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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

We inspected Therese Care Home on 30 July 2018. This was an unannounced inspection.

At the last inspection, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

Therese Care Home 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.

Therese Care Home provides personal care and accommodation for three people with mental health needs.

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 had lived at the service for several years and told us they felt completely at ease and settled there. They referred to the service as their home. They said staff were caring and friendly and like a family to them. They said the registered manager looked out for them and had their best interests at heart. There was a small, dedicated staff team who had also been at the service for several years, this helped to foster positive, caring relationships with people. There was a homely, friendly feel to the service.

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

People received support in relation to their medicines and their ongoing health needs. Staff supported people to attend any medical appointments. There was evidence that the provider worked in collaboration with community health and social care teams to provide a good service to people that met their individual needs.

Support plans were in place which reflected people's current needs. They included details of where people needed support, their level of independence and their preferences in terms of how they liked to be supported. They included any cultural needs that needed to be respected.

People lived independent lives and were supported to access the community and to pursue any hobbies or

interests.

People using the service told us they did not have any complaints but if they did, they would speak to staff or the registered manager. They felt confident their concerns would be heard.

The registered manager was aware of the responsibilities of her role. There was an open culture at the service which was reflected in the observed practice we saw on the day of our inspection.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 was planned to check 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 comprehensive inspection took place on 30 July 2018. The inspection was carried out by one inspector and was unannounced.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with two people using the service, the registered manager and two care workers. We reviewed a range of documents and records including; three care records for people who used the service, two staff records, as well as other records related to the management of the service such as complaints and audits.

Is the service safe?

Our findings

People using the service told us they felt safe living at Therese Care Home. All three people had lived there for over 10 years and were fully settled there. They said that they treated each other like family and that staff treated them like their own. Comments included, "They all treat me well, I have no problems", "I feel safe here, this is my home" and "I have no troubles."

There had been no safeguarding concerns raised for any of the people using the service since the last inspection. Staff that we spoke with were aware of what steps they would take to safeguard people from abuse. They were able to identify the different types of abuse and who they would contact if they had concerns. The provider had a safeguarding policy in place which reflected the safeguarding policy from the local authority.

People were able to exercise choice and control in relation to how they lived their life and the risks assessments in place reflected this. There were minimal restrictions in place for people and those that were, had been agreed by people who understood they were in place to keep them safe. Risks to people and the environment were completed and mitigated against. There were risk assessments in relation to fire safety, the use of COSHH, radiators and hot water.

There were records in place for documenting any incidents or accidents that had taken place, the registered manager confirmed that there had been no incidents since the last inspection. This was reflected in the discussions we had with people and staff. There was an incident and accident procedure for staff to refer to if required.

There was a stable staff team in place that had been working at the service and with the registered manager for over 10 years. They covered the staff rota between them and there were sufficient staff available on each shift to meet people's needs. Staff were available to support people if they needed to attend any appointments or be taken to the day centre. No new staff had been recruited for several years.

People using the service were supported to take their medicines in a safe manner. People told us, "They give me my medicines on time."

Medicines were stored appropriately. There were Medication Administration Record (MAR) charts in place for people, these were completed appropriately by staff in a timely manner when they administered medicines to people. These showed that people received their medicines as prescribed. There was a handling of medicines policy in place to guide staff in relation to the medicines support people received.

Is the service effective?

Our findings

Staff told us they felt well supported by the registered manager and the long period of time they had worked together meant they had a very close relationship with each other. They told us they could approach the registered manager for any issues and told us she always listened to them and supported them. The registered manager met with staff on a regular basis to ensure they were happy with their role.

We found that no formal training had been delivered to staff in the past year. The registered manager said with the small, consistent staff team that had been in place for several years along with the same people using the service meant that there was little formal training to be done. There was evidence that issues such as safeguarding, medicines, health and safety and infection control were discussed during staff and one to one meetings and staff were reminded of their responsibilities for each area. However, we highlighted to the registered manager to have a formal training plan in place for staff.

As no new people had moved into the service for 10 years, there were no records in place in relation to an assessment of their needs prior to moving in. These had all been archived. However, there was evidence that care and support was reviewed regularly and appropriate referrals to external professionals were made which helped ensure people's needs continued to be met.

Staff work collaboratively with community services to meet people's needs. People were under the care of the community mental health team who carried out reviews to ensure the placement was appropriate for them and continued to meet their needs. There were no concerns identified.

People were supported in relation to their health and staff supported them to attend any appointments. They said, "They come with me to the GP, they help me", "They help me to go to the doctor" and "[The registered manager] takes me to the Hospital."

There was evidence that people were supported to attend regular health appointments, for example to see the optician, podiatrist, and their GP. People were also supported to attend the hospital, to go for diabetic screening reviews. They also had regular medicines reviews. Letters of upcoming appointments were kept in a diary.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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). We checked whether the service was working within the principles of the MCA.

People's views and consent in relation to a number of areas including access to their bedroom keys, if they needed any support at night, if they needed medicines support were all recorded. Care plans included a section around people's cognitive function, their decision making, communication and memory needs.

People using the service had the capacity to make decisions related to their care and treatment. This was reflected in their care records which they had signed and agreed to.

Nobody was under any restrictions from leaving the service or subject to a Deprivation of Liberty (DoLS) authorisation.

People were supported to eat and drink enough to maintain a balanced diet. People said, "I eat most foods, I like rice and curry", "The food is nice", "We get a cooked breakfast every Saturday and Sunday - I like that a lot" and "Lunch was good, I had a sandwich and tea."

There was a four-week menu at the service which reflected a balanced diet, reflecting people's diverse needs. Breakfast was cereal and toast with a fried breakfast on weekends, lunch was either a soup, sandwiches or salad. Dinner was varied and consisted of homely meals such as lamb chilli, pork chow mein, chicken stew, steak and kidney pie, roast chicken, and casserole. The fridge, freezers and kitchen cupboards were well stocked with good quality food products. People were able to help themselves to any snacks that they wanted.

People told us that staff supported them with their meals. Staff prepared meals and people were encouraged to help with laying the tables. None of the people using the service needed support with eating or had complex nutritional needs that affect their health.

The home was in very good decorative order and there was a homely feel to the service. Individual preferences were considered in how people's bedrooms were decorated. There was a lounge, dining and kitchen area that was suitable for the number of people living at the service. There was a small garden providing an outside space that was suitably maintained. None of the people required specialist or adaptive equipment to support them.

Is the service caring?

Our findings

People using the service told us that they were very well cared for and that their fellow housemates and staff were kind and considerate towards them. One person said, "We are all like a family here." Other comments included, "Things are alright", "[The registered manager] is always around, I've known her for such a long time she is like a friend", "I'm alright, I'm good", "[The registered manager] looks after me and the care workers are nice."

Interactions between people using the service and staff were very friendly, it was apparent that the length of time that people had lived at the service, being supported by the same, dedicated staff team meant that long term, established relationships had developed. Everyone was comfortable in each other's company. One person said, "I get on with everyone here." People told us that staff supported them to maintain relationships with family where these were important to them.

People were involved in decisions related to their care and support. They told us they lived independent lives. People said they were given the autonomy to be able to make choices about how they lived their lives. One person said they woke up when they wanted and were given the choice of whether to attend the day centre or not. Comments included, "The furthest I can walk is to the shops, anything further [The registered manager] takes me", "I don't like going to the day centre, I go for a walk in the morning. I go by myself", "I walk to Tooting Broadway", "They help me with my lunch and dinner and my washing. I can have a bath by myself."

Care records included people's wishes, desires and hopes. They also included people's religious and spiritual needs, we found these were being met by the provider. One person, a devout Roman Catholic, was supported to attend mass. People's interests, activities and their likes and dislikes were also recorded. Staff were familiar with these and demonstrated how they supported people to pursue these interests.

People's privacy and dignity were respected by staff. People were independent with their personal care but needed prompting and reminding to do so. Staff were aware of the importance of privacy and how they would support people in this regard. One staff said, "We wait outside the bathroom and ask if they need any help, if they don't we leave them alone." Staff encouraged people's independence and encouraged them to take responsibility for their daily living tasks.

Is the service responsive?

Our findings

Each person had support plans in place which identified their support needs. These were reviewed on a yearly basis by the registered manager. People and care workers were involved in reviewing care records. Staff were familiar with people's support needs and were clear how they supported people in line with their care records.

People had 'Wandsworth shared care plans' in place, these were in place so that professional, local and national standards were met. This also helped to ensure continuity of records when sharing information with other health and social care professionals. These had been reviewed recently and included details of, the health professionals involved in their care, any health problems and baseline measurements such as height, weight, body mass index, blood pressure and pulse rate.

People's support needs and level of independence were documented in relation to a number of areas including any communication needs, personal care, mobility, sleeping and eating. A daily diary was maintained with details of how people spent their day and what support they were given in relation to personal care or medicines.

The service supported people to attend community based activities and encouraged them to maintain their hobbies and interests. People using the service attended day centres on a regular basis where they took part in art classes, met with other people in the community and exercise classes. The service encouraged people to attend these by arranging transport or taking them themselves. They said, "I do a lot of drawing and sketching and reading", "I go to the day centre, on Thursday they have an art group and I enjoy that", "The minibus comes and picks me up or I get a cab."

People using the service told us they did not have any concerns or complaints. They said they would speak to the staff or the registered manager if they were concerned about anything. They told us they were confident that their concerns would be listened to and acted upon. There had been no formal complaints received by people, relatives or external professionals.

There was a complaints procedure in place, with details of how people could make a complaint and who they could contact outside of the service for example, the CQC.

Is the service well-led?

Our findings

People using the service said the service was well-led. They said they had a very good relationship with both staff and the registered manager. They said if they had any concerns the staff team were quick to respond and act. We saw that there was an open relationship between people using the service and staff.

Although the staff team were small, they worked very well together and supported each other and people using the service in a manner that demonstrated the service was well led. The staff team and the registered manager had been employed at the service for a long time which helped this relationship to develop. Staff said the registered manager was approachable, friendly and looked after their well-being. One staff member said, "[the registered manager] always looks out for you, she is very caring and like family." The registered manager was a regular presence at the service and was hands on in supporting people and being part of the regular staff team.

The providers statement of purpose referred to privacy, dignity, independence, choice and fulfilment. We saw the provider was committed to working towards achieving these.

The registered manager was also the owner of 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 was aware of her legal responsibilities as the responsible individual and the need to notify the Care Quality Commission of any reportable incidents such as any serious injury or safeguarding concerns.

Quality assurance checks were completed which helped to maintain a good standard of service. For example, the registered manager was responsible for ensuring care records were up to date and reflected people's needs. She also completed checks on the medicines records to see if they were being completed correctly.

The registered manager carried out regular engagement with people using the service and staff this included consulting them on menus, activities they would like to take part in and any general concerns they had.

The service worked in partnership with external organisations to support care provision. The registered manager said they had good relationships with the community mental health team. This was reflected in the care records we saw. Collaborative working with external professionals was also seen through the development of shared care plans.

The service was subject to regular maintenance checks. For example, we saw current inspection certificates for the fire extinguishers and the gas safety certificate. A fire drill was carried out monthly.