

Ms Iolenta Castelino

# Therese Care Home

## Inspection report

144 Gassiot Road  
Tooting  
London  
SW17 8LE

Tel: 02087675407

Date of inspection visit:  
24 January 2023

Date of publication:  
27 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Therese Care Home provides residential care for up to 3 people with mental health needs. At the time of our inspection there were 2 people using the service.

### People's experience of using this service and what we found

People told us that Therese Care Home was a safe place to live and they considered it their home. This was due to the length of time they had been living there and the stable staff team that had supported them over the years.

People using the service were kept as safe as possible from harm because staff understood what steps to take to reduce and manage any identified risks to them. Staff understood how to protect people from abuse, including who to report any concerns to.

There were enough staff employed to meet people's needs, including taking them out into the community and supporting them with their personal care and medicines support needs. Medicines were administered safely by staff who had been trained to do so.

The home was clean and hygienic. Staff used Personal Protection Equipment (PPE) effectively.

There was a warm, open culture within the home. We received positive feedback about how the home was run by the manager.

Staff carried out checks to ensure that people continued to receive a good level of care. These included medicines, infection control, health and safety and other checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 29 August 2018). The overall rating for the service remains good. This is based on the findings at this inspection.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Therese Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Therese Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Therese Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is not required to have a registered manager to oversee the delivery of regulated activities at this location, this is because the service is managed by an individual. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

#### Notice of inspection

The inspection took place on 24 January and was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and health professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the manager, 1 care worker and 2 people using the service. We also reviewed a range of records, including 2 people's care plans and risk records and 3 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including audits and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable abuse and harm.
- People had been living at the home for a number of years and told us they considered the service their home and felt safe living there. 1 person said, "Yes, I am safe here. No problem."
- Staff were aware of what steps to take if they were concerned about people's safety and who to raise a safeguarding alert with. They were able to tell us the tell-tale signs of potential abuse.
- The manager confirmed there were no safeguarding cases that were under investigation and had not been for a number of years.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed so they could continue to live in a safe way.
- Risks in relation to people's health was managed in a safe way. For example, one person with diabetes was assessed regularly by staff and external healthcare professionals such as the diabetic nurse and GP.
- Other risks such as high cholesterol, blood pressure and risks in relation to poor personal care were assessed and managed by staff.
- Staff understood the risks that people faced and supported them to manage those risks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the provider was working within the principles of the MCA.
- The manager confirmed that none of the people using the service were under a DoLS. People were free to come and go as they pleased, and they told us they did so, going out for a walk or to the shops for their everyday needs.
- Staff asked people for their consent and offered them a choice when supporting them with their medicines and at mealtimes. People had signed agreement and consent forms in relation to adhering to certain house rules.

### Staffing and recruitment

- There were enough staff employed to support people.
- There had been a stable staff team who had worked at the service for many years, no new staff had been recruited since before the previous inspection.
- All staff had Disclosure and Barring Service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People using the service told us staff were always available to help them, including taking them out for appointments at the hospital and in the community.

### Using medicines safely

- People continued to receive medicines in a safe way from staff.
- People told us that staff helped them to take their medicines when needed.
- Care plans included guidance for staff about the medicines that had been prescribed for people.
- People's medicine records were completed accurately by staff and these were checked by the provider to ensure there were no medicines errors.
- Medicines were stored securely in a locked cupboard within the acceptable temperature range.

### Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection. Records showed that staff had received training in infection control and food hygiene training.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. Regular cleaning took place which helped to ensure that this was being managed safely.
- There were a number of infection control guidelines on display including hand washing posters on display. People told us, and we saw that the home environment was kept clean and hygienic.

### Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

### Learning lessons when things go wrong

- The provider had systems in place to monitor any incidents or accidents that occurred.
- There had been no incidents or accidents that had taken place over the past year.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home's culture was person-centred, open and inclusive.
- People told us they felt comfortable around the staff and the manager of the home. They had lived there for many years and considered Therese Care Home their 'home' and staff treated them like their own family.
- People living at the care home and staff working there were very positive about the way the service was managed.
- The manager operated an open door policy where people and staff felt comfortable approaching her. We received positive feedback from staff regarding the leadership style of the manager and how well run the care home was.
- The organisation's vision and values were on display in the home and staff had signed up to these.
- The provider understood their duty of candour responsibilities and was open and honest with people. They confirmed, and records showed, there was not a need to act on this in the past year.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was supported by a long standing, consistent staff team who had worked with the service and supported people for a number of years.
- There was a daily schedule of tasks for staff to follow during their shift which helped to ensure the service ran well and people's needs were met.
- The manager carried out audits to monitor the quality of service.
- These included checks on daily notes, medicines, cleaning record checks and health and safety audits such as fridge/freezer temperature checks, fire safety inspection certificate and gas safety checks.
- The manager understood their regulatory responsibilities and submitted statutory notifications to the CQC as required.

Working in partnership with others

- The provider worked in partnership with others in supporting people using the service.
- There was evidence that people using the service had reviews with social workers and were supported to attend health appointments such as annual health checks and screening programmes

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to gather feedback and hear the views of people. However, due to the size of the service these were often informal.
- People told us they spoke with the manager every day and they were confident that any issues raised would be acted upon. They said, "[The manager] listens, yes she always listens to us" and "They (staff) ask us what the food is like and what we would like to eat."
- The manager held regular team meetings with staff where their views were heard.
- Due to the open culture within the service, people and staff often spoke directly with the manager and provided feedback on an ongoing basis which were taken on board and acted upon.