

Trustees of the Congregation of the Sisters of St Anne

St Teresa's Home for the Elderly

Inspection report

16, Lansdowne Road, Wimbledon, SW20 8AN

Date of inspection visit: 10 December 2015

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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 

Overall summary

This inspection took place on 10 December 2015 and was unannounced. At the last inspection of this service we judged the provider was meeting all the regulations we looked at.

St Teresa's Nursing Home provides accommodation, nursing care and support for up to twenty eight elderly people some of whom were living with dementia. The service had a registered manager in place. 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 told us they felt safe with the service they received. Relatives also told us they considered St Teresa's to be safe and that people were well cared for. We saw there were arrangements in place to help

Summary of findings

safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place that informed the registered manager and staff as well as people who used the service about how to report suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of harm to them. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The provider ensured there were suitable recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable. There were enough staff on duty to meet people's needs.

Medicines were stored, managed and administered safely. People had individual medicines profile which had been reviewed every six months. An appropriate risk management plan was in place that related to the administration of medicines to people.

People received effective care because staff were appropriately trained and supported to do their jobs.

Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way.

The registered manager told us applications to deprive some people of their liberty had been made to the local authority for them to carry out assessments under the Mental Capacity Act 2005. We saw records that confirmed appropriate applications had been submitted and the assessments carried out. Best interest meetings had occurred and care plans incorporated conditions where authorisations have been granted.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

People and relatives we spoke with told us the service was very caring and they spoke highly of the care and support that was provided for them. People felt they mattered and they said they felt understood by staff.

People were encouraged and supported by staff to maximise their abilities through the activities programme that they told us they enjoyed.

When people needed care and support from healthcare professionals, staff ensured people received this promptly. Advocacy services were well advertised so people could use their services if they wished to support them in making decisions if this was required.

From our observations we saw that staff respected people's privacy and treated them with respect and dignity.

People had care plans outlining the goals for their care that they had contributed to and what support they required from staff to achieve them. People were involved in planning their care and their views were sought and planned for as a central and important part of the process. The service regularly monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

People were encouraged to maintain relationships with the people that were important to them. Relatives and other visitors were made to feel welcome and told us they were free to visit people at St Teresa's.

There was a complaints process in place, well-advertised so that people knew how to raise any concerns they had and felt confident they would be responded to in a timely manner.

People gave positive feedback about the management of the service and the staff group providing the care and support to people. We found a calm, relaxed atmosphere in the home on the day of our inspection, yet we were aware the service was well organised and purposeful. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. There were systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address any areas that needed attention. publication

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 safe. There were enough suitable staff on duty to support people. Staff knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm. The provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff through effective staff recruitment.

Risk assessments to do with the person and for the environment were carried out to ensure risks were identified. There were appropriate plans in place to minimise and manage these risks and to keep the person safe from injury and harm.

Medicines were stored safely. Risk assessments were in place to ensure people were given their medicines safely.

Good



Is the service effective?

The service was effective. Staff were suitably trained and supervised and they were knowledgeable about the support people required and about how they wanted their care to be provided. The registered manager ensured staff received regular and effective training and supervision to ensure standards of care were continually improved.

People and their relatives said staff sought their consent before providing care. Where people did not have the capacity to make decisions for themselves, staff consulted with their relatives and health professionals to make decisions in their best interests. We saw that standard applications to deprive some people of their liberty had been made to the local authority for them to carry out assessments under the Mental Capacity Act 2005.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

Good



Is the service caring?

The service was caring. People and relatives said staff were kind, caring and supportive.

People were able to make decisions about the care and support they received. Their views were listened to and used to plan their care and support plans.

Staff respected people's dignity and right to privacy. Relatives were free to visit the home without restrictions and this added to the homely, caring and relaxed atmosphere we observed at this inspection.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place which set out how these should be met. These plans reflected people's individual choices and preferences for how they wanted to live their lives in the home.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and there was an activities programme in place to meet people's differing needs and wishes.

Good



Summary of findings

A complaints process was in place and people and their relatives were aware of how to raise any issues or concerns they might have and they felt these would be dealt with appropriately.

Is the service well-led?

The service was well led. People told us they thought the registered manager and staff were excellent and relatives we spoke with echoed this view. Staff told us they thought the service was well managed and they said they really enjoyed working in the home. People's views and those of their relatives were sought about the quality of care and support they experienced. Staff acted on people's suggestions for improvements.

The registered manager carried out regular checks to monitor the safety and quality of the service.

Good



St Teresa's Home for the Elderly

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 10 December and was unannounced.

This inspection was carried out by a single inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with eight people, four relatives, the director, the registered manager, the finance director and four members of staff. We observed the provision of care and support to people. We looked at four people's care records, four staff records and we reviewed records related to the management of the service.

Is the service safe?

Our findings

People and their relatives told us the home was safe and that they felt safe living in the home. People spoke highly of the care and support they received and their relatives said they had no concerns at all about the safety of the people who lived in the home. One person said, "This is like one large family where people's care and safety is paramount. Staff could not be kinder and people are cared for and supported in the safest possible way." A relative said, "I cannot speak highly enough about the standard of care here. People's safety is very important and you can see that in the way staff help support people."

The staff records we inspected showed staff had had training to do with the safeguarding of adults. The records indicated staff had this training within the last year and since the last inspection. Staff were able to describe the signs and symptoms of abuse and they told us what action they would take if they thought any of the people they cared for had been abused or if abuse was suspected. Staff were fully aware of the policies and procedures in place in the home to do with ensuring people were safeguarded from abuse. Staff were asked to sign these procedures once they had read them to confirm they understood them and were prepared to work within them. We saw written evidence of this on the policy and procedure files we inspected.

The registered manager told us that if any safeguarding concerns arose they would be reported to the local authority safeguarding team in Merton and to the Care Quality Commission. The safeguarding procedures we saw were robust and we saw staff evidently worked very hard to protect the people living in the home and to keep them safe. People living in the home were helped to stay safe by the actions the provider had taken. The comments we received from people, their relatives and from staff confirmed this.

We inspected the home's policies and procedures manual and we saw there were policies in place for staff whistleblowing, how to make complaints and for reporting incidents and accidents. Staff told us they were required to read these policies and work within them. From the discussions we had with staff we saw they were familiar with these policies and procedures and knew what to do to ensure they were carried out as required.

Our inspection of people's care records showed that risk assessments had been carried out for all the people whose files we reviewed. These risk assessments covered risks faced by people and had been assessed in terms of levels of risk to the person at serious, medium and low levels of risk. An example we saw was the risk of falls or the risks associated with choking at meal times. Records made by staff in people's daily notes evidenced how risks had been managed. We noted that the risk assessments had not been signed off either by people or by their relatives. This would help to indicate their agreement with what had been planned and written down on their behalf. The registered manager agreed and told us that risk assessments were to be reviewed and people asked to sign them if they agreed with what had been written down.

The registered manager showed us the incident and accident records. We could see that appropriate details had been recorded for the incidents or accidents that had happened. The registered manager told us they reviewed the records to see if any trends might be identified that informed them of appropriate action to take to avoid the same things happening again.

Staff files we inspected showed there were recruitment checklists in each file to document all the stages of the recruitment process and to ensure the necessary steps had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Staff told us they did not administer medicines to people, only the registered nurses were allowed to administer medicines to people. We examined people's medicines records. We saw that everyone had an individual medicines profile that set out the medicines they were prescribed. People's allergies were identified and any adverse reactions people might have with medicines were also recorded. Risk assessments had been completed for people that related to the administration of their medicines by staff. Staff told us that people were encouraged and supported to self-medicate if they were able, however at the time of this inspection no-one was able to self-medicate. People's medicines were managed so that they received them safely. We found that there were appropriate arrangements

Is the service safe?

in place in relation to obtaining, storing, administering and the recording of medicines which helped to ensure they

were given to people safely. All the medicines were safely stored away in a locked medicines cabinet. We looked at the medicine administration records (MAR). We saw they were maintained appropriately.

Is the service effective?

Our findings

We saw that people were cared for by staff who received appropriate training and support. Staff told us they knew people well and this was evidenced by the interactions we witnessed between staff and people during the inspection. Staff had the skills, experiences and a good understanding of how to meet people's needs. Training records showed staff had attended recent training in safeguarding adults, food hygiene, first aid, dementia awareness, wound care, end of life care, manual handling and nutrition and hydration. Staff told us the training had enabled them to do their work to a good standard. We spoke to staff about their induction and one staff member said it was over a 4/5 day period and had included covering some of the training topics mentioned above including health and safety, care planning and safeguarding.

Staff told us they received good support with their work through effective supervision. One member of staff said, "I have supervision every six to eight weeks. I find it really useful in that I can discuss any issues I might have and as well I can learn from my supervisor." Another member of staff said, "I enjoy my supervision because it helps my work to improve and I do a better job which is what I want to do." Staff told us the frequency of supervision was between four to six weeks and the supervision records that we examined supported this. Records we inspected showed that all staff including the handyman had received supervision every six to eight weeks and notes of these sessions were kept on their files. All the staff we spoke with said they had had an appraisal in July this year and this was verified by the records we saw. The appraisal records we saw included development plans for staff in terms of training they wanted to cover in the future to expand their skill and knowledge base and to work more effectively.

The registered manager told us staff meetings were held quarterly and staff told us these had helped them improve the way they worked. One member of staff said, "The staff meetings have become good team building sessions where we can discuss all aspects of the home. We have a clear direction and we know what we are doing." We saw minutes of the quarterly team meetings and we can confirm a wide range of discussion topics reflecting all aspects of care and support in the home.

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 whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that staff enabled people to make decisions about their everyday life and were asked for their consent where they were able to give it. In talking with staff we saw they understood their responsibilities to ensure people's rights and best interests were upheld. They were aware of their responsibilities under the Mental Capacity Act 2005. The registered manager said that people's capacity to make important decisions was always discussed at their care plan reviews so everybody was aware of the person's ability to decide on what was in their best interests. Where people did not have the necessary capacity, decisions were made with people's relatives and family, healthcare professionals and all the available information held about the person so that decisions made were in the person's best interests. Decisions agreed in the best interest meetings had been incorporated into the care plans we saw.

It was clear from speaking with people and their relatives that they were consulted about making complex decisions to do with their care and support needs. We saw from the records we inspected they were person centred and showed people were involved in making decisions about their care and support and their consent was sought where ever possible and documented in the records.

People were supported to have a healthy and balanced diet. Staff ensured people were supported to have enough to eat and drink according to their individual needs and preferences. People told us they enjoyed the food that was provided for them. One person said, "I like the food here and we always get a choice of meals. We can have a salad if we don't want a hot meal." Another person said, "The food is good, I like it." Relatives were very positive about the meals provided for people. One person said, "I'd be quite

Is the service effective?

happy to eat here myself actually. The food is good; people get a varied diet that they seem to enjoy.” Another person said, “No problems with the food here, the quality is exceptional.”

We saw from our observations that people were given a choice over what they ate at meal times. People were helped where they needed it by patient and caring staff who went at the pace of the person concerned. We noted the relaxed and unhurried approach staff took when helping people with their meals. A food record was used to record what people had eaten and this helped staff to ensure people’s meals were varied. We saw from the records that there was a variety of healthy food on offer and that different people had different things to eat at each meal, demonstrating that choices were offered. People told

us they were consulted by the cook in the process of drawing up menus and their care plans included information about their nutritional needs and preferences. The registered manager said they tried to accommodate people’s wishes as well as trying to ensure people had a varied and nutritious diet.

People were supported to maintain good health and have appropriate access to healthcare services. Care files confirmed that all the people were registered with a local GP and had regular health checks as and when they needed them. People’s health care needs were also well documented in their care plans. We could see that people had regular appointments with health care professionals such as dentists, chiropodists and opticians. This information was always recorded in their health care plan.

Is the service caring?

Our findings

One person told us, “Yes the staff are very caring. St Teresa’s is like one big family where everybody helps each other in a very caring way.” Another person said, “The staff are so caring to us.” A relative said, “They look after [my relative] and treat them really well.” All the relatives we spoke with were most complimentary about the quality of care provided for their family members that they all described as ‘exceptional’. Another relative said, “If I ever have to go into a home, it’ll be here that I choose. I have no doubt about that at all.”

When we inspected people’s care files we saw that comprehensive referral information had been gathered by the home about people so that staff providing care and support could best understand the people they cared for. Information about people’s lives was on their files. Staff told us this helped them understand people and people told us they felt they mattered and were understood by staff in a caring way. Relatives told us they had contributed to the process and they said it had all helped people to feel they were important and mattered. A member of staff told us, “The care plans and all the information gathered in people’s files really helps us to see the people we support as real people just like us.” Another member of staff said, “It’s so much better than anywhere else I have ever worked, it is like a lovely family, we know the people here well and they know and trust us.”

We saw the needs and risk assessment information on people’s files included their wishes and preferences and we saw they were actively involved in their care and support.

We saw information about advocacy services was posted on notice boards so that if any person wanted or needed an advocate there were contact numbers available for people to use.

During the inspection we saw the conversations and interactions between people and staff were caring, warm, friendly and respectful. Because staff knew people well and people knew staff well, we saw there was a good level of trust in the home.

We saw that people’s right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people’s privacy and dignity when their care was being discussed. Staff told us they ensured this was done out of the earshot of anybody else. During the inspection we observed staff knocked on people’s doors and waited for permission before entering. We also observed instances where staff waited patiently for people to go at their own pace without imposing any need to hurry or to act against their own wishes. This reflected the respect staff had for people’s personal space and for their privacy. People’s records were kept securely within the home so that their confidential personal information was protected.

Where ever possible we saw that people were supported to be as independent in the home as they were able to be. Relatives we spoke with recognised this and praised staff for in effect encouraging people to maximise their potential. A relative said there were no restrictions on them visiting their family member at the home. They said, “I’m always welcomed and I can visit whenever I like.” The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate. All the relatives we spoke with confirmed this with us.

Is the service responsive?

Our findings

People told us they were involved with the assessment and planning of their care. One person said, “Yes I have a care plan and I was asked about what care I wanted and how it might be provided. My son and daughter in law were part of it too, because they help a lot and they know me well.” Another person said, “I do have a care plan, it was reviewed recently with me.”

We inspected people’s care files and we saw each person had a care plan in place. We saw that people had contributed to the process of their care planning. Care records indicated where people were unable to contribute, their relatives were involved and people’s best interests were central to the care process. Relatives confirmed this when we spoke with them. The care plans we saw identified each person’s needs and what was hoped would be achieved for them in the short and long term. Information was included in people’s records about what people could do for themselves, their strengths, and how staff could support people to achieve their identified goals. We saw from the daily records how staff actually supported people and we saw this was consistent with the information in their care plans. People’s care plans that we inspected had been reviewed regularly and within the last three months.

Minutes of meetings people had with the healthcare professionals were kept in their care records. These enabled staff to be informed of any changes in people’s support needs and to identify progress the person had made since being at the service. We saw from the records there was good joint working with other professionals involved in people’s care. The nurses we spoke with confirmed joint working was effective and told us that people were encouraged and supported by staff to undertake various activities and tasks.

People told us there was a good activities programme that they enjoyed and found stimulating. They said they could join in a variety of the sessions as and when they wanted to do. One person told us they enjoyed the singalongs and another person said they found the news groups interesting as they were able to join in discussions about

topical news stories, something they enjoyed doing before they came to live at St. Teresa’s. Care plans showed people had individual goals and aspirations which had been agreed with them and was aimed at maximising their full potential. As part of the inspection we spoke with the activities co-ordinator who said their role in the home was to provide a programme of activities to meet people’s individual needs and preferences. We discussed the programme and saw the variety of differing activities provided met a wide range of needs. Some activities were designed to provide physical exercise for people’s differing energy levels. Other activities were designed to further mental stimulation and were aimed at encouraging people’s creativity. We saw there were hand and finger exercises designed for people with arthritis such as Chinese pottery. Reminiscence, music, quizzes and themed events to celebrate particular occasions such as St Patrick’s day were all part of the programme. Relatives said they thought the activities programme was the best and most responsive to people’s needs they had seen.

House meetings were held every six weeks with people. These meetings gave people the opportunity to discuss any concerns they had with the service and a chance to make plans for holidays or other celebratory occasions such as BBQs. We viewed the minutes from the meetings held in 2015. We saw on one set of meeting minutes that there was discussion about the importance of good food hygiene and people’s weekly menus and the activities on offer, including any day trips they wished to take part in.

People and their relatives told us if they had a concern they would raise it with the registered manager or a member of staff. They told us they were confident if they had a complaint it would be listened to and dealt with promptly. People knew about the formal complaints procedure. We saw the complaints process was displayed in one of the communal areas to enable people to make a complaint if they needed to. We reviewed the complaints log. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the registered manager’s investigation. The registered manager told us that complainants could be invited to a meeting with the registered manager if they wanted to discuss their complaint further.

Is the service well-led?

Our findings

People said they were very happy with the way the home was led by the registered manager and the staff group. One person said, “They are excellent, I don’t think it could be better quite honestly.” Another person said, “We are very lucky, this is like one large family where everyone cares for each other.” One of the relatives said, “There’s a very relaxed atmosphere in the place and that’s because of the way it’s run. It’s calm and the staff and the managers are brilliant.” Other relatives and people we spoke with said similarly things about the service.

Staff told us they had a supportive management team, and they were able to raise any concerns they had. They told us there were regular staff team meetings and frequent informal occasions where things could be discussed. Staff said the management team was “helpful and supportive” and they felt there was a good team spirit that made working in the home a positive experience for them. One member of staff said, “I have worked in other homes, this is the best place I have ever worked in.” Another member of staff said, “I wouldn’t want to work anywhere else.” New staff members who we spoke with told us they were very well supported in their new roles by the registered manager and also by their colleagues. They said this had been particularly helpful to get to know the roles and responsibilities effectively early on in their jobs. Other staff felt the management team included them in discussions about the service and they felt involved in service progression and development.

Staff meetings were held every six weeks. A member of staff told us, “These meetings help us all to get the information we need and to state our points of view about how the home is run.” We viewed the minutes from the last meeting and saw it was used to update all staff on the progress made by people living in the home, to highlight staff training achievements, the importance of confidentiality

and the involvement of people in activities. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

People and their relatives told us they thought the registered manager listened positively to any suggestions they made. The registered manager told us they had asked people who used the service and their relatives for their opinions and they were asked to complete a satisfaction survey in September 2015. The registered manager said the findings from the satisfaction survey were analysed to identify any improvements that were needed. The findings from the survey showed that people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk. The registered manager told us they would be extending the quality assurance survey just undertaken with people who use the service and their relatives to include professionals.

The registered manager undertook other audits to review the quality of the care provided for people using the service. These included an infection control audit (2015), a fire risk assessment (2014) and a medicines audit (2015). A quarterly monitoring report was also undertaken that included audits of the health and safety processes and fire safety equipment. No concerns were identified in the audits we viewed, and they showed that the care and support provided by staff was in line with the service’s policies and procedures.

All the paperwork and the files we inspected were in good order with the information we needed easy to find. The registered manager ensured that statutory notifications to do with incidents that required notification to the CQC were sent, and was clear about what was required to be reported.