

Sisters Hospitallers of the Sacred Heart of Jesus Sisters Hospitallers of the Sacred Heart of Jesus

St Teresa's Care Home

Inspection Report

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Summary of findings

Overall summary

St Teresa's Care Home is run by the Sisters Hospitallers of the Sacred Heart of Jesus. It 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. It is fully accessible, with a ramp to the main entrance and a lift serving all floors.

On the day of our inspection 24 people were living at the home, and we met and spoke with all of them. People were happy with the care they got and praised the consistently "reliable service" they received at St Teresa's Care Home.

We met with three visitors, who had come to see their relatives, they were positive about what they saw, and felt. We also received information from two community healthcare professionals involved in the support services provided to people. They complimented the service and said that they would recommend the care home.

Risks to individuals were managed appropriately so that people were protected and their freedom was supported and respected. Staff encouraged people's independence, but, when appropriate, supported and assisted them with tasks they needed help with.

Safeguarding procedures were robust which protected people from the risk of abuse, and there had been no safeguarding concerns raised at this home in the past four years. Staff understood how to safeguard the people in their care. People told us they trusted staff and felt safe using the service, staffing ratios were good, lounge and dining areas always had staff present and this helped ensure they were safely cared for.

The home ensured people had access to healthcare services and received on-going healthcare support. Staff were trained and knowledgeable on supporting people to manage health conditions, and they followed recommendations made by health professionals.

People reported that St Teresa's promoted a caring environment, and people were treated with kindness, compassion and respect. Staff interaction with people they cared for was consistently good, and this promoted a sense of wellbeing for people. People told us their opinions mattered and this was reflected in how the service constantly looked at improving outcomes for people living in the home. Staff morale was good, and everyone employed at the home worked well together in the staff team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were cared for in a home that promoted a safe well maintained clean environment, infection control measures were in place that protected the people using the service and staff.

There were effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The service promoted safe practice and people were protected through the staffing arrangements at the home.

Recruitment and selection processes were robust to minimise the risk of unsuitable staff being employed.

Are services effective?

People told us their needs, preferences and choices for care and support were met.

People felt reassured as they experienced well-coordinated person centred care, and were enabled and supported to access external healthcare professionals.

People's nutritional needs were well met and we saw that people with issues in this area had experienced improvements since admission.

People were supported in promoting their independence and community involvement.

Staff encouraged people to carry out tasks that they were able to do for themselves.

Are services caring?

People found St Teresa's Care Home to be a warm caring environment where good practice was promoted and where each person had their dignity and privacy respected.

People using the service were treated with kindness, compassion and respect.

Are services responsive to people's needs?

People were supported to express their views and be actively involved in making decisions about their care, treatment and support arrangements.

The service had a staff team that was vigilant and closely monitored the physical and psychological needs of people.

Summary of findings

For people who were unwell or showing signs of deteriorating health staff took prompt and appropriate action.

Staff were responsive to people's needs and we saw care and support was delivered in line with their interests and preferences.

People were aware of how to complain and who to speak to if they had concerns. We saw that complaints made had been responded to quickly.

Are services well-led?

People who used the service were asked for their views about their support, and these were acted on.

Staff at all levels felt well supported by the manager and senior staff.

Training and development provision was good; staff were able to access the training they needed to do their jobs.

The provider had systems in place for regularly assessing and monitoring quality and risk matters at the service.

Summary of findings

What people who use the service and those that matter to them say

We spoke with all 24 people in the home at the inspection visit. The comments we received were overwhelmingly positive.

A person using the service described how attentive staff were to safety issues, they said, "They always check that my equipment is in working order, I used to have a walking stick, but have now changed to a walking frame, they also check my hearing aid is fixed in correctly and working."

People described the caring environment fostered, some of the remarks received included, "the carers are always smiling and asking about things in a genuine caring way, I can't ask for more."

People described how responsive the service was, comments included, "Very remarkable service, endlessly imaginative, different activities - quizzes; crafts, flower arranging and musicals."

"I ask for something and they fix it immediately."

A visitor we spoke with said, "It is so welcoming...it is a bright place and I am so happy for my relative."

People described the leadership and management as "excellent". Numerous comments referred to good management, the following are a sample, "management seems to go a long way in making sure that things go smoothly," "I feel listened to; they always live up to their promise."

"Everyone who works here knows their job; I know that if I need anything I can ask sister or the manager – she is lovely," and "I have had the same carer for more than 2 years."

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 was planned to check whether the provider was meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

At their last inspection in April 2013 the service was meeting all regulations.

The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection was unannounced. On the day we visited there were 24 people living at St Teresa's Care Home and we spoke with all of them – three relatives, four members of care staff and the registered manager as well as the area manager.

We observed care in the small dining area at lunchtime and in a lounge area during the afternoon. We undertook general observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people especially where people may not be able to fully describe this themselves. We looked at all communal parts of the home and six people's bedrooms, with their agreement.

Following the inspection visit we contacted three relatives by telephone, and two community health professionals.

Are services safe?

Our findings

People using the service told us they felt safe at St Teresa's Care Home. They said they had sufficient staff available to care for them safely. Staff told us they were provided with guidance and suitable training and codes of conduct as part of their induction.

There were emergency procedures to follow in the event of fire, flood, power cut or gas leak. There was an up to date first aid box on each floor of the building and staff knew what to do in the event of an emergency. A named qualified first aider was on duty every day. These measures ensured suitable arrangements were in place to deal with medical emergencies and keep people safe.

People using the service told us that before they received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People's consent to care was recorded in their care records.

Pre-admission assessments were completed before people were admitted to the home, and these included capacity assessments. We saw how staff members carried out decision-specific capacity assessments when a person's condition changed. People were offered a key to their rooms, and most people we spoke with chose to keep their own rooms locked. An inventory was kept of people's valuables.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff had been trained to understand when an application should be made, and in how to submit one.

The service had taken suitable steps to identify the possibility of abuse and to prevent abuse from happening. There had been no safeguarding concerns raised in the past four years. Safeguarding procedures were robust and staff we spoke with were trained and understood how to safeguard people they supported, they had their practice observed and appraised by senior staff. The staff induction included the vision and values of the organisation. From our discussions we found staff were conscious of their responsibility to report any practice or behaviour they witnessed that did not reflect the vision and values of the organisation.

We found a safe environment was promoted in the home. There were systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The most recent food hygiene inspection by the local authority was carried out in March 2014; it gave the home a five star rating (the maximum).

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments identified people who were at risk from falling, becoming malnourished or dehydrated, or who required assistance with moving and handling. We observed that staffing levels allowed the staff to respond to individual needs.

Staff told us that some people using the service were frail and prone to falls, they helped to minimise this risk through discussions with them and using advice from occupational therapists and physiotherapists. We observed people were encouraged to wear suitable footwear. Statistics we received showed a low rate of falls in the home. For people at risk of poor nutrition they were screened regularly, and staff completed an appropriate care plan detailing the assistance and support they needed in this area.

We saw people had annual reviews involving family members. People told of being "safely cared for" by staff who were well informed and experienced. A person said, "My carer knows exactly how to support me to get into and out of bed safely, and helps me overcome burdens due to the weakness on one side." There was evidence of referrals to the GP, occupational therapy, and speech and language therapists as necessary.

The service had medication policies and procedures which staff adhered to. When a person was assessed as able to self-medicate, they had suitable storage in their bedroom for the medicines. Medication procedures in the home were known to staff, Any staff responsible for and assigned to administer medication was assessed as competent to do. All medicines including controlled drugs were stored safely. A community NHS pharmacist told us, "staff take a keen interest in any issues raised with patient's medication and are quick to address and concerns and follow up any queries."

Are services effective?

(for example, treatment is effective)

Our findings

People told us they had chosen to come to live at this home, and were involved from the start in the assessment process. They were given information about the services provided and the costs. All the people spoken with were pleased they selected this home, we heard compliments such as "it is excellent", "you are treated like royalty", "and only the best is experienced by people living at St Teresa's Home".

People were invited to contribute to their assessments and encouraged to express their views so that care could be arranged according to their needs and wishes. A person told us, "I am always involved in my care provision – carers always ask what and how I want things done, they use phrases to check it is correct, for example 'is it okay or is there anything uncomfortable or painful' when they help me." Another person said, "I prefer to have breakfast in bed every morning before I rise, staff make sure I have my breakfast tray at the right time."

During the assessment staff gathered information from people on their favoured lifestyle, their life history, in what activities people liked to participate. We observed a large number of people enjoyed activities they took part in before they moved to the home such as listening to music or reading, managing their own finance accounts. A person told us they liked to read late at night when they retired and they still did this. Another person told us they often liked a late night hot drink and staff served this when it was requested.

A person described how people were put in control of their care, they said, "I am able to manage in lots of areas myself and go out independently locally to the shops, and care staff respect this, they encourage me to keep to my low sugar diet." One person commented on behalf of themselves and their partner, "We came here to St Teresa's as we needed help because of our increasingly frailty, we have good sized accommodation and get all the care and support we need, and we are able to spend our days together, and continue with our own hobbies."

People told us they felt reassured by the well-coordinated care they experienced. A person living in the home for many years told us, "I am not as independent as I was when I came here, and I need more help especially with everyday tasks such as personal care, but care staff are very kind and

discreet, I am no longer embarrassed, they help me with all the things I cannot do, they are always gentle and explain as they go along." Another person told us, "I gradually accepted assistance with my personal care after much gentle persuasion, care staff are inspirational, and have the qualities and skills needed.

People were encouraged to be as independent as possible in the home and retain skills; each floor had small kitchens where people were able to prepare snacks and drinks for themselves. A person using the service told us they enjoyed being able to use the kitchen, and that staff supported them with managing risks such as boiling water.

A health professional spoke of the many attributes of staff in the home, they remarked that were particularly good at providing suitable stimulating activities and these considered the physical and psychological needs of people. We observed a large number of people came to the lounge areas during the day especially during the afternoon, when activity and care staff were present. We saw staff were attentive and vigilant, they encouraged people to join in events and to have drinks. An activity taking place was found very stimulating by people who responded with enthusiasm, a person said, "I love these sessions, they make me think and use my brain."

People were protected against the risk of poor nutrition or dehydration, with nutritional screening carried out for each person who moved into the home; suitable care plans and care arrangements were in place for people identified as at risk. We saw staff followed relevant guidance and ensured people were well nourished and hydrated, records were maintained daily confirming these actions. According to care plans and associated records, staff had sought specialist advice from a dietician as and when necessary and had incorporated their recommendations into care plans.

We saw people received appropriate support at mealtimes. The environment was pleasant, and enhanced by the attention to detail. People were seated comfortably and staff were attentive. Hot meals were served at the correct temperature. People were offered a choice of drinks during the meal and throughout the day. People with swallowing difficulties were given suitably prepared food and appropriate assistance with eating. We spoke with catering staff who told us they had information about each

Are services effective?

(for example, treatment is effective)

individual's choices and dietary and cultural needs to guide them. Progress notes showed the people initially at risk of malnutrition and dehydration had made steady progress and responded well to the dietary provision.

People using the service said they were confident that the carers had been trained adequately as their care was of high standard. One person said, "The staff here are well trained, they know how to look after us, they are

professional and competent." We saw that systems were in place to support staff, records showed staff had regular had team meetings, group and one to one staff supervision sessions and appraisals. Staff told us their support network was good. Systems were in place to ensure the supervision process was carried out in accordance with the provider's procedures.

Are services caring?

Our findings

People told us the home offered a caring environment where good practice was promoted and where each person had their dignity and privacy respected. People liked where they were living and valued the qualities of staff within the service such as "kindness" "sensitivity." A person using the service said, "The staff are very caring group and treat everybody as an individual, I don't know where they got them from."

Another person commented, "I can only heap praise on this home, we are treated with such kindness, staff are so sweet and good humoured this home ticks all the boxes, everything is done exceptionally well, the quality of care is exceptional."

Visitors told us they observed that staff showed real concern for people's wellbeing. Their comments included "My relative is so happy and contented, they have a great rapport with staff, and they are always in good spirits as are others here; there is real sense of belonging."

We observed people were treated with kindness, compassion and respect. Staff retention was good and as a result people were familiar with the staff members who provided their care and support. A staff member told of us of the pleasure they received from caring for people in the home, they said "The spirit of caring for the elderly was part of my culture and this attracted me to my role of carer, it was also covered in my induction at the home when I joined the staff team."

A person using the service said, "I have settled in really well, I like living in a small care home, the service is more personable, staff show real concern for people's wellbeing, nothing goes amiss here and only kind compassionate staff are employed."

We observed how staff interacted and engaged with people throughout the day in discussions and in meaningful activities. Care staff spoke in soft tones, displaying warmth and empathy. A person visiting commented that "the caring environment was tangible when you entered the home".

We saw from people's care plans that important information was recorded about their needs around ability, age, disability, gender, race, religion, belief and sexuality. Staff we talked with were able to tell us about people's preferences and routines; they realised the importance of following individual routines, and respecting each person as an individual.

A care worker described the foundation training undertaken by all staff. It was clear it included much attention to detail. They gave us some examples, such as "always serving a drink or snack on a tray, always asking the person if there is anything else you can do."

People were positive about the attitude of the staff team. Remarks included, "always making them laugh"; "asking me what I would like to wear", "having real conversations with me about what goes on in the world, and that I find worthwhile." We found from our discussions that staff demonstrated a high level of understanding of individual needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The registered manager undertook a pre-admission assessment for each person before they were offered a place, this helped ensure the home was able to meet their needs.

People living at the care home told us their views about how they wished their support to be delivered had been listened to and acted upon; they told us they were happy with the support they were receiving. One person said, "I was very impressed with how my move to the home was handled. We discussed my needs in detail and I agreed where I needed support, they certainly have not let me down".

We looked at the care arrangements in place for four people. We found that staff gathered and

recorded information from people using the service, their relatives (where applicable) and from their GP. This information was kept up to date and any changes were recorded, this helped ensure staff had all the necessary information to provide appropriate care.

Daily records confirmed the vigilance of staff in monitoring individuals, their progress and the impact of the care and support provided. We saw when people became unwell or showed signs of deteriorating, health care staff took prompt and appropriate action. A visitor we spoke with told us staff kept them informed of any changes in their relative's health or support needs.

We saw there were visits from GPs and other healthcare professionals. When medical intervention had been required this was clearly recorded. We saw that recommendations made by the hospital discharge team had been followed when a person was discharged back to the home.

Relevant authorities and the Care Quality Commission were informed of any notifiable incidents within acceptable timescales.

A weekly selection of varied activities was offered by an activity coordinator, the activity programme included physical and mental exercises. A small number of people told us they preferred not to join in group activities and pursued their own interests, a person said, "I have never been a group person, I see my own friends and relatives, staff respect this, nobody pressurises you to join in events."

People told us they enjoyed the food provided by the home and there was always plenty of variety and choices available. We observed lunch being served in a relaxed and unhurried manner.

The manager confirmed she had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and care staff had also received this training. The care plans we saw confirmed people were having their mental capacity assessed and reviewed regularly. Appropriate procedures had been followed where people had been assessed as being unable to make decisions for themselves about specific aspects such as managing their finances. The manager explained the process and they referred to the local authority when it was necessary for a person to act as an appointee. This helped to ensure the person received the support needed to securely manage their financial affairs.

We saw the provider had a complaints procedure displayed in the home. People who used the service raised no complaints with us, but told us "I have nothing to report negatively on but I would talk to staff or the manager if I had a problem and am confident they would sort it out for me." We viewed the complaints log and found the home had received no complaints since our last inspection.

People commented on the staff availability, remarks such as "we have generous numbers of staff on duty during the day," "you never wait long for assistance as there is always a carer nearby." We observed that requests from people were responded to swiftly and call bells were answered promptly. Staff retention was good, this consistency meant staff were familiar with people they cared for and more likely to recognise when people were unwell or feeling unsafe.

Are services well-led?

Our findings

The service promoted a positive culture that was open, inclusive and empowering. People told us their opinions mattered and this was reflected in how the service was constantly looking at ways of improving outcomes for people living in the home.

The registered manager worked closely with other statutory and voluntary bodies to help improve services for people. For example they worked with the local integrated care team to help prevent unnecessary hospital admissions. An external health professional spoke of the many positive outcomes experienced by people living at St Teresa's as a result of good working partnerships with community healthcare teams.

Staff told us the registered manager was accessible and approachable, and provided good leadership and direction for the service. Care staff found they were supported, should they make a mistake they felt able to admit to this. If it was a competency issue they were supported to address this with additional training. The manager had been in post for more than twelve months, there was also a head of care who took the lead for care and clinical work.

All the staff we spoke with felt supported and valued, and told us the senior staff took the time to support them. Staff told us morale was good within the staff team and everyone worked well together. Care staff commented on the high standards in the home, a care worker said, "This home sets out clearly the standards and code of conduct expected of staff, we respect and value the people we care for and our colleagues too, this helps promote harmony in the team, we enjoy coming to work."

The home maintained keen links with the local community and encouraged volunteers in the home to help enhance the quality of life people experienced. The sisters from the adjacent convent also provided a volunteer service, for example they assisted those who needed support to attend hospital appointments. The recruitment process was the same as that used for recruiting and selecting staff.

The provider had systems in place for regularly assessing and monitoring quality and risk matters at the service. These included checking the home's environment, care plan records, capacity issues, medication procedures,

maintenance of the building, staff training and handling of complaints. There were procedures in place to help people manage their money, and monthly audits ensured these procedures were adhered to.

The provider told us the views of people using the service were sought by a variety of methods, including meetings between people in the home and staff.

The area manager undertook a monthly visit to review the service. We saw that appropriate tools were used, for example audits were completed in a number of areas, such as medication, incidents, staff sickness, and the involvement of people in their support plans and their current review status. We saw actions plans were set up to address any areas identified for improvement, and the actions and responses were reviewed by the area manager on subsequent visits.

Staff at all levels told us they were able to access the training they needed to do their jobs. We looked at training records and saw mandatory staff training, included moving and handling, infection control, health and safety and safeguarding had been completed by all care staff. A training matrix was displayed, this indicated if any training was overdue and this was followed up during the area manager's visit. This meant the home had effective systems in place for staff to complete the training they needed to support and care for people.

Accidents and incidents were recorded and reported to relevant people. Statistics showed there were very few incidents in the past year. The manager felt this demonstrated that health and safety training and falls prevention programme had made an impact.

During the monthly unannounced visits by the area manager a minimum of two care staff and two people using the service were interviewed in private. Staff were asked questions to test their knowledge on policies and procedures, people using the service were asked about their care and if they had any concerns about any aspect of the service. When we asked a person if their views were acted on, the reply we received was "They do listen to us and make changes we suggest."

The registered manager told us they kept the needs of people using the service and staffing levels under review. They took account of the dependency levels of people who

Are services well-led?

used the service, as well as the experience, knowledge and skills of the staff team. Staff told us there were always sufficient numbers of staff on duty to provide people with the level of care and support people they needed.

A person we spoke with said, "the home gets it right, the quality of care is high because staffing levels are good, nobody feels rushed."