

St. Teresa's Home CIO

# 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Teresa's Home for the Elderly provides personal care to up to 28 older people, some of whom may be living with dementia. At the time of our inspection there were 22 people using the service.

### People's experience of using this service and what we found

The management and staff team demonstrated their commitment in enabling people to receive personalised high-quality care that met their needs.

The service was very caring with a warm and compassionate approach underpinned by a strong Christian ethos.

People told us they enjoyed living at St Teresa's Home for the Elderly. People said they were supported by kind, caring and respectful staff who promoted their independence and dignity.

People were supported safely. Risks were identified, assessed and managed. Medicines were managed and administered safely. People's health needs were met. People and their relatives were involved in making decisions about the support provided.

The home was clean and hygienic. There was a relaxed homely and friendly atmosphere when we visited. A range of activities were available. People spoke positively about the food provided and said they could give feedback and suggestions.

The service was well-led and consistently managed. People, relatives and staff spoke highly of the registered manager and home director.

A consistent and experienced staff team were well trained and supported to ensure they had the knowledge and skills to conduct their roles effectively. The staff worked well as a team. Embedded governance systems effectively assessed and reviewed the quality of care provided.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 1 December 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a change of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# St Teresa's Home for the Elderly

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

St Teresa's Home for the Elderly is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Teresa's Home for the Elderly is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

The first day of inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people living at the service, 1 relative and 4 staff members which included the registered manager. We reviewed 3 people's care records and 3 medicines records. We reviewed 3 staff recruitment records. We looked at a variety of records relating to the management of the service, including policies, procedures and audits. After the inspection we received feedback via email from 5 relatives and 4 staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff understood when people required support to reduce the risk of avoidable harm. The written assessments for each person helped staff to safely mitigate risks around important areas such as their mobility and falls.
- The service ensured the building was safe and well maintained through regular health and safety checks.
- The provider had safeguarding systems in place. Staff received training and knew what to do to make sure people were protected from harm or abuse.
- People confirmed they felt safe using the service. One person told us, "They look after me well. Very good." Another person commented, "They are with you. A brilliant crowd here."

Using medicines safely

- People's medicines were managed safely. Staff were trained in medicines management and were regularly assessed as competent to administer people's medicines.
- Staff were given clear guidance on when to administer 'as and when required' medicines.
- Regular audits were carried out of people's medicines to ensure records were accurate.

Staffing and recruitment

- There were enough staff to safely care for people. Staff were enabled to deliver personalised care which enhanced people's quality of life. People said staff were always available and were very attentive.
- The provider operated safe recruitment systems. This included checks on identity and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Infection Control Champions were in place. They told us that they had attended monthly updates on specific infection control procedures with regard to COVID-19 as well as updates on infection control of

other highly transmissible illnesses.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. A relative commented that the service "went the extra distance to try and ensure we could have safe visits" during the pandemic. A staff member confirmed this saying, "I think that St Teresa's handled the pandemic exceptionally well as a result of matron's decision to introduce PPE and other strict infection control measures sometime before they became mandatory. In addition to this the speed at which the garden rooms were built and the attention to detail of making the rooms homely enabling relatives to safely continue visiting their loved ones made a real difference."

#### Learning lessons when things go wrong

- Lessons were learnt by the service when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes were identified and any necessary action taken.
- The management team constantly reviewed the operation of the service and actively made changes as and when these were needed.



# Is the service effective?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

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

- People's needs were assessed before they moved in. This enabled staff to identify and assess any risks to people thus ensuring the service was able to support people in a safe manner.
- Care plans included assessments of people's needs which were updated when required.
- People and their relatives were involved in the initial assessment and on-going review process. People we spoke with were very happy with the support provided. One person commented, "Very good. They treat us very well."
- The registered manager was effectively supported by a small management team who kept up to date with changes in legislation and good practice guidance.

Staff support: induction, training, skills and experience

- People received effective care from staff who had the right mix of skills, knowledge, and support to deliver it. A relative commented, "My [family members] and I cannot thank the staff enough for their care."
- Staff received all the training they required. New staff were supported to complete an induction programme which was tailored to the home and mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors.
- Records showed staff received regular training that was refreshed periodically which helped to ensure they remained competent in carrying out their roles. A training matrix identified when staffs mandatory training required updating and showed us staff had received up to date training in important areas such as food hygiene, safeguarding, first aid, infection control and moving and handling. Furthermore, nursing staff completed additional training in the use of specialist medical equipment and health care practices to meet people's specific nursing and health care needs. One staff member told us, "The provision of training covers all mandatory aspects of care from fire safety to food hygiene and takes place in house on a yearly basis. We recently received training for male catheterization."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular meetings with their line manager, and an annual appraisal of their overall work performance. Staff told us they received all the support they needed.

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

- We received good feedback about the quality of the meals people were offered. One person said, "The food is very good here."
- We observed the mealtime in the dining area where some people had chosen to eat, their lunch remained relaxed and unhurried throughout this mealtime. A full sweet trolley followed the main lunchtime meal each day offering a variety of attractive dessert options to people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff. People told us staff were polite and respectful and ensured their consent before providing personal care.
- The registered manager understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS).
- Staff received training around consent and understood the need to work in people's best interests where they did not have capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives continued to be exceptionally positive about the compassionate and kind care provided at St Teresa's Home for the Elderly. The culture of the home continued to make sure the people living there were at the heart of the service. Managers and staff were passionate about providing dignified care that was personal to each individual and worked to ensure the best outcomes for people.
- People continued to be treated with kindness and were observed to be exceptionally well cared for. One relative told us, "I would like to say that St Teresa's has been an outstanding care home for my mother, who was resident there for more than 8 years after her memory made it unsafe for her to live at home."
- We observed staff positively engage with people in a respectful and kind manner; dedicate time to people and support people at a pace that suited them. For example, we observed multiple examples of people greeting staff warmly by name and were clearly familiar in their interactions.
- People and their relatives confirmed they felt staff were exceptionally caring. Comments included, "The staff were very patient and kind and understood their complex needs. They really appreciated their care and attention when they were not confused" and, "We found the team excellent on all levels."
- Managers and staff spoke about people with genuine knowledge and affection. Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. People's lives and achievements were celebrated. Staff knew people and could describe people's likes, dislikes and interests. One staff member told us, "I speak with people, get to know them and check their care plan also."

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices for themselves and staff ensured people understood and were in control of their care and support. One staff member told us, "Residents are given choice from the time they come to St Teresa's, from their care and daily lives to their menus. Dignity at all times."
- Staff understood people's different communication support needs. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. Staff demonstrated their knowledge of each individual to effectively communicate with people using both verbal and non-verbal communication.
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They knew people individually, how they communicated and the need to ensure they had understood their requests or responses.
- The provider supported people to access appropriate assessments and tools to enhance their lives.

- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. People and their family members told us they felt listened to and valued.
- Managers promoted positive risk taking and worked with individuals, those important to them and appropriate professionals to implement effective risk assessments. They ensured they gained consent from people and involved people fully throughout the process. The home director gave us examples of an individual who liked to go out for regular walks by themselves and how they managed these risks, recognising the importance of positive risk taking to enhance quality of life.

#### Respecting and promoting people's privacy, dignity and independence

- The service continued to provide high quality, person centred care where people felt listened to. Respect for privacy and dignity was at the heart of the service's values. People and staff felt respected and listened to. We observed people were in control of how they spent their time; what they wanted to do and when. Where people needed support to mobilise, we observed staff asking them where they wanted to go and getting people's permission before providing any hands-on support.
- People were fully involved and enabled to be in control about what happened in the home. We observed people being kept updated about planned visitors and events and staff asking people's permission and agreement to ensure they were happy and that it worked for them.
- The service built open, honest and supportive relationships with people and their relatives. One relative told us, "The staff have been very consistent and have been very caring to [person], to me and to the wider family. Before Covid their annual summer parties were a lovely opportunity for their large extended family to come to visit in a relaxed atmosphere." Another relative commented, "What strikes me about St Teresa's is there is such a good balance between kindness, humour and professionalism. When visiting you are greeted warmly and welcomed. Nothing is hidden. It has the feeling of a family. This includes all the staff, nurses, carers, the hairdresser and the handyman. Occasions are celebrated. There is inclusive laughter and humanity in the care and respect that is given for [relative] and she says for others too."
- Relatives spoke extremely positively about the way the service had managed during the COVID-19 pandemic. Many told us that managers and staff had supported their and their family members safety and wellbeing through an extremely difficult period.
- The registered managers and staff team had a strong core approach to providing individualised care, that promoted people's dignity. We saw staff treating people with respect. For example, we observed staff knocking and requesting permission to enter people's bedrooms and people were asked how they wanted to be supported with personal care. This gave them control of their dignity and how their personal care was provided.
- People's dignity was promoted through to the end of their life with a sensitive and respectful approach to their support and care. A relative told us of their experience saying, "We had a plan for how to manage end of life, and this was regularly reviewed with me. As she approached the end of her life, staff were very supportive to Mum and to me and she was able to die peacefully in her own bed. The funeral directors (who had never before come to the home) commented on how the staff all gathered to give her a send-off when they collected Mum."
- People were dressed appropriately, reflecting their wishes and positively upholding their self-esteem. People showed us their nails which they had been supported to have done. One example shared with us was how one person liked to have their nail varnish colour matched to their outfit and the importance of facilitating this for the person. A relative commented, "We visited [person] regularly and they always looked good, smart and clean. They ensured that they had regular haircuts and manicures and pedicures. Just the things that helped them feel good about themselves."

# Is the service responsive?

## Our findings

Our findings - Is the service responsive?

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a high standard of personalised care that was responsive to their needs. The support delivered and attention to detail around people's needs and wishes ensured that people received care that helped to enhance their wellbeing and their enjoyment of living at the service.
- People praised the provider's commitment to person centred care and the positive results this achieved. A care professional commented that they would like their loved ones to use this service if the need ever arose.
- People's beliefs, religion and diverse backgrounds were respected. People said they were supported to take part in activities that reflected their spiritual and cultural needs and wishes. For example, Catholic services were held on most days of the week in the home's own Chapel. In addition, the home director told us they had developed good links with various other local faith groups to help them meet the spiritual needs of everyone who lived at the care home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported by staff to participate in social activities, both in the care home and out in the local community, which reflected their social interests and wishes.
- People told us they were able to participate in meaningful recreational activities they enjoyed. For example, one person said, "We all do things together." Another person commented that they enjoyed the weekly exercise session.
- People were supported to maintain positive relationships with people that were important to them. The care home was open to visitors and staff continued to support people to remain in contact with family and friends who were unable to visit the service in-person.

End of life care and support

- People's wishes for their end of life, including their spiritual and cultural wishes, were discussed and recorded. This ensured staff were aware of people's wishes and that people would have dignity, comfort and respect at the end of their life.
- The service was accredited Platinum Status with the Gold Standards Framework (GSF). The Gold Standards Framework is a professional accreditation awarded to care homes in recognition of their high-quality end of life care practices. End of life training was available for all care staff and included in the induction for new staff.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns. A relative commented, "Emails are responded to and phone calls are made to let me know how [relative] is doing."
- The registered manager recorded and monitored complaints and compliments. Complaints were investigated and responded to in line with the provider's policy. Compliments were shared with staff to celebrate areas of good practice.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives benefited from a service that was consistently well-led with a proven track record.
- The service had a warm, caring and compassionate culture underpinned by a strong Christian ethos. A long-established senior staff team was in post with the registered manager and home director having led the service for over 20 years. People and their relatives praised the home's culture of personalised care. One relative commented, "The ethos in the home is amazing. Like a family." Another relative told us, "The bottom line was that [family member] seemed really happy there. During our visits, if one of the care workers came into the room, they would genuinely light up. You could tell that they felt a genuine connection with the team there. We feel lucky and blessed that the last years of their life were happy and dignified."
- The registered manager and her team continually looked at how to enhance the service. We were given multiple examples of improvements to the well-being of people from the person-centred care they received. For instance, one person told us, "I'm delighted that I came here. It's so nice to have company." Another person commented, "I don't think you could find better. They are a great crowd."
- A family member told us how their relative's quality of life had vastly improved since coming to live at St Teresa's. They praised the management team describing them as 'inspiring leaders' saying, "They make an effort to know [relative] as an individual person along with ourselves as family members. They and their staff find out what is important to them and follow through."
- The management continued to monitor and improve the operation of the service with year on year enhancements. For example, electronic care planning was due to be introduced as part of the current annual development plan for the service. They operated an ethos of always striving for excellence in care and their approach cascaded down to staff at all levels. Staff said they felt well supported by management. A staff member commented, "I think the standard of care is high and the environment is homely and nurturing." A relative told us, "The care that both of my parents had at St Teresa's was excellent."
- The staff team worked well with other professionals. Staff closely worked with the local GP to ensure people received the medical care they required.

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

- The service continued to be led by a strongly motivated and committed management team. They involved people and staff in thinking about creative ways to develop the service. One person told us, "You ask, they

think about it and then they do it. They bend backwards to please us."

- Staff felt supported by the management team and greatly valued the person-centred culture and ethos of the service, which always aimed to ensure compassionate care was delivered. A staff member said, "I think the residents at St Teresa's are kept safe and well by a dedicated team of staff who are committed to provide a high standard of personalised care." Another staff member told us, "Senior management are always happy to jump in and help. Our main aim is not to allow any disruption to the residents' lives."
- Since the last inspection the service had received praise and the highest platinum accreditation from the Gold Standard Framework (GSF) for its care for those people at the end of their lives. The GSF is an evidence-based approach to optimising care for people approaching the end of life. To achieve platinum status, a service must show innovative and established practice against the standards. The assessor commented, "GSF is fully embedded in the home. Staff are passionate about providing excellent end of life care for the residents. The home has an attitude of wanting to always do better and improve." A relative told us, "We had a plan for how to manage end of life, and this was regularly reviewed with me. As she approached the end of her life, staff were very supportive to Mum and to me and she was able to die peacefully in her own bed."
- St Teresa's Home for the Elderly was nominated for the Care Home of the Year Award 2022 as a result of their GSF accreditation and the assessors high praise for the service including a statement that they would recommend the service to their own family members.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team and staff continually strived to enhance the service, despite the challenges of the pandemic and its aftermath.
- The strong focus on personalised and compassionate care along with robust audits and development plans meant that managers were continually learning and improving the service. Plans for 2023 included a new electronic care planning system, further adaptations to support people's mobility around the home and the return of larger social occasions such as the annual garden party. Dignity champions and in-house accredited trainer roles had been created to enhance the service and support the staff team. The home director referred to the importance of caring for everyone including relatives and staff – 'the whole package'.
- Staff told us people were at the very centre of the service. Staff were complimentary around how the registered manager and home director had encouraged them to reach their potential and strive to learn more. One staff member said, "I have always found the senior staff and management really approachable, easy to access and yes they do listen. As a result of this, I feel a valued member of staff and that my professional opinions are respected too."
- The high quality of the service was recognised by the host local authority who had invited the home director to make a presentation to other providers around dignity and person centred care at its Dignity in Care forum in late 2022.
- The registered manager understood the duty of candour and their legal responsibility to be open and honest. The registered manager and home director were praised by relatives for their openness and the inclusive 'homely' nature of the service. A relative commented, "Matron and her team are very approachable and deal with any concerns swiftly and efficiently."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff continued to work in a collaborative way with other healthcare professionals. They proactively worked with the local GP and other healthcare professionals to ensure people could access appropriate medical care in a timely manner.
- Results from the home quality survey 2022 across all areas were rated 'excellent' or 'very good'. Comments from people and their relatives included, "I would wholeheartedly recommend St Teresa's. I cannot fault in



any aspect whatsoever" and, "Extremely high standards."

- Relatives commented on the excellent communication between themselves and the home, which, importantly, had given them significant reassurance during the pandemic. A relative told us, "The care during the COVID-19 pandemic was exemplary. The staff were very careful and there were no cases of COVID-19 in the home for many months. [The home director] arranged for the hut to be built which enabled me to visit my mother regularly through the winter of 2020."
- People told us how well they were cared for but also how important it was to have their spiritual needs met at St Teresa's Home for the Elderly. Services took place in the home's own Chapel and people were enabled to receive the Sacrament of the Anointing of the Sick from a Priest. A relative told us, "[Family member] is Catholic. It is so important to them."
- The service had strong community links with local schools and groups. Past events had included visits from school and college students along with trips out to events locally.