

Leonard Cheshire Disability

# St Teresa's - Care Home with Nursing Physical Disabilities

## Inspection report

Long Rock  
Penzance  
Cornwall  
TR20 9BJ

Tel: 01736710336  
Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

St Teresa's – Care Home with Nursing Physical Disabilities, provides accommodation with personal and nursing care for up to 27 people. There were 24 people using the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the 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's experience of using this service and what we found

People said they felt safe and well cared for. Relatives agreed with this view and commented "They have really kept all the residents very safe and they have thought about the residents as opposed to themselves – that is clear."

There had been several changes in the management of the service since the last inspection. The recently appointed registered manager and regional manager had implemented the Leonard Cheshire organisation policies and procedures at the service. Staff found some of these changes challenging. For example, a review of staffing levels and deployment of staff around the service. Meetings with senior managers, human resources and staff were held to reach a compromise in how staff would be deployed around the service. Staff felt listened to and were satisfied with the allocation of core staff to particular units so that people could be supported by staff that knew them well.

People told us, as did relatives (with one exception) that there were sufficient staff on duty to meet people's needs. Staff felt if the staff rota was adhered to there would be sufficient staff on duty to meet people's care needs. The difficulties arose when staff went sick at short notice or did not turn up for shift. When this occurred staff completed additional shifts or agency staffing was arranged. The provider has reviewed and continues to monitor staffing levels across all departments.

Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people.

People told us 'residents' meetings were held so that they had the opportunity to share their ideas on how the service was run. They also felt able to speak with the staff at the service.

People said the quality of meals had 'improved' and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition.

Care plans contained information about people and their care needs. People were supported to make

choices and had their support provided according to their wishes.

People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised any concerns with health professionals to address their health care needs. Staff worked in partnership with health and care professionals.

Staff were patient and friendly, and people's privacy and dignity were respected. Staff knew how people preferred their care and support to be provided.

People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had followed national and local Infection, protection and control guidance in line with the Covid-19 pandemic. The providers policy covered the use of PPE, handwashing, cleaning protocols, testing and the visiting policy: which had been recently reviewed to help visitors to see their families safely.

Systems were implemented to ensure the effective management of medicines. Staff who were administering medication were trained.

There were effective quality assurance processes in place to monitor the quality and safety of the service. There was clear provider oversight and they had ensured effective and competent management was in place.

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 24 January 2018).

#### Why we inspected

We received concerns in relation to staffing levels and the impact this had on the quality of care and support that was being provided. We also received some concerns about the management of the service. As a result, we carried out a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Teresa's- Care Home with Nursing Physical Disabilities 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 until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was Well-led.

# St Teresa's - Care Home with Nursing Physical Disabilities

## **Detailed findings**

## Background to this inspection

### The 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 was a focused inspection to check on specific concerns that had been reported to the Commission. We looked at the service's staffing levels, recruitment practices, staffing support, risk management systems, incident recording, complaints and review processes.

### Inspection team

The inspection was carried out by two inspectors. An assistant inspector contacted relatives by telephone to gather their views on the service.

### Service and service type

St Teresa's - care home with nursing physical disabilities (St Teresa's), is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We announced the inspection two days before we visited to discuss the safety of people, staff and inspectors with reference to Covid 19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

We had not requested the provider send us a provider information return as this inspection was completed in response to information of concern that the commission had received. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people the service supported.

We met with the registered manager and regional manager. Due to the concerns raised we invited all staff to have an opportunity to speak with us if they wished. We spoke with 11 staff during the inspection visit. We offered all staff the opportunity to contact the inspector following the inspection visit if they wished to share their experience of working at St Teresa's. One staff member responded.

We reviewed the care records of three people and medication records for people who used the service. We reviewed the supplementary care records, recruitment process, staffing records and quality assurance records.

#### After the inspection:

We spoke with 8 relatives. We reviewed records provided to us by the registered manager. We continued to seek clarification from the provider to validate evidence found.

We sought feedback from health and social care professionals regularly involved in people's care.

# 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 Good. The rating has remained the same. This meant people were safe and protected from avoidable harm

### Staffing and recruitment

- We had received a number of whistle blowing concerns that staffing levels were not sufficient to meet people's needs. Staff told us that if the staff rota was adhered to there would be sufficient staff on duty to meet people's care needs. Difficulties arose when staff went sick at short notice or did not turn up for shift.
- Feedback from the majority of people was that there were sufficient staff on duty to meet their needs. With the exception of one relative, they told us, "I have no concerns about staffing, I know they have had a few go off but that seems unavoidable in the circumstances" and "We know staffing is a problem, we knew the staff were a bit uncomfortable about the arrangements but that was six months ago. It has not affected [person's name] and I think the staff morale is fine."
- The regional manager, registered manager and human resources manager met with staff to discuss the staffing of the service and how staff were deployed around the home. From this a recent agreement was reached that team leaders would allocate 'core' staff to particular units on each shift so that people were supported by staff who knew them well. This was received positively by staff. Staff commented, "The rotas are made 4 weeks in advance so the team leader can now look at staff skill and experiences and can pick staff to (work in) a unit. Residents and staff are happier as the allocation (of staff) is much better."
- Staffing rotas were rereviewed, and evidenced that 13 care staff and two nurses were on duty from 07.30am to 3pm, after which there were 11 care staff and 1 nurse on duty from 3pm to 9pm, with an additional staff member that could support around the service where needed. At weekends one nurse was on duty throughout the day/evening. At night there were four care staff and a nurse on duty. Due to the concerns raised by staff, the timings of shifts were reviewed, and the finish time of the afternoon/ evening shift was amended from 7.30pm to 9pm.
- The service had been recruiting to posts. For example, they increased the domestic hours, partially due to the increase in infection control processes, and had recruited a new domestic staff member to the service. Two activity staff and a cook had also been recently recruited. A permanent physiotherapist had been appointed and commenced her post on the day of inspection. Regular agency staff were being used to cover any absences.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- The registered manager was undertaking a review of people's care to ensure that people were receiving the correct support. The regional manager assured us that the service was staffed sufficiently and was being monitored and reviewed.

### Systems and processes to safeguard people from the risk of abuse.

- The majority of people told us they felt safe and well cared for. A relative told us, "They have really kept all the residents very safe and they have thought about the residents as opposed to themselves – that is clear."

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One person told us they were sometimes unhappy with how they were spoken to. The registered manager agreed to investigate the matter and if necessary, take appropriate action.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.

#### Assessing risk, safety monitoring and management

- Care plans contained risk assessments for keeping people safe whilst also maximising their independence. Risk assessments identified hazards and actions for staff to take to minimise those risks.
- Risk assessments were very specific and comprehensive around behaviour and its effect on other people. For example, staff ensured people who had behaviour that might challenge other people were regularly observed for theirs and others safety.
- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced. One person had made a determined effort to leave the building. The registered manager was in consultation with commissioners to review this person's support needs and in the interim had increased the level of individual staff support.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

#### Using medicines safely

- Medicine systems and processes were in place. People received their medicines safely and on time.
- The stock of medicines tallied with the Medicines Administration Record (MAR).
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- Staff were trained in medicines management to help ensure ongoing safe practice.

#### Preventing and controlling infection

- The provider had reviewed the Infection, protection and control policy to take account of the Covid-19 pandemic. The policy covered use of PPE, handwashing, cleaning protocols, testing and the visiting policy: which had been recently reviewed to help visitors to see their families safely.
- Visitors had their temperature taken and were asked to sign to state if they were well and symptom free. Hand sanitiser was available at the entrance and around the premises for visitors to use. When visiting people inside the home, families were provided with the appropriate PPE. Relatives told us, "When I visited recently, I wanted to get a phone line fitted in [person's name] room and they were very clear with me about what the expectations were for PPE and the BT Openreach engineer coming and ensuring they had to have PPE and making sure [person's name] is not in the room at the same time as the engineer. When I was there, we were socially distanced, temperature taken, masks worn and someone was gently observing that to make sure that happened, but not in an intruding way" and "The staff are tested every week and [person's name] is tested regularly."
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing personal protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections. Staff had been provided with training on the safe use and disposal of PPE.
- People and relatives were complimentary in how the registered manager encouraged contact with their



loved ones. Relatives said, "I have received emails and phone calls and yesterday had a facetime call with my [family member] – they ensured there was regular contact using facetime, email and after lockdown visiting once a week – outdoors" and "We have been allowed to visit only for half an hour outdoors – with the weather changing they have no facilities, we can wrap up but not good for the residents. We spoke to them yesterday about this and we suggested a solution and they are listening." The provider was planning visiting arrangements inside the service, in line with current guidance. There were plans to allow families to see people in a comfortable relaxed convivial environment in poor weather.

- The service appeared clean and was free from malodours. There were cleaning schedules in place which were regularly completed.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, concern was raised about the number of staff available to provide PEG (Percutaneous Endoscopic Gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach) support. Due to this further specialist training was provided to more staff.
- Notifications were sent to the Care Quality Commission when appropriate.
- People were invited to share their experiences and views at regular opportunities. Issues raised were dealt with by the registered manager as needed.

# Is the service effective?

## Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We received concerns that staff had not received relevant training. Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Staff told us they had attended relevant training. Training methods were currently restricted, due to Covid-19, to online programmes and inhouse competency checks.
- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff new to care completed the Care certificate. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings, daily handovers and one to one meetings were held to help ensure effective communication and enable staff to raise any issues and share ideas.
- Relatives told us they found staff were competent and were able to converse with them about their family members care and support needs. They told us, "Since [person's name] has been at St Teresa's his care has been phenomenal and has eased my mind. His privacy and dignity are respected, his hospital admissions are now nearly non-existent, and he has high complex needs. The care has been incredible."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans showed people's needs had been assessed and planned for. People told us they were involved in the development of their care plans.
- Care plans contained sufficient guidance, information and direction for staff to meet people's needs. People were happy with how staff cared for them. Changes in people's needs led to a timely review of the care plan. One person contacted CQC and told us, "My family are very happy with the care. They meet my dietary needs. They have had no COVID-19 cases, all use the correct PPE. Good activities always keep people busy if they want to take part. My mental health has improved, and everyone is treated like an individual. You enabled not disabled."
- Staff provided and recorded care and support in accordance with what was stated in people's care plans.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food had "improved" and were pleased with the review of the menu and changes made.

- Staff were aware of any specific dietary requirements for people, for example, if people had food disorders, allergies or needed their food to be pureed to minimise the risk of choking. One person had written to the service commenting, '[cooks name] has gone out of his way in preparing differing foods to tempt me and awaken in my taste. Psychologists, psychiatrists have all failed whereas [cooks name] has been enthusiastic about veganism and is constantly presenting me with combinations of taste, reawakening within me a 'joy' and pleasure of food.'
- Care plans included information about people's dietary needs and their likes and dislikes.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Staff had received specialist training to support people when eating and drinking, for example PEG training. This meant there were always sufficient staff on duty to support people with their specific dietary needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged and supported to have their medical needs met. People could access their GP via a video link when needed. Some healthcare professionals were physically visiting the service, wearing PPE, when appropriate.
- Health and social care professionals were provided with information and advice was shared with staff to help ensure people's needs were met.

Adapting the service, design, and decoration to meet people's needs

- People were able to access all areas of St Teresa's. All the accommodation was situated on the ground floor level and corridors were wide enough for people to use their mobility equipment independently.
- Kitchen areas were adapted so that sinks/ cookers etc were on worksurfaces, which could be adjusted to the persons height for use. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Outside space was available to people. People were encouraged to spend time outside in the nice weather.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received specific training about the requirements of the Mental Capacity Act 2005 and understood their responsibilities regarding it.
- People told us staff always asked for their consent before commencing any care tasks.
- People had their capacity assessed, when necessary, to check if they could make their own decisions. The

best interest process was used when people were unable to make decisions themselves.

- There were processes for managing MCA and DoLS information and there were records held of which people had DoLS applications made. There was one authorisation in place at the time of this inspection. Any changes in restrictive practices were highlighted to the relevant authority
- People and families were encouraged to be involved in people's care plan reviews.

# Is the service well-led?

## Our findings

Well-Led – This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Since the previous inspection there had been four manager changes. Staff told us that previously they never felt a part of the 'Leonard Cheshire' organisation and were unaware of the organisations policies and procedures. With the new regional and registered managers in post, Leonard Cheshire organisational policies and procedures were being implemented in the service. Initially some staff were not satisfied with the changes that were introduced, for example a review of staffing levels, staff deployment, new records and audit systems. Staff said that following meetings with the regional and registered manager and human resources manager that they now had an 'understanding as to why changes were needed.' Some staff were fully supportive of the changes and others were still getting used to the new processes.
- The staff told us they felt the regional and registered manager were keen to listen to their suggestions and ideas. For example, the allocation of care staff to units was listened to and implemented, as explained in the safe section of this report. Staff said they felt able to approach the managers and were confident that they would be listened to.
- From conversations with staff and reviewing records it was evident staff had received supervision and relevant training to support them in their role.
- The provider had a defined organisational management structure. The regional manager was visiting and was in contact with the service regularly and therefore there was increased oversight and input from senior management. A representative of the provider was present at this inspection.
- The management team were very familiar with people's needs and preferences and worked alongside the care staff when necessary.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff were clear about their aim of providing person-centred care. They had comprehensive oversight of the service and understood the needs of people they supported.
- Residents meetings had been held to share information with people and seek their views of the service provided. The chairperson of the residents meeting was putting up posters informing people of when the next meeting was to be held. People told us that the registered manager listened to their views and acted upon them.
- With the exception of one relative they felt communication between them, and the management team was good. They told us, "I don't have any concerns and if we did we would mention it to them [registered

and deputy manager] and know if we did have anything we would raise it and it would be sorted."

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 registered manager had notified us of incidents and safeguarding promptly as they are legally required to do.
- Staff and the management team took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- The management team promoted the ethos of honesty, learned from mistakes, and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Complaint records evidenced that any concerns raised to the managers were investigated, feedback was provided to the complainant and a discussion took place to see if lessons had been learnt and what action would be taken.
- People, relatives and staff told us they were happy to raise any issues with staff or management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff we spoke with said they now 'understood' the rationale for changes and "fully back them". Staff said that some staff were still not fully accepting of changes and that they as a team needed to work together to ensure that the changes were made to improve the quality of the service.
- People told us residents meetings were held plus they felt able to speak with the staff at the service and they had been helpful.
- Relatives told us that with the recent registered manager appointment, she had introduced relative / residents' meetings. "Since [registered managers name] has been there, we had meetings for residents/relatives every two months, this was pre-lockdown and we were able to suggest improvements, and we could suggest garden improvements – sometimes it is hard to access the garden with a wheelchair easily. Before we never had any of those meetings."
- A survey was being planned to send out to families and staff to seek their views on the service. The provider had suspended the usual surveys due to the pressures of Covid-19 at this time.
- People's equality characteristics relating to sensory and physical disabilities were being carefully considered so they could navigate the service more easily.

Continuous learning and improving care

- The provider was keen to learn from lessons and improve care. For example, when a medicines error had been identified there was a full investigation into how this occurred and what could be done to prevent reoccurrence. The lessons learnt from this were shared in a clinical meeting with staff, signage in respect of the medicine procedure was updated and refresher training provided.
- Senior staff, the registered manager and the provider completed regular checks on the quality of the supplementary records completed by staff. These checks were effective, and action was taken where improvements were identified.
- Regular meetings were held with staff to support shared learning and share information about the organisation.

Working in partnership with others

- The service worked in partnership with a number of organisations such as the local authority, speech and language therapists, mental health team and other health and social care professionals. This enabled them

to ensure staff had the skills and support to deliver good quality care to people.