

Ms Iolenta Castelino

# Therese Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 3 February 2016 and was unannounced. The service met the regulations we inspected at their last inspection which took place on 14 November 2014.

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.

People using the service told us living there felt like home and that staff were caring and treated them nicely. They told us they felt safe living there and if they had any concerns they would speak to the care workers or go directly to the registered manager. They said the food at the home was nice and if they had any health concerns then staff would take them to see their doctor or other healthcare professionals.

People had the freedom to live life how they wanted and were able to go out when they wanted. People were consulted and gave their agreement to their care records and care workers asked for their consent before supporting them. The provider was aware of their responsibilities under the Mental Capacity Act (MCA 2005). Any restrictions placed on people were imposed with their informed consent and people understood these restrictions were in place to keep them safe.

There were enough staff employed to meet people's needs and the provider undertook appropriate recruitment checks for staff, although no one had been employed recently. Care workers told us they were happy with the training they received and felt supported by the registered manager.

Care workers supported people to take their medicines which were stored correctly. Accurate records were kept when staff administered medicines. People were supported to attend healthcare appointments when needed and care records contained correspondence from healthcare professionals which indicated their healthcare needs were being met.

Care records had been reviewed recently and were up to date. They recorded people's support needs and their level of independence which meant staff were able to support them in an appropriate manner.

The registered manager ran a service that was highly personal and one which felt homely. There was a relaxed, informal atmosphere at the service.

## 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.

People at the service told us they felt safe and staff were familiar with safeguarding procedures.

There were enough staff to meet the needs of people.

Medicines were stored and managed appropriately by staff.

### Is the service effective?

Good ●

The service was effective.

Staff received training that was relevant to the needs of people using the service and told us they felt supported.

Care workers were aware of the importance of asking for consent before supporting people with personal care. Restrictions that were placed on people were done so with their consent.

People's healthcare needs were met and they told us they enjoyed the food at the home.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and friendly towards them.

Care workers were familiar with people's preferences and were aware of the importance of affording people privacy.

### Is the service responsive?

Good ●

The service was responsive. Care plans had been reviewed recently and reflected people's current support needs.

People were encouraged to pursue interests.

People told us they had no complaints to make but knew who to speak with if they did.

## Is the service well-led?

The service was well-led. Both people and care workers told us the registered manager had an open door policy.

The registered manager was familiar with people's needs and demonstrated that she had their best interests at heart. .

A number of environmental checks were completed which helped to ensure people lived in a safe home.

Good 

# 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 3 February 2016 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.

During our inspection we spoke with three people using the service, two care workers and the registered manager. We looked at three care records, three staff files and other records related to the management of the service.

After the inspection we contacted three healthcare professionals to gather their views of the service, however we did not hear back from any of them.

## Is the service safe?

### Our findings

People using the service did not raise any concerns about their safety and told us they were safe living at the home. Comments included, "Yes, I feel safe", "I'm well looked after" and "This is my home." They told us they would tell staff if they wanted to talk about anything.

Staff were also aware of their responsibilities under safeguarding procedures and were able to identify potential signs of abuse. One staff member said, "If they are not happy here, they would let you know" and "They may not behave as they normally would." Staff had received safeguarding training. There had been no safeguarding concerns received by the CQC or the local authority for any of the people using the service.

Care workers were aware of the risks to people and followed risk management plans that were in place for them which helped to keep people safe. Risk assessments for people were individual to their needs and included areas in which staff needed to be vigilant when supporting people, for example when in the kitchen and when out in the community.

People did not raise any concerns about staffing levels at the home. There were always two staff members available throughout the day and sometimes three. At least one member of staff also slept in overnight. One person said, "There is always somebody here, we are never left alone." A care worker told us, "There is always somebody here, we cover all the shifts ourselves."

The service followed safe recruitment practices. Although no new staff had joined in the past few years, staff records included application forms and other records related to their recruitment. These included proof of identity, references and criminal record checks.

People using the service told us they received their medicines on time and felt that staff were appropriately trained to do so. One person said, "They know what they are doing. They give me my medicines on time." Another said, "They give me my medicines."

We checked medicines management at the service for all three people. Medicines were stored appropriately in a secure cabinet and were kept in blister packs. We checked medicines administration records (MAR) and saw that staff completed these accurately in a timely manner. Staff were familiar with the medicines that people took and what they were used for.

The provider had a medicine's policy and procedure in place which care workers followed. They had received training in medicines management and told us they were confident with medicines practice.

## Is the service effective?

### Our findings

Staff received training which helped them to carry out their roles effectively. In the past year, they had attended training in Mental Capacity Act 2005 (MCA) awareness, safeguarding and the Care Act 2014. One care worker said, "[the registered manager] always tells us if there is training coming up. She comes with us as well." The registered manager told us they always looked out for any training that was available and always made sure that they booked staff onto it.

Both the care workers who we spoke with had been working at the service for over seven years and told us they felt really well supported. They told us the registered manager made herself available to them and they were able to discuss any concerns they had with her.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

Staff had attended training in the MCA and DoLS and demonstrated a good understanding of them. One care worker said, "The MCA is used to make decisions for people that are not able to do so themselves." They told us that they also asked people for their consent before supporting them. One care worker, "This is their home, we give them a choice and ask them what they would like to eat and before we give them their medicines." Another said, "It's their choice, what time they go to bed."

Care records clearly recorded people's consent in a number of areas including their consent to be supported in relation to their medicines. There were agreements in place in relation to certain house rules as well which people had signed. We spoke with people about these rules and they told us they agreed with them and understood they were in place for their safety. People had also signed their care plans.

People using the service told us they were not restricted from leaving the home and we observed them going out during our inspection. One person told us, "They don't stop me from doing anything." Another said, "I have freedom, nobody stops me from doing anything. I go out by myself and sometimes with [the registered manager]."

People using the service told us they really enjoyed the food at the home, telling us "Food's good, I like roast beef", "Food is fine", "We get a cooked breakfast on Saturday" and "I eat more here than I did at home."

There was a menu on display showing the planned meals for the week. Staff told us they involved people when planning the menu. Healthy diet information sheets were available to help staff with meal planning.

They said, "They like different types of food", "If they want anything different from the menu, they can choose something else." They told us they prepared food for people and sometimes encouraged people to help prepare meals. A food diary was kept with details of what people had to eat. We saw that people were provided with a varied diet, including lamb, chilli, chicken, pork, pies and roasts. Fresh fruit was available in the kitchen for people to help themselves. None of the people had specific cultural or dietary requirements in relation to their food.

The kitchen was clean and stocked with good quality food and snacks which people were able to help themselves to if they wanted. Staff recorded fridge and freezer temperatures daily and opened foods were seen to be within their use by date.

People using the service were registered with a local GP and told us they had no concerns about their healthcare needs. One person said, "I go the doctor if I need to, staff take me." Care workers were familiar with people's physical and mental health needs and told us they supported people to go to appointments with healthcare professionals. One care worker said, "We take them to appointments." People had regular reviews with the community mental health team and care records contained details of healthcare appointments that people had been supported to attend, including a diabetic screening programme, outpatient reviews, and reviews with their psychiatrist.



## Is the service caring?

### Our findings

People using the service told us they enjoyed living at the service and that it felt like home. They said, "I'm happy", "I like all the staff", "I couldn't ask for more" and "They are very good here."

There was a calm and relaxed atmosphere at the home. It was evident that the length of time that people had lived there and staff had worked at the service had contributed to a feeling of familiarity that we saw in the informal manner in which people and staff spoke with each other. People told us they all got on well with each other and they wouldn't want to live anywhere else.

Staff were familiar with people's preferences, their personality and their family history. They knew the types of food they liked, their morning and daytime routines and what activities they enjoyed doing.

Staff told us they encouraged people to be as independent as possible and only supported them when required. They said, "All of them are capable of doing things for themselves. Some need a bit more prompting than others", "They do help with some chores, washing up", "It's good to encourage them to maintain their independence", "They help us to tidy their rooms" and "They are independent. We wash their clothes but apart from that they look after themselves." Care records documented each person's level of independence in relation to a number of areas including personal care, dressing, mobility, eating and medicines. People's level of communication and cognitive abilities was also documented. This helped staff to gauge how much support people needed.

People were given opportunities to have their say in how they wanted to be supported and said they were encouraged to take part in the running of the home. They said staff respected their choices and gave them privacy when needed. People lived in their own bedrooms which were furnished according to their wishes. They told us that staff respected their privacy. Care workers were aware of the importance of giving people their private time and of the need to protect their dignity when supporting people with personal care.

People told us that staff encouraged them to maintain family relationships and that relatives were able to visit them at any time. Comments included, "My cousin came the other day" and "My brother comes to see me."

## Is the service responsive?

### Our findings

People using the service told us they had the freedom to live how they wanted. They said, "I enjoy artwork. I go out and buy paper and pencils", "I'm happy", "I go out every day for a walk", "I go every Sunday to church, I go by myself" and "I go out by myself."

The provider had taken steps to try and get people more involved in community activities and to pursue interests that were relevant to them. One day before our inspection, two people using the service were supported to go to a local day centre. We asked people if they enjoyed it and whether they would continue attending. They told us it was nice and they were willing to "Give it a go, see how it goes." The day centre ran three days a week and offered a number of activities such as art, an exercise class and a get together. People told us they went out to eat together at a restaurant and also went out by themselves in the community every day.

All sections of care records for people using the service had been recently reviewed in October 2015, these included peoples personal statements, their medicines consent, their communication, social relations, and religious needs. This meant that care workers had access to up to date information in relation to these aspects and people could be assured their documented support needs were current.

A personal statement was completed for each person, this included a brief history of the person and their agreement to the contents of the care records. Personal information included current medicines that people were taking and contact details of professionals involved in their care. Support plans were in place for people in relation to their physical, social/emotional and individual wishes/desires. These were reviewed on a yearly basis or if a significant change had occurred.

Care records contained a good level of person-centred information in relation to people's likes and dislikes and recorded people's lifestyle choices and their religious/cultural needs. Care workers told us they followed care plans to ensure people were getting the support they needed. People that we spoke with told us their support needs were being met by staff.

People using the service told us "I have no complaints", "I would tell staff" and "I would speak to [the registered manager]" when we asked them what they would do if they were not happy and wanted to complain about something. Care workers told us they listened to people's concerns and always took steps to make sure they were happy. A complaints book was kept by the provider and we saw that there had been no recorded complaints. This was reflected in what people told us during the inspection.

## Is the service well-led?

### Our findings

People using the service told us the registered manager had an 'open door' policy and they could approach her whenever they wanted. One person said, "She is available all the time if I need to speak to her." Another person said, "She's great. Very helpful."

Care workers spoke in similarly positive ways about the registered managers' approach. They said, "She is a god person to work for. She's good for all of us" and "I wouldn't want to work anywhere else."

The registered manager told us she wanted to create an environment where people felt safe and which they could call home. She said, "I treat everyone like my own family, the residents and the staff." The registered manager ran the service by herself as an individual and was the sole owner. This meant that she was able to provide a highly personal service and was extremely familiar with both the needs of people using the service and the management of the service.

People using the service told us they felt comfortable giving feedback about any aspect of the service and said they were confident their views would be considered.

There was an accident/incident book for the service which was used by staff to record any significant events. There had been no incidents in the past year.

Policies and procedures were in place for a number of areas including medicines, accidents, safeguarding and fire procedure. These had been signed by staff indicating they had read and understood them. Accurate records of financial transactions, including receipts were retained by the registered manager.

A placement review by a social worker carried out in November 2015 showed that there were no concerns about people's welfare.

Other checks to satisfy health and safety requirements were completed, including a fire protection and maintenance service check carried out in July 2015, an internal fire risk assessment in April 2015 and current gas and electrical safety certificates. These checks helped to ensure the environment was safe for people to live in.