

Ms Iolenta Castelino

Therese care Home

Inspection report

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Tooting
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Date of inspection visit: 14/11/2014 and 18/11/2014
Date of publication: 28/01/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 14 and 18 November 2014 and was unannounced. The service met the regulations we inspected at their last inspection which took place on 24 May 2013.

Therese Care Home provides accommodation and support for up to three people with mental health needs. It is situated in a residential area of Tooting with good access to local shops and transport links.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager who also owned the home made herself available to people using the service and staff. People and relatives that we spoke with praised her caring attitude and staff, who had worked at the service for a long time had established a close working relationship with her.

Summary of findings

The home provided a safe environment for people to live in. People told us they felt safe living at the home and staff were aware of their responsibilities in terms of reporting any concerns.

There were enough staff to cover the needs of people using the service. People told us they were able to leave and go out if they wanted and if they needed staff support, someone would always go with them.

Staff had not attended training relevant to supporting people with mental health needs. The manager had completed training in Deprivation of Liberty Safeguards (DoLS) and caring for people with dementia. The manager demonstrated an understanding of the Mental Capacity Act (MCA 2005) and DoLS and was aware of their responsibilities in relation to DoLS and to always act in a person's best interests.

Some people told us that although they enjoyed living at the home, they sometimes got bored and there were not enough opportunities for them to pursue their interests. Care plans did not include ways to maintain or improve people's independent living skills.

People were not restricted from leaving the home and we observed people going out to the shops during our inspection. Staff told us that they always sought people's consent before carrying out tasks for them such as prompting them for medicines.

People were supported to take their medicines. Medicines were stored correctly in a locked cabinet. Medicine Administration Record (MAR) charts were completed correctly.

People's needs in terms of their nutrition were met. People told us they enjoyed the food at the home and we saw that the kitchen was well stocked.

People told us they were really happy and felt comfortable living at the home. There was a relaxed, informal atmosphere at the home. The home had recently been refurbished to a high standard and people had been given new furniture which they told us they really liked.

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. People at the service told us they felt safe living at the home. Staff had attended safeguarding training and knew what steps to take if they suspected abuse.

Care records included risk assessments. Where necessary, they included controls to manage the risk and steps for staff to manage the risk.

There were enough staff to meet the needs of people.

Medicines were stored and managed appropriately and medicines administration records (MAR) were all completed correctly.

Good



Is the service effective?

The service was not always effective.

Staff did not always receive training relevant to the needs of people using the service or formal supervision.

The manager had completed training on the Mental Capacity Act 2005 and was aware of her responsibilities to always act in a person's best interests. People were not restricted from leaving the home. Staff asked for people's consent before supporting them.

People's healthcare needs were met through regular GP appointments and other healthcare professionals.

People using the service told us they enjoyed the food at the home. The kitchen was well stocked with food and we saw that people were able to make snacks for themselves throughout the day.

Requires Improvement



Is the service caring?

The service was caring. We saw that there was a relaxed atmosphere at the home and people were comfortable. They told us that their privacy and dignity was respected by staff.

Good



Is the service responsive?

The service was not always responsive to the needs of people. Although care plans were person centred and reflected people's support needs, people's needs in relation to pursuing activities were not always met.

People were given information about how to make a complaint. People told us they had no complaints about the service but would know who to speak to if they did.

Requires Improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager who also owned the home had established excellent relationships with the care workers and people using the service.

Improvements to the environment had been carried out for the benefit of people using the service.

Therese 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 took place on 14 and 18 November 2014 and was unannounced. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the

service and safeguarding alerts raised. The provider was not requested to complete a Provider Information Return (PIR) because the inspection was planned at short notice and therefore they were not given the opportunity to complete it. The PIR is a report that providers send to us giving information about the service, how they meet people's needs and any improvements they are planning to make.

We spoke with three people using the service, one relative and three staff members including the registered manager. We looked at records including all three care records, training files, staff supervision records, medicines records, audits and complaints. We also contacted the local Healthwatch team, service commissioners and other health and social care professionals such as social workers to gather their views about the service.

Is the service safe?

Our findings

People using the service told us they felt safe living at the home. One person said, “Staff are fine, no problems.” They told us they would tell the manager if they were worried about anything. Staff told us, “We make sure they are kept safe.” One staff member said, “We would tell the manager” if they had any concerns about people’s safety. Staff had attended training in safeguarding adults and were able to identify different types of abuse and demonstrate what action they would take if they had any concerns. The provider had a copy of the London multi-agency policy on safeguarding. There had been no safeguarding concerns received by the CQC or the local authority for the home.

Care records included making a note of the risks to people’s safety. Where necessary, they included controls to manage the risk and steps for staff to manage the risk. Staff told us that people using the service did not display any behaviour that challenged the service and that there had been no incidents of behaviour that challenged the service involving people using the service. This was reflected in the care records that we saw and feedback from the local authority. Risk assessments were completed for people which were individual to their needs, these included risks when in the kitchen and when going out in the community.

People told us there were enough staff to meet their needs. One person said, “Someone is always here to help.” There

were three members of staff working at the service who covered all the shifts at the home between themselves. There were two staff on duty during the day and at least one staff member sleeping in overnight. Staff told us, “We cover all the shifts between us.” Another said, “Staffing levels are fine, It works well.” The manager told us that they used to work in fixed shift patterns but were now more flexible and the staffing arrangements they had in place were ideal for everyone.

The service followed safe recruitment practices. Staff records showed that care workers completed an application form and provided proof of identity and address prior to commencing work. Written references were sought and criminal record checks carried out prior to staff starting employment.

We checked medicines for all three people using the service. These were kept in blister packs in a locked cabinet. We checked the medicines administration records (MAR) for all the people using the service. These were all completed correctly.

People using the service told us they had no concerns about their medicines and said staff supported them to take it. One staff member told us, “We prompt them to take their medication.” People using the service had signed ‘medication consent forms’ in which they agreed to be supported in taking medicines. Staff were not always clear what people’s medicines were being prescribed for.

Is the service effective?

Our findings

Staff completed an induction checklist which included an introduction to the home, familiarising themselves with policies and procedures and shadowing an existing staff member. The registered manager told us they mainly relied on training with the local authority to meet the training requirements of staff. Staff members told us they had attended training. One person said they had attended first aid training “a couple of years ago maybe.”

Training records showed that staff had attended training in safeguarding, first aid, and level 2 in food safety catering. These were all current and valid. In addition, the manager had completed training in Deprivation of Liberty Safeguards (DoLS) and caring for people with dementia. These were all current. We recommend that the provider looks into more training opportunities for staff in areas relevant to the needs of people using the service.

The manager did not carry out formal supervision or appraisal of staff. Staff told us they saw or spoke to the manager every day and felt able to raise any concerns with her and preferred an informal approach. However, this meant there was no record of staff development needs or their performance whilst working at the service.

The manager demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and DoLS. The manager had completed training on the MCA 2005 and was aware of their responsibilities in relation to DoLS and to always act in a person’s best interests. People were not restricted from leaving the home and we observed people going out to the shops during our inspection. One person told us, “I go out when I want”, “I go to buy toiletries.” “I go out every day to buy the paper.” People told us that staff asked for their consent before supporting them. Staff told us, “they [people using the service] are able to go out by themselves.” Staff told us that they always sought people’s consent before carrying out tasks for them such as

prompting them for medicines. We saw this taking place during the inspection. There was evidence that the provider asked for people’s consent in relation to certain decisions such as medicines.

People using the service had their needs met in relation to diet and nutrition. One person said, “We had curry chicken last night, it was nice” and “I love chocolate. I keep it in the kitchen.” Another person said, “Food is nice.” Staff told us they prepared meals for people using the service.

There was a menu on display on a noticeboard in the hallway. Staff said they followed the menu planner but if people wanted to eat something else they would change it according to their needs. If they did this, they recorded it in the diary. Staff kept a menu diary with details of what people ate on a particular day. Fridge and freezer temperatures were also recorded which ensured that food was stored at the correct temperature.

We saw the kitchen was well stocked with food and snacks available for people to take whenever they wanted. People using the service had no specific dietary requirements. and none were at risk related to diet, for example malnutrition or requiring food to be softened.

People told us that their healthcare needs were taken care of. One person said, “They take me to see the doctor.” Staff told us that people had access to a GP and went for regular reviews for their physical and mental health. We saw an appointment book at the home which had details of medical appointments that people had attended, including the diabetic clinic and podiatry services.

People’s mental health was managed well by the provider. If the provider had concerns about people’s mental health needs they would go to the GP in the first instance who would refer them to specialist services for review. We spoke with social workers for two of the people using the service who told us that people’s healthcare needs were being met by the service.

Is the service caring?

Our findings

People using the service told us they felt well cared for. Comments included, “I don’t think of them as carers, just lovely people”, “If I need something, [staff] will get it for me”, and “[the manager] is very good, she is like a second mum to me”, “They are kind.” People told us they got on well with each other. Staff told us, “It’s nice here, we are like a family.”

We saw that there was a relaxed atmosphere at the home. People were having breakfast and watching TV. One person told us, “I’m good. I’m having breakfast.” The staff and people using the service had been at the home for over 5 years, this helped to facilitate a relaxed atmosphere where people were comfortable in each other’s company. We observed positive interactions between staff and people using the service.

We asked staff about people’s personal preferences in relation to their daily living and we found they were aware of people’s personal histories and what they liked and disliked. People using the service told us that staff knew them well.

People told us they were able to express their views and had their choices respected by staff. None of the people had advocates although information about advocacy services was available to people if required. Relatives told us they were able to visit at any time and that their views were considered. Although no group meetings were held with people using the service, people did not feel that these were needed. People told us that staff listened to them and their views were acted upon.

People had their own bedrooms. Two people using the service welcomed us to their bedrooms and showed us around. One person said, “This is my room, I like it.” Another told us, “They respect my privacy.”

People using the service were quite independent and were able to carry out personal tasks for themselves. People told us that staff supported them by promoting their independence, one person said, “They clean my room but I change my sheets.”

Is the service responsive?

Our findings

Before people came to use the service, the provider carried out an assessment to see if their needs could be met. Records of these assessments were included in their care records. People were given the opportunity to visit the home before deciding if they wanted to live there.

An assessment of needs had been completed for people using the service. These were comprehensive in their scope and covered three areas, physical which included things such as hearing, sight, dental care, mobility, bathing, dressing, sleeping, eating, personal care and continence. Social/cognitive and emotional which covered communication, memory, motivation, decision making and finances. Thirdly, individual needs, wishes and desires which included social relations, religious and spiritual, interests and activities and likes/dislikes. This demonstrated that staff were given information that enabled them to support people according to their needs.

We recommend that the provider looks into ways that they can support more effectively by improving their daily living skills through their more effective care planning. For example, by setting outcomes for people to achieve, therefore improve their independence and recording how staff can support people to achieve their outcomes. People using the service told us they sometimes got bored at the home. One person in particular told us, "My main problem is boredom, all my jobs have been quite busy. Sitting around doing nothing all day can be hard." They also said, "I like art, I used to go to art galleries and museums. I would like to go again." There was little evidence that people had access to pursue activities and interests that were relevant to them. Staff completed a daily diary which for individuals which alluded to many days spent at home, watching TV or

going to the local shops. There were not many references to outdoor trips or activities that were of interest to people. We asked staff what people did during the day and they told us they went out to the local shops to buy toiletries and newspapers. They told us that evenings were spent mainly at home although they did go out to eat at restaurants on the weekend. We recommend that the provider looks at ways to facilitate ways in which people using the service are able to have access to activities that are relevant and meaningful to them.

Care plans were reviewed once a year. The care plans that we looked at had all been reviewed recently and contained up to date information. People completed a personal statement which stated their level of independence and any restrictions that they had agreed. Care records contained a medicines consent form.

A service user guide was available for people using the service. This contained important information for people such as how to raise concerns, their living arrangements and their rights and responsibilities. These were written in plain English which meant people were able to understand the information clearly.

People using the service told us that they were happy living at the home and had no complaints. One person told us that if there was a need to raise concerns they, "would speak to [the manager], she listens" and "They do their best; we are very well looked after, no complaints on that side."

Relatives told us they had no concerns but would know what to do if they wanted to complain. There had been no recorded complaints and this reflected what people and their relatives told us.

Is the service well-led?

Our findings

The manager told us that their vision for the home was to provide a personal service in an environment that people could call home. We saw that her vision was being realised through the conversations that we had with people, their relatives and also staff. People using the service told us, “This is my home”, “I wouldn’t want to go anywhere else” and “everyone is nice.”

There was a registered manager at the service. They were very familiar with the needs of people using the service. Staff told us that they felt supported by the manager. The registered manager who also owned the home had established excellent relationships with the staff and people using the service. Some of the comments from staff included, “She is good to work with, she is lovely”, “She stands by us.” Staff had worked at the home for a long time and people using the service felt comfortable in their company. Staff told us they would not hesitate to raise any concerns with the manager if they saw poor practice taking place.

The service carried out a resident’s survey in 2012. We reviewed these surveys and found that the comments were positive and reflected what people told us on the day. People were asked their opinions about meals, activities,

cleanliness, laundry, security, repairs, and complaints. The provider may wish to consider carrying out a more up to date survey to capture people’s views more formally. People using the service told us they were happy to give feedback to staff who they saw on a daily basis. They told us that staff listened to their concerns.

There was an accident/incident book that was kept at the home in which staff recorded any relevant details. There had been very few incidents at the home. Health and safety checks had been carried out at the home which helped to ensure the environment was safe.

There was evidence that the manager considered improvements to the service. She had gone to great lengths to refurbish the whole house to make it more spacious for people. She considered the safety of the people during these extensive works and took them on holiday while the work was being completed so they were not exposed to any dangers or dust. The home had been refurbished to a high standard with a brand new kitchen, an extended lounge/dining area, a redesigned bathroom on the first floor and an extra toilet installed on the ground floor. New furniture had been purchased for both the communal areas and people’s bedrooms. People told us that they loved their new environment and that it was a big improvement.