

Trustees of the Congregation of the Sisters of St Anne

St Teresa's Home for the Elderly

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

St Teresa's Home for the Elderly 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. There were 25 people using the service at the time of our inspection.

A registered manager was in post at the time of this inspection. 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.

This inspection visit took place on 18 and 24 January 2018. Our first visit was unannounced. This meant the service did not know we would be visiting. The last inspection of St Teresa's took place in December 2015 when we found the service was meeting legal requirements.

The service was exceptionally caring. People using the service told us they were treated in a kind and caring manner by staff who knew them well. People and their relatives commended the quality of the care they received. They said that St Teresa's had a warm, caring and compassionate approach underpinned by a strong Christian ethos.

People were supported to stay safe by the systems and practices in the home. Any identified risks to people were assessed and checks of the home environment and the equipment in use regularly took place.

People were supported to take their medicines safely and as prescribed. They had good access to external health services such as the GP and were supported to stay healthy. People said they liked the food provided to them. They were given choice and could eat the meals they enjoyed.

There were enough staff to meet people's needs. A consistent established core team of staff provided continuity of care to the people staying there.

Individual care and support needs were fully assessed, documented and reviewed at regular intervals. Care plans reflected people's whole lives and helped staff to deliver personalised care. The service was particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of their life.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. They had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern.

Staff we spoke with were confident of the service provided to people and said they would recommend St

Teresa's to others. Staff said they felt valued and had access to supervision and additional support when required.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff worked in people's best interests and understood the importance of gaining people's consent before assisting them.

The service was well led. The registered manager and her team monitored the quality of the service and made changes to improve the service provided when required. People who used the service and their relatives found the management team to be caring, approachable and responsive.

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.

There were enough staff on duty to meet people's needs and keep them safe.

The service identified risks to people's safety and undertook assessments to reduce the risk of harm.

Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

There were safe arrangements in place for the storage, administration, recording and disposal of medicines.

Is the service effective?

Good 

The service was effective.

Staff were provided with training and support that helped them care for people effectively.

Staff provided appropriate support to those who required assistance with their meals.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Outstanding 

The service was exceptionally caring.

People using the service were treated with kindness and compassion. Staff enabled people to be independent and always treated them with respect and dignity.

People's lives were valued. Staff knew people very well, listened

to them and provided personalised care.

The managers and staff at St Teresa's provided exceptionally caring and compassionate support at the end of people's lives. People's spiritual needs were met well by the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised, fully addressed people's care and support needs and were regularly updated.

People were supported to take part in activities and to maintain contact with family and friends.

People using the service and their relatives felt able to raise concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

An experienced and skilled management team promoted high standards of care and support for people using the service at St Teresa's.

Staff were well supported by the managers who were approachable and listened to their views.

The ethos of the home was positive and promoted the delivery of high quality compassionate person-centred care.

St Teresa's Home for the Elderly

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.

Before the inspection we reviewed information we held about the service including a Provider Inspection Return (PIR) and any statutory notifications. Statutory notifications include information about important events which the provider is required to send us. A PIR is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Our first day of inspection was unannounced and both visits were carried out by one inspector.

During the inspection we spoke with 12 people who used the service, three relatives of people using the service, four staff members, the office manager, the care home director and the registered manager. We looked at three people's care and support records. We also looked at records relating to the management of the service including staff training and recruitment, medicine administration and quality assurance checks. We received feedback from one external health and social care professional during our visits.

Is the service safe?

Our findings

People using the service said they liked living at St Teresa's and felt safe there. One person using the service said, "I'm very happy here. I do not want to leave here. I like everything about it." Another person told us, "It's nice, comfortable. I feel safe." A third person commented, "Absolutely wonderful."

People's views were shared by relatives and friends of people we met while they were visiting the service. One relative said, "It's very good." Another relative told us, "As soon as I came here, I loved it. I wanted my relative to stay here."

People told us there were usually enough staff on duty to meet their needs. Records seen and staff we spoke with confirmed this. One person said, "All day I get attention. It's excellent." Another person told us, "The staff availability is not bad." A third person made the comment, "Yes enough around but perhaps only just." Our observation was that staff were available and responded promptly to calls for assistance. The co-location of the communal areas and offices meant that senior staff were also on hand to assist when needed.

An external health professional told us one of the strengths of the service was that it benefited from a stable workforce, commenting that it was "obviously a nice place to work."

People said they were treated well by staff and felt able to report any concerns to the management team. One person said, "They treat me kindly." Another person commented, "The staff are polite." A relative said, "They treat people very well here. I have not seen anything I did not like." Staff received safeguarding training and knew what to do to help make sure that people were protected from neglect, abuse and discrimination. One staff member told us, "I would go straight to the matron."

Staff were aware of risks to people's wellbeing and how to manage them. Risk assessments were completed to help people stay safe. For example, around the risk of falls, malnutrition or developing pressure sores. These were reviewed on a monthly basis.

People received their medicines as prescribed. Medicines were being stored safely and securely and our checks showed that medicines were administered correctly. Regular checks were carried out by senior staff to make sure people were receiving the right medicine at the right time and that accurate records were kept by staff.

Recruitment systems helped to make sure that the right staff were employed to support people to stay safe. We looked at the personnel files for three members of staff. Each file contained evidence that criminal record checks had been carried out along with references and proof of identity. Criminal record checks identify people who are barred from working with children and vulnerable adults and inform the service provider of any previous criminal convictions.

There were systems in place to help promote infection control. People using the service and their relatives

said how clean the home was kept. One person told us, "My room is lovely and warm. It's always clean – everyday they come in and everything is done." Another person commented, "It's very clean." A relative said, "It's clean and bright. Her room is lovely."

The risks associated with the environment and equipment in use were assessed and reviewed. Regular checks of fire safety equipment and fire drills were completed. Other checks such as electrical or health and safety assessments were also carried out to help maintain people's safety.

Staff understood their responsibility to raise concerns and report any incidents or accidents. These were recorded and monitored by the registered manager. Records we saw confirmed the action taken in each instance. For example, the GP being called and the next of kin being informed.

Is the service effective?

Our findings

The registered manager carried out assessments of people's needs before they came to live at the home. These focused on all aspects of the person's care and support needs and how these would be met by the service. The registered manager spoke of the need to balance people's needs in order to ensure everybody received an effective service.

The staff at St Teresa's had the right competence, knowledge, qualifications, skills and experience to carry out their roles. Records showed that staff had access to training in areas such as food hygiene, safeguarding, first aid, infection control and moving and handling. More specialist training attended included catheterisation, management of diabetes and verification of death.

New staff were supported to complete an induction programme which was tailored to the home. The service had started to implement the Care Certificate as part of their training for staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Supervision and appraisal were used to develop staff, review their practice and focus on their professional development. Records showed that staff were also supported through regular group and individual supervision sessions. In addition to these formal meetings, staff said they could approach the managers informally to discuss any issues they had.

There was a strong emphasis on the importance of people eating and drinking well. The service provided good quality food with different options to choose from each day. The dining environment was pleasant and the food well-presented when we visited. A spectacular sweet trolley follows the main lunchtime meal each day offering a variety of options to people using the service. People requiring assistance received it in an unhurried manner and adapted dining utensils and cups were available to help people be independent.

Comments from people about the food included, "I'm quite happy. You get plenty of choices", "Could not be any better. You ask and you get", "I've just had a lovely lunch" and, "The food is good." One person said, "Nothing scintillating. It's what one likes to eat." Another person commented, "The food is great. Excellent." They told us that they had gained weight and been healthier since coming to live at the home.

Nutritional assessments were completed and people's weight monitored. We saw an example where one person had lost weight. A GP visit was requested and supplementary drinks commenced. Records showed the person's weight had stabilised.

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 when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required.

We saw staff had received training around the MCA and DoLS. Staff upheld people's rights to make sure they had choice and control over their lives and knew to support them in the least restrictive way possible. One staff member told us, "We give people choice" and gave examples of how they did this. For example, showing them different clothes or things to eat. They spoke about the importance of knowing people and their preferences well. We observed staff giving people choices throughout our visits.

Assessments were completed where bedrails were used to help keep an individual safe. We suggested improvements to the paperwork in use to make sure that the decision making process was fully documented. For example, around if the person could understand, retain, weigh up and communicate information relating to the decision being made.

The service made appropriate and timely referrals to other relevant professionals and services, and acted on their recommendations. An external health professional told us, "They are very happy to take on tasks. I trust them." Records showed people had good access to their GP, optician, dentist and chiropodist. Support was provided for people to attend more specialist health appointments.

Is the service caring?

Our findings

People living at St Teresa's were respected and valued as individuals. The home's stated aim was to provide a happy, homely and relaxed atmosphere where people were cared for until the end of their lives. The culture of the home was clearly one of compassion and the people living there were at the heart of the service.

People using the service told us that they felt extremely well cared for and that staff were helpful, caring and compassionate. One person said "It's absolutely magnificent. The staff are caring – exceptionally so." Another person said, "The staff are very kindly." A third person said, "The staff are very nice. Always kind." Other comments included, "We could not be in a better place" and "I love everything about it."

A relative told us, "I'd put them as outstanding. It's a small home. The ethos is marvellous." They commented particularly on the calm atmosphere that was evident throughout our inspection. A second relative told us, "It's a caring family environment with an underpinning Christian ethos. The staff are outstanding with very little turnover." Another relative said, "They are very good - very helpful. I would recommend it."

A visiting health professional said that they rated the home as one of the two best in the local area saying, "It's all about the care here."

We saw recent written compliments received by the home. One letter from a relative complimented the excellent care provided to their relative in a "loving and caring" environment. Another letter commented on the experienced staff "whose patience and kindness shone through". A third letter spoke of the "unstinting love and care" given to their relative whilst a fourth stated that the care had gone "beyond the expected. Your patience and kindness was obvious throughout."

A consistent staff team had developed positive relationships with people using the service and knew them well. Some staff had worked at the home for over 20 years and the staff we spoke with had each been working there for over three years. One staff member said, "We all get on." Another staff member told us, "We know people and their family very well. It has a homely atmosphere."

The staff spoke highly of the care provided and said they would recommend the service to others. One member of staff told us, "I wish everybody could find care like this." A second staff member commented, "I would love my relatives to be here. I would fight tooth and nail to bring someone here."

Respect for privacy and dignity was at the heart of the service's values. Both people and staff felt respected and listened to. A person using the service said, "It's a very nice place. The staff are very good. They treat me respectfully." Another person commented, "They are always pleasant, always there for us." One staff member told us of the support provided to them by the senior managers saying, "They treat me like an individual. They sit down and talk with me." Another staff member said, "All of them are supportive, they come to help us."

Staff had recently attended a dignity training session led by the registered manager. One staff member told us how they reflected on their practice after the session saying, "I need to keep developing my skills. It's their home and we must strive to help people to be independent." The session had addressed the meaning of dignity, underpinning legislation and exploration of different scenarios of how people's dignity could be disrespected or upheld.

Staff gave us examples of how they made sure people's dignity was upheld. For example, speaking discreetly to someone if they required assistance with personal care when around other people. One staff member said, "I always shut the door when helping people in their bedroom, make sure they are covered up." Another staff said, "I treat people how I would like to be treated."

Staff demonstrated a real empathy for the people they supported. One staff member said, "The people here get treated well. No-one is left out." Another staff member told us, "The people here are lovely. It's a small community. They can have whatever they want – a cup of tea at midnight if they want it."

People's personal histories and cultural backgrounds were known and respected. We saw that people's life histories were at the front of their care file and displayed in their bedrooms. This helped staff and visitors see the person as an individual with their own rich history and likes and dislikes. It was easy to get important information quickly from each person's care file, for example, about how they like to be addressed and supported but also their preferred drink and even their favourite flower. One relative said, "They always call my relative by their right name" saying this was important as it was how they had been addressed throughout their life. Memory boxes were also used to help people find their rooms and to support their identity. These boxes contained pictures of people through their life and objects that were significant to them.

Staff gave us examples of how they used their knowledge of people to provide person centred care. For example, a staff member spoke about how they talked about food from another country with one person who had lived there many years ago. They recognised that the person had retained their memories of this time and sometimes spoke of it as if they were still there. This knowledge enabled positive interaction and helped increase the person's wellbeing.

A relative told us that the home had worked positively with them to make sure they could communicate with a person in their first language, making sure they had key phrases in writing for staff to use. They commented, "They [staff] kept asking me. They really tried – exceptional effort." We saw these phrases were available in the dining area when we visited. The office manager kept pictures of another person and their family on their computer to support conversation and engagement when they came to see him on a regular basis. This helped them feel happier if they were feeling down.

The managers and staff at St Teresa's were particularly sensitive to times when people needed caring and compassionate support. The service had achieved beacon status accreditation from the Gold Standards Framework (GSF) for their end of life care. The GSF is an evidence based approach to optimising care for people approaching the end of life. To achieve beacon status, a service must show innovative and established practice against the standards. The GSF report for St Teresa's stated that "relatives spoke very highly of the care, dignity and compassion that staff give." Letters seen from relatives praised the home for the care provided to their family members at the end of their life. One letter said, "Thanks to you, she had a dignified end." Another letter said the "excellent" care started "from the discussion you had with mum about her end of life wishes" through to her "passing and funeral."

The small size of the service and the sense of community engendered within meant that the service was

exceptional at helping people to express their views, preferences, wishes and choices. People told us they knew all of the senior staff and were listened to. One person said "They know me. They help me." Another person said, "They always listen." A stair lift replacement was planned that recognised the feedback from people on upper floors to make it easier for staff to assist them using the stairs.

Is the service responsive?

Our findings

People's needs were met through the way the service was organised and delivered.

Care planning focused on the person's whole life, including their preferences, abilities and how they prefer to manage their activities of daily living. Good detail was included that, along with the life history, helped staff see the person as an individual and get important information about how they liked to be supported.

One person's plan talked about their cognition, highlighting what they could do and the support they might require. For example, that they could recognise staff by face but not by name and that family was important to them so they may speak often about their relative. Information about personal care emphasised the person's independence and how they could participate in washing and dressing. Important facts were highlighted for staff to note. For example, 'does not like a shower' or 'does not like carrots'.

We saw each plan was reviewed regularly and kept up to date to help make sure they met people's individual needs.

In-house and external activities were organised and facilitated for people using the service. One person using the service said, "I think there are enough activities. We have outings to different places." Another person said, "We were all singing last night. There is an exercise class and arts and crafts." A third person commented, "We always have the Chapel." Entertainers visited during our inspection and some people also went on an afternoon trip to the theatre in Wimbledon.

A part-time staff member offered regular activities that included exercise, art and craft and gardening sessions. A volunteer facilitated a weekly newspaper group and a 'pat a dog' visited on a monthly basis. Trips out to Painshill Park and local tea rooms took place in better weather. People's birthdays were celebrated. A letter of compliment said "The care you took to make mum's birthday such a special and enjoyable day."

Regular newsletters documented trips out, parties and visits from local choirs. People's lives were celebrated through a regular residents profile along with news about staff and new developments at the home.

People using the service and their relatives felt confident that, if they complained, they would be taken seriously, and their complaint or concern would be listened to. One person said, "I would go to see the matron." Another person told us, "I would talk to Sister Patricia [the care home director]."

The service was particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of their life. Feedback from an external professional stated that "St Teresa's provided exemplary end of life care for their residents." Information leaflets were made available to people using the service and their relatives about the GSF, emotional support and advice along with practical arrangements. The service had more recently incorporated the Kubler Ross Model around the five stages of

grief into their End of Life training for staff on bereavement.

Care files showed that people's wishes were consistently obtained including their spiritual needs. For example, ensuring that a person received the sacrament of the Anointing of the Sick in accordance with their beliefs and wishes.

As St Teresa's was run by the Congregation of the Sisters of St Anne, the service was very responsive in enabling people to engage with their religious beliefs. The home had strong Christian ethics, but all denominations were welcomed. People attended Mass on both days we visited in the home's own chapel and this facility could be used for private prayer by all. A Church of England Service was also held on a monthly basis. Some people told us how important their faith was to them and was the reason they wanted to live at St Teresa's.

Is the service well-led?

Our findings

St Teresa's was consistently well-managed and led. The leadership and culture of the home promoted the delivery of high-quality, person-centred care.

People using the service and their relatives told us the service was well-led. One person said, "Both of the managers are really excellent. They listen to me." Another person commented, "Things are working really well." A third person said, "The matron and Sister Patricia always listen." A relative told us, "I know [family member] is in good hands."

St Teresa's was led by an experienced management team. This comprised the registered manager, the care home director, deputy matron, office manager and a consistent core team of senior staff. A long standing head chef and maintenance man completed the team adding to the in-depth knowledge of the service.

Staff felt respected, valued and supported and said that the managers and senior staff were open and available to them. One staff member commented, "They look after us." A second staff member told us, "I can approach any of them." Another staff member praised the support given to them by senior staff when they were having problems outside of work.

Staff were proud of the service and felt confident in the quality of care provided. One staff member said, "It's brilliant, people are treated well here." Staff told us that the senior staff made sure high standards were maintained and would offer guidance in a supportive manner when required. One staff said, "Matron is like a hawk. She will tell us there and then. She is supportive." Another staff said, "Matron will always pull staff in to the office if needed."

Quality assurance forms were sent out in September 2017 with positive results recorded across all feedback questions. 100% of respondents said that the managers were approachable with the same percentage rating the care as either excellent or very good. We saw the feedback was used to improve the service with changes made, for example, a visiting health service was reviewed following comments made.

There were systems in place to monitor the quality of the service being provided. There was a quality assurance system in place that included regular audits of areas such as medicines and the home environment. Numbers of hospital admissions and falls were monitored with analysis taking place to identify any learning and possible improvements. For example, falls were looked at in terms of where, when and how to see if there were any recurrent themes. A stair lift replacement was planned to improve the support given to people when moving around the home.

The provider worked well in partnership with other professionals to make sure people received appropriate support to meet their needs. Care records showed how the service engaged with other healthcare agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. The registered manager and other senior staff regularly attended local forums for care homes and were taking part in newer initiatives such as the 'red bag' scheme helping to keep people's belongings and important

information with them if they go in to hospital.