medicines when they expected them. The

relevant staff had completed training in medicines administration. Medicines administration records (MAR) were completed accurately following administration of medicines. Each record contained a photograph of the person it related to, to ensure the medicine was given to the right person. Medicines were stored safely and staff were knowledgeable about the medicines they were giving. Medicines were administered from a trolley in which they were stored securely. When not in use the trolley was stored securely in a locked room and attached to the wall to enhance safety. Some of the people living in the home managed their own medicines and there were policies and procedures in place to ensure that risks to people were effectively managed.

Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Medicines which required specialised storage and administration were being managed appropriately. Medicines were audited and accounted for regularly. This helped to ensure that any discrepancies were identified and rectified quickly. The provider had invited external auditors to review medicines management and storage procedures. We saw the results of this audit.

The home was clean and free from odours. One relative told us, "[The home] is always clean, it doesn't smell and the plants are always watered." We saw the home being cleaned inside and outside during our visit. Cleaning staff were courteous and conscientious.



## Is the service effective?

### Our findings

People praised the competency of staff and told us that they were supported by staff who had the skills to meet their needs. One person told us, "I am very well looked after and very fortunate to be here." A relative echoed this view and told us, "It's a wonderful home with wonderful staff", and "They check on my [family member], they're very careful with [them]. I can't fault the staff, they really care."

The provider had a comprehensive programme of staff training which included mandatory courses including; moving and handling, first aid, fire safety and safeguarding. In addition staff also had opportunities to access specialist training in areas such as dementia care and dementia awareness, pressure ulcer prevention and the effective management of malnutrition. Staff confirmed that they had completed an induction programme at the beginning of their employment that had included the opportunity to shadow more experienced staff until they felt confident. The area manager told us all new staff would complete an induction programme called The Care Certificate. The Care Certificate is a framework for good practice for the induction of staff across health and social care settings.

Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. We saw copies of supervision and appraisal records in some but not all of the staff files we looked at. We discussed this with the manager who acknowledged that supervision wasn't always taking place as often as it should be and that this matter would be rectified. Staff told us that the manager and senior staff were always on hand to speak to or advise.

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).

We checked whether the service was working within the principles of the MCA and found that staff had undertaken training in this area. Staff demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. The manager told us, "It's about restricting someone from doing something for their own safety, It is not about restraint." We saw that the provider had submitted six applications for DoLS in relation to the use of bed rails and access in and out of the home.

People told us that they felt involved in their care and that staff always asked for their consent as a matter of routine. We read in care records that where a person lacked capacity to make a specific decision, appropriate steps had been taken to ensure best interests' principles had been followed. Where appropriate, people had signed copies of their care plans.

The home had been awarded a '5' star food hygiene rating in 2015. The top rating of '5' means that the home was found to have 'very good' hygiene standards. Most people we spoke with complimented the quality of the food provided and told us that they always had a choice of what to eat at every meal. People's dietary needs were catered for. For example, one person living in the home required a wheat and gluten free diet and staff were aware of this and always took steps to ensure this person followed the appropriate diet.

We observed the serving of the lunchtime meal. People sat in small groups at individual tables and were free to take lunch when and with whom they chose. We saw that the mealtime was a social occasion with people chatting with each other and staff. One seating area was set up for people who required assistance with eating and this was normally a task undertaken by the sisters of the home. Menus were displayed on tables and the food looked appetising and portion sizes were good. A range of drinks were on offer including wine, juices and water. One person told us, "The food is perfectly ok, there's always a choice; they give us far too much. You can have whatever you want." Another person said, "I think the food is very good on the whole. We have chicken, fish, meatballs and there's always plenty of vegetables, carrots, beans, broccoli." However, one person told us she would like more food from her homeland.

People were supported to maintain good health and had access to external healthcare support as necessary. One person who had recently undergone surgery in hospital told us, "It was wonderful coming home after being in hospital. [The staff and the sisters] have been fantastic, they showered me, took me down for lunch, sent my supper up to me and anything I wanted in the night, I just rang the bell. It was a most wonderful homecoming. It all means a lot to me and the affection that goes with it." A relative told us that they took their family member to appointments but when they were unable to do this, the sisters accompanied them.

The home has its own designated GP who visited the service on a regular basis. Some people living in the home had retained their own GPs and organised their own appointments. One person told us, "If I needed to go into hospital, one of the sisters would accompany me." Staff ensured people had access to other healthcare professionals and people had choices about the health care support that they received. Records showed that appropriate referrals were made to health care professionals such as doctors, dentists, physiotherapists and chiropodists. Relatives praised the healthcare support provided to their family members and commented that staff were very quick to respond to any health issues or concerns.

The home worked collaboratively with physiotherapists and district nurses who visited the home. We found that training in tissue viability was in place and care was effective. We were told that nobody living in the home at the time of our inspection had any pressure ulcers.

People's wishes for the end of their life had been discussed with them and recorded where people felt ready to talk about this. Some people had Do Not attempt Resuscitation (DNAR) orders in place following appropriate discussions with them or their representatives. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. However, we noted that these records were not always completed in full and that paperwork was not always consistent. We discussed this with the manager who explained that these forms were in the process of being updated and that she would discuss this matter with the GP responsible to ensure all DNAR were brought up to date and completed in full in order to avoid any possible confusion for staff and other health care providers.

# Is the service caring?

## Our findings

Everyone we spoke with told us they were very happy with the care they received and repeatedly praised the caring nature and kindness of staff. One person told us "[The staff and the sisters] love us." Another person told us, "It's absolutely perfect here." People and their relatives were very complimentary about the staff. One family member told us "I'd give the home 10 out of 10, and another relative said, "I love the place, the staff have become friends, everything is amazing and I can't rate it high enough."

People told us that they enjoyed living in the home and told us, "this is just like home to me", "it's not just a room, it's my home" and "it's a very special place." A member of staff reiterated this feeling saying, "The home is like a family, it's a positive place for the residents and for us. We're all happy to be here."

People told us that staff were always respectful towards them and took every step to promote their privacy and dignity. A member of staff said, "We close people's door, that's the first thing. When we undress someone we cover them with a towel. We use hoists a lot, so we always make sure people are safe and comfortable first. It's important."

Staff spent one-to-one time with people learning about who they were as individuals and creating life stories. Through the development of life stories, staff had been able to gain a better understanding of the person's life before they came in to the home. People were encouraged to view the service as their home and not just a care home. People's rooms were decorated with family photographs, paintings, pictures and ornaments. Some people had bought small items of furniture with them and all rooms felt personalised and homely. These items also provided staff with further information about people's lives and an opportunity to talk about the people, places and things that were important to them.

There was a high level of engagement between people using the service and staff. On the second day of our visit, people had been invited to attend a birthday party. There was a large homemade cake with candles for the person who was celebrating their 89th birthday and several rounds of Happy Birthday were sung by all the staff and guests. A speech was given in which the person expressed their gratitude and thanks for all the support they had received since moving into the home. Relatives and visitors were encouraged to visit the home at any time. Family members spoken with said that they were able to call in at any time and always made to feel very welcome.

A daily service was held in the home's own chapel and people who wished to attend were supported to do so. Staff told us that the services were well attended. One person told us, "I go to mass every day." A member of staff told us that the presence of the sisters was appreciated by people in the home and had "a positive and calming effect on the residents."

Staff were able to explain what action they took and who they contacted when people were reaching the end of their lives. Staff demonstrated empathy and understanding when discussing people's end of life wishes and support needs. One relative had written to the Mother Superior following the death of their family member stating, 'I would like to deeply thank you for the wonderful care and happiness you gave [my

family member] in their last year. You and your staff provided the best professional care one could ask for. You made the rest of the family feel completely confident that [my family member] was in the best hands. Most importantly you gave her love, true love; I could see it in your eyes."

## Is the service responsive?

### Our findings

Each person had a detailed plan of care that outlined their individual needs and preferences. Prior to moving into the home or receiving a personal care service for people, the manager completed a detailed assessment of their needs and expectations. Following admission to the home staff undertook an assessment to best identify how people's needs should be met. People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us "I know I have a care plan", and another person told us, "We talked through the care plan together and it was reviewed after my operation."

Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met.

The management of risks to people's health such as personal care needs, malnutrition and falls were well documented and regularly reviewed. There was detailed information on how people communicated and what was important to people. Staff put this information into practice. For example; one person enjoyed reading to others and we saw that this had become an open session scheduled into the weekly activities programme.

Staff maintained daily records about people's care, including how they were. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. We observed an afternoon handover meeting taking place and we noted that people's needs were discussed in a respectful and caring manner. Notes were taken during the meeting so that there was a written reminder of any points that required action.

The service had an activities co-ordinator who was praised highly by people living in the home and their relatives. One person told us, ["The activities co-ordinator] takes me out with my friend walking every day. She's very good." We saw activities taking place throughout our visit. This included a visit from Dexter the dog and his owner. We saw that people were animated and smiling and responding positively to Dexter's company. A comprehensive programme of activities was available to people and included craft sessions, bingo, pet therapy, musical concerts, exercise sessions, parties, poetry mornings and pamper sessions. One person told us, "I call the numbers for bingo, read the bidding prayers, attend church every Sunday and read at meetings. [Staff] encourages us to join in. Later I'm going to a concert with the activities manager. She's very good and does very good activities."

People, relatives and staff felt able to express their views and felt that any concerns they had would be listened to. One person told us, "I would go straight to the Mother Superior; she sorts it out at once", and another relative said, "if there's a problem, they deal with it, they're highly professional." People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The provider's complaints procedure was displayed in the reception area of the home. People and relatives told us that they had not needed to complain, but would feel comfortable

doing so if necessary. We saw that the manager kept a file of the complaints received and action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving a response.

## Is the service well-led?

### Our findings

People benefitted from an open, person-centred culture as staff understood the provider's values and philosophy of care. The provider had a mission statement which read 'With a deeply human attitude and without discrimination, we aim to offer and provide care and support for people who are elderly or suffering from dementia by: promoting hospitality, respecting human rights, defending dignity and valuing a presence in society'. People living in the home were full of praise for all levels of staff and repeatedly told us staff were "caring", "kind", "patient" and "welcoming."

People were cared for by staff that had the skills and support to deliver their support effectively. Staff were clear about their roles and responsibilities and who they reported to. Staff we met at all levels, from the care staff to the laundry staff, chefs, cleaners and administrative staff were polite and friendly. We heard numerous compliments about the staff during our visit. One person pointed to the manager and said, "This is a lovely lady, everyone loves her." Another person told us, "The head carer is wonderful; she has a very nice manner and is a very nice person." We were told that the staff working in the laundry were "wonderful" and that there were "never any mistakes." It was also clear that the community of sisters were greatly appreciated for the role they played in creating a warm and loving environment in which people felt safe and secure.

The manager who had been in post for four months had completed an application and an interview with CQC for the home's registered manager's position. The manager had a background in nursing with many years' experience in the care industry and the NHS. Staff told us they thought the manager was "supportive, experienced and friendly." One member of staff told us, "She's trying very hard to make everything work, she's always willing to help and if I was unsure of anything she would always be able to answer my questions."

There were systems for gathering feedback, including regular residents' meetings, care reviews and an annual questionnaire. There was also a range of internal and external audits used to monitor the quality of the service. These included health and safety, fire equipment and fire alarm checks, care planning and audits of the medicines administration systems.

Staff we spoke with enjoyed their work and told us, "The home gave me the opportunity to work here six years ago and I'm not going to change this job for anything." Another member of staff said, "It's a good home; everyone is trying to do their best. [Staff] are very friendly. I'm enjoying it, it's hard work being a carer but I like it."

Staff meetings were held on a regular basis and we saw meeting minutes that confirmed this. A member of staff told us, "We talk about any ideas we have, about the residents and any issues. We are responded to, it's very satisfying. When you put an idea on the table, it's discussed and then we make a decision."

The manager told us the provider was in the process of recruiting a further four members of care staff. New staff were required to demonstrate an understanding of the values and ethos of the home before being

considered for employment.

We saw documents that demonstrated systems were in place to log, monitor and respond appropriately to any accidents and/or incidents. Staff were aware of the reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people's daily communication records, complete body maps and always report the matter to senior staff.