Homely Care Limited

St Theresa's Rest 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 was carried out on 8 January 2019 and was unannounced.

St Theresa's Rest Home is a residential care home for older people with varying physical and emotional needs including some people who are living with dementia. At the time of this inspection there was 23 people living at the service.

At our last inspection we rated the service 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.

People told us that they felt safe living at St Theresa's Rest Home. Care staff were able to give examples of they would identify potential abuse and the actions they would take to protect and safeguard people from abuse.

Risk assessments were detailed and person-centred and gave clear information and guidance on how care staff were to support people with their identified risk and to keep them safe and free from harm.

Systems and processes were in place to ensure people received their medicines safely, as prescribed and on time.

Recruitment processes followed by the service enabled them to only recruit staff that had been assessed as safe to work with vulnerable adults.

People were 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 were supported to live a healthy lifestyle and maintain positive well-being. People had access to a variety of health and social care professionals to enable this.

Staff were supported through training, supervisions and annual appraisals to effectively carry out their role.

People were observed to enjoy their meals and confirmed that they were always given choice and offered an alternative where a meal was not of their liking. People always had access to snacks and drinks of their choice.

People and their relatives knew who to speak with if they had a complaint to raise. They were confident that

if they did raise a concern that this would be dealt with immediately and appropriately.

Care plans were person centred and gave detailed information to care staff on how to support people according to their needs and preferences.

We observed caring and respectful interactions between people and care staff. People had established positive relationships with all staff who worked at St Theresa's.

People and their relatives knew the registered manager very well and felt confident in approaching them and the management team at any time.

Management oversight processes in place allowed the service to check the quality of care and support that people received so that where required the appropriate improvements, learning and development of the service could be implemented.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St Theresa's Rest 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 inspection took place on 8 January 2019 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the provider and six staff which included the registered manager, the health service manager, two senior care assistants and two care staff. We also spoke with eight people living at the home. We looked at four care records and risk assessments, seven people's medicine records, five staff files and other paperwork related to the management of the service including staff training, quality assurance and rota systems. Following the inspection, we spoke with 11 relatives.

Good

Is the service safe?

Our findings

People and their relatives told us that they and their relative felt safe living at St Theresa's Rest Home. People told us, "Oh yes, they are a very good here" and "I feel very safe here." Relatives comments included, "I do [believe relative is safe] and she is comfortable", "She is settled now. They take care of her" and "I feel so relaxed now that she is here."

Care staff were able to describe the different types of abuse, how to recognise possible signs of abuse and the steps they would take to report their concerns. Safeguarding training was provided to care staff and refreshed on an annual basis. Staff knew how to 'whistle blow' and named agencies such as the police, the local authority and the Care Quality Commission, to who they could report their concerns to ensure people were kept safe from harm and abuse.

People's risks associated with their health, medical and care needs were identified comprehensive risk assessments had been completed which gave care staff information and direction on the identified risks and how to manage or reduce the risks so that people were supported to remain safe. Risk assessments covered areas such as mobility, diabetes, pressure sores, behaviours that challenged and nutrition. For example, for one person who had noted behaviours that could be challenging, risk assessments in place identified the risk, detailed known triggers for the person and the actions to take to support the accordingly. Risk assessments were reviewed on monthly or sooner where people's needs had changed.

People received their medicines safely, on time and as prescribed. Records seen which included Medicine Administration Records were complete and there were no identified gaps in recording. Where people had been prescribed 'as and when needed' medicines there were protocols for each medicine in place that gave staff guidance on when to administer them. 'As and when needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious or are in pain.

Medicines were stored securely and appropriately. Where people were required to receive their medicines covertly, appropriate documentation, authorisations and best interest decisions were in place to support this decision. Covert administration of medicines are when people receive their medicines that are disguised in food or crushed.

The registered manager ensured that daily and monthly checks and audits were completed to ensure the safe administration of medicine and that records were completed correctly. Staff received training in medicines which was refreshed each year. Staff also underwent regular competency checks around medicines to ensure that they were safe to administer people's medicines.

Care staff recruited and employed by the service had been assessed as safe to work with vulnerable adults. Checks carried out by the service included criminal records checks, references from previous employers, proof of identification and the right to work in the UK.

Throughout the inspection we observed there to be sufficient numbers of staff available to support people safely and appropriately.

Care staff received training on infection control and how to protect people from the spread of infection. We saw that care staff had access to a variety of Personal Protective Equipment to use, which included gloves and aprons, when supporting people with personal care.

Accidents and incidents had been clearly recorded which included details of the incident and the actions taken. An analysis of trends and patterns was then completed by the registered manager on a monthly basis of all accidents so that allowed the service to implement learning and improvements to prevent further occurrences and ensure people's safety.

The home had up to date maintenance checks for things like gas, electrical installation and fire equipment. Food hygiene processes in place promoted the provision of food which was safe to consume.

Good

Is the service effective?

Our findings

People and their relatives were overwhelmingly positive about the skills of the care staff that supported them and their relatives and were assured that all staff received the appropriate training that they required. One person told us, "Oh yes they have been trained." One relative explained, "Yeah, they seem to be. He [person] had a lot of aggression, but they handled it well. They know him very well."

Care staff told us and records confirmed that regular training was provided to care staff to enable them to effectively carry out their role and to be made aware of changes and improvements in health and social care practices. Any new staff employed by the service underwent an induction and orientation to people living at the home, policies and procedures and the working environment. One of the care staff told us, "We get training every so often, its good to help me so that we can learn more." Regular supervisions and annual appraisals also formed part of each staff members support and development programme.

The service carried out pre-admission assessments, before a person's placement could be agreed, so that the home could confirm that they would effectively be able to meet their needs and wishes. The assessment looked at the person's mobility, personal care needs, continence needs, communication and behavioural needs. Once the placement was confirmed the information gathered, was transferred into a care plan which detailed how the service would meet people's identified care needs.

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 Safeguarding (DoLS). At the time of this inspection we found that the home was appropriately following the processes as stipulated by the MCA. People, where required, had DoLS authorisations in place which protected people and the service from receiving and delivering inappropriate care.

People had signed their care plans and where people were unable to sign, due to their lack of capacity, this had been clearly documented. Where appropriate relatives had signed to confirm their involvement in the planning and delivery of care were this was assessed as being in the person's best interest. One relative told us, "He has a DoLS in place. He does not understand, but they do try to explain what they are doing." Staff had received training in MCA and DoLS and were able to explain how this could impact on the people that they were supporting.

People were observed to enjoy the meals that the home served to them. We saw people were offered choice of what they wanted to eat or drink and where people did not like what they had chosen, an alternative was offered and provided. One person told us, "Oh yes, if you don't like what they give you they will make something especially for you." One relative said, "They keep an eye on her weight. Meal time is her favourite time of the day." Where people had specialist dietary requirements this had been clearly documented in the person's care plan and guidance had been provided to all staff members including those responsible for meal provision so that the requirements could be adhered to.

People were supported to access a variety of health and social care professionals to maintain and promote

their health and well-being. Records documented visits from GP's, social workers, dentists, opticians and district nurses. Where people had been identified requiring specialist input due to a specific need or concern, we saw referrals had been completed and sent to professionals such as dieticians and Speech and Language Therapists which had resulted in people receiving the appropriate care and support.

The registered manager and staff team worked well with each other and with other services to ensure people's individual needs were effectively met. Daily handover meetings between the staff team ensured effective communication as well as daily records and handover notes which detailed significant events or observations that would allow further follow up and action where required.

Good

Is the service caring?

Our findings

People and their relatives told us that care staff were kind and caring. Comments from people included, "The staff are brilliant!" and "Very good." Feedback from relatives was, "They [care staff] have a great attitude to all the residents. I have never seen an abrupt word", "They are very sympathetic. They are lovely" and "They care."

We observed that people had established caring, warm and friendly relationships with the care staff that supported them. We also saw people respond and interact positively with the registered manager and the provider who, we were told, were always visible around the home. One person told us, "They [care staff] are caring, I feel they are friends." One relative stated, "Oh yes, it is very much like a home."

We asked people if they were involved in the planning and delivery of the care and support that they received. One person told us, "Yes I was." Relatives were also asked about the level of their involvement and whether the service engaged with them and ensured their involvement towards their relatives care provisions. Comments from relatives included, "They talk to me all the time about [person] care and plan" and "I am happy that they involve me."

Throughout the inspection we observed people were always asked what they wanted to do and how they wanted to do things. We saw that whenever people asked for anything or made a statement this was acknowledged and followed by care staff. One person was seen to ask for a jug of water to be placed on their side table. This was done immediately. Another person was observed asking for their daily newspaper, which was immediately provided.

Care plans clearly documented people's faith and cultural requirements including the ways in which they wished to be supported in practising their faith. The home organised monthly church services for people to attend. The service had also set up a minority and ethnicity file which was a reference tool that staff could access to learn about different religions and cultures and how to appropriately care and support people according to their faith and culture.

People confirmed that they were always treated with dignity and respect by all care staff. Relatives also confirmed the same with one relative telling us, "They are very careful with people's dignity." Care staff were able to demonstrate ways in which they ensure people's dignity and respect was always upheld. One care staff told us, "I respect all the residents and if they come out with something I would respect their decision unless they are in danger. When we are washing them we shut the door, help them privately. I would not go and broadcast things about people."

We observed people were supported to be as independent as practicably possible. People were able to access all areas of the home as and when they wanted. One care staff explained, "I encourage them, we talk about it, if there is a situation, we talk it over and we let them speak their mind."

Good

Is the service responsive?

Our findings

Care plans were detailed and person centred and reflected people's individual needs and how care staff were to support people in response to those identified needs. Care plans detailed people's needs in relation to their personal care, mobility, diet and weight, communication needs, daily living and social activities. Care plans were reviewed monthly or sooner where significant changes had been identified.

Care plans also contained information about people's daily choices and preferences. This listed people's hobbies, likes and dislikes, interests, activities, favourite foods, a family tree and past life history. This gave care staff significant information about people so that they could relate to their past experiences and gain a better understanding and appreciation for the people that they were caring for. We observed that care staff knew people really well and responded to them according to their known traits and personalities.

Where people presented with behaviours that challenged, this was documented with details of the behaviours people may present with, the triggers that may cause these behaviours and techniques for care staff to use to de-escalate the situation. For one person, we saw records detailing how the service had worked with the person, their relatives and a variety of health care professionals to manage their behaviours and support them into positive well-being. The relative of this person told us, "[Registered manager] gets things sorted for [relative]. She fights for people to get what they need. They [care staff] are lovely and sympathetic and will sort out what she needs. They will tell me what's going on. She is settled now. They take care of her, they are so kind and treat her with respect."

The home organised and delivered a variety of activities for everyone to participate in as well as the provision of certain activities which were based on people's individual interests and hobbies. During the inspection we observed the mobile library service visit the home to deliver a set of books for one person who enjoyed reading. This was an on-going service where the person received a change in books on an on-going basis. Activity records seen documented activities that were delivered on a daily, weekly and monthly basis and included movement to music, story telling, live entertainment, arts and craft. One person told us, "A young lady comes in once a fortnight to do an exercise class. The entertainment here is really nice." One relative said, "There is always something going on."

End of life preferences and wishes were noted within people's care plans. Details included the person's wishes about their religious and cultural preferences on what they wanted to happen following their death. Where people had Do Not Attempt Cardiopulmonary Resuscitation orders in place this had been clearly documented with an advanced care plan in place documenting people's wishes about how they wished to be cared for at that time.

People and their relatives knew who to speak with if they had any complaints or concerns to raise about the service that they and their relative received. People and their relatives were also assured that their concerns would be dealt with immediately and appropriately. Records seen of complaints that the service had received detailed the nature of the complaint and the actions taken to resolve the complaint. One person told us, "[Registered Manager] is always available. I have never had to complain."

Good

Is the service well-led?

Our findings

There was a registered manager 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.

People and their relatives knew the registered manager well and were complementary about their approach and the way in which they ran the service. One person told us, "She [registered manager] talks to you as an individual." Another person said, "I would recommend it here, it is very pleasant. I think everything is really good." Relatives comments included, "Yeah they are absolutely brilliant, they saved my life. Blimey if I get old and decrepit, I would come here myself" and "[Registered manager] is great, she is spot on."

Staff spoke highly of the registered manager and the way in which they were supported. One care staff member told us, "The manager is available and approachable, she is always available. Very good manager I must say." Another staff member explained, "I have supervision, if I have a problem I go to [registered manager] and she will sort it out. [Registered manager] has been supportive and she is supportive of the other carers."

Care staff told us that in addition to supervisions and annual appraisals, they were also supported through daily handover meetings and regular staff meetings. Meetings gave all staff an opportunity to share practices, gives suggestions for improvements, discuss concerns and learn. Topics discussed included emergency and incidents, care plans, equality and diversity, training and activities. One staff member said, "When we are all together we talk about everything, she [registered manager] does listen, she listens to everybody, so we do learn and we get the right information so that we can support people properly. Everyone has their own ways."

The registered manager had a number of management systems in place to oversee and check the quality of care people received and the condition of the environment. We saw regular checks and audits for medicines management, care plans and health and safety. Where issues or concerns were identified these were documented along with the actions taken to resolve the issue and improvements implemented.

People and their relatives were encouraged to engage with the home in giving their feedback about their experiences of living at St Theresa's, the quality of care they and their relative received and any suggestions for improvement. This was done through regular resident meetings and completion of satisfaction surveys. One person told us, "Yes, we talked about the food. We don't have to be afraid to ask for a change. They asked for ideas for outside visits and different suggestions." Another person stated, "We have residents meetings to discuss anything."

The home had established positive working relationships with a variety of healthcare professionals as well as community services and local schools. Records showed links with GP's physiotherapists, social workers and dieticians. The registered manager explained that they had also linked up with a number of local care

homes so that they could share practices as well as share resources together such as training. This meant that people had access to a range of holistic services which supported their health and well-being.