Care UK Community Partnerships Ltd

St Peter's Court

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 carried out an unannounced inspection of this service on 22 August 2016.

St Peter's Court is registered to provide services for up to 24 older people. People living at St Peter's Court have a range of needs associated with dementia.

The service has a registered manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the possible risk of harm.

The provider had robust recruitment processes in place. There were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well and were respected their dignity at all times. Staff were given the opportunity to get to know the people they supported.

People's needs had been assessed, and care plans took account of their individual preferences, and choices. Staff supported people to maintain their health and well-being.

Feedback was encouraged from people and the manager acted on the comments received to continually improve the quality of the service. The provider had effective quality monitoring processes in place to ensure that they were meeting the required standards of care but these did not cover all areas. There was a formal process for handling complaints and concerns which were investigated and resolved in a timely manner.

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 was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

Staff took pride in how they supported people to live their lives with minimal support.

The provider had an effective system to handle complaints.

Is the service well-led?

Good

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

St Peter's Court

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 the 22 August 2016. The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with three people who used the service, the registered manager and regional manager. We also spoke with four care staff and the chef. We observed staff supported three people who lived at the service and spoke with two visiting relatives. We also looked at the care records of four people who used the service, and the recruitment and training records for four members of staff. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe. This was confirmed by relatives of people we spoke with. One person told us, "They [staff] come and see how I am." We met this person sitting alone in a quiet area, they told us that staff regularly checked up on them which made them feel safe. One relative said, "[Relative is] safe." Another relative said, "I have every faith in them."

Throughout the day we observed care staff supporting people in a safe manner. We observed that one person walking down the corridor without their walking frame and was unsteady on their feet. Staff immediately went over to the person to support them and keep them safe while another member of staff went to their room to get their walking frame. We spoke with the member of staff and they told us that they did not make a fuss if people were doing something that was unsafe, they said, "If [person] is not using aids then I will walk with them until they are safe, we don't create a fuss."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff could report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. Staff said that if they had concerns then they would report them to the manager. If the manager was unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm.

Documentation confirmed that both individual and general risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with people or their relatives, where appropriate, and put in place to keep people as safe as possible. We saw that risk assessments were in place for areas such as pressure areas, manual handling and managing behaviour that challenged. We saw that risk assessments were detailed and, where required, stated clear control measures such as the number of care staff required to move a person safely, and whether slide sheets were required to assist the person. Staff told us that they used the assessments to help them support people. They said, "For challenging behaviour, we look for triggers and try and settle the person down." For example, Staff told us that if two people were arguing, then one member of staff would go and sit with one person and help to distract them while another member of staff would move towards the other person and lead them away with conversation or something that interested them. We saw this happen throughout the day, where staff would assess a situation and act quickly. We also observed additional steps that were taken to keep people safe from harm for example, beds were moved to a low level and crash mats put in place as well as hourly or 15 minute checks being made on people as their needs indicated necessary.

Staff recorded and reported on any significant incidents or accidents that occurred and the manager investigated these. If there were lessons to be learnt from the accident or incident then this would also be actioned through changes in processes or further training. Staff said, "Some of our residents are unpredictable, if something happens we work together and learn from it." There were personal emergency evacuation plans (PEEPs) in place for each person which guided staff on how to safely evacuate each person

in the event of an emergency. If a person was at risk of falls then a falls risk assessment had also been completed as well as falls monitoring audits. We saw that each person had a personal 'grab bag' which were to be used in the event of a person being rushed to hospital, these contained all relevant information about the person.

There was sufficient staff employed at the service to support people safely. Staff said, "We have a good support system, if we need more staff then the numbers are increased and we also have regular agency staff that we use." Staff employed to the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each member of staff began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). There were clear instructions as to how a person should be supported to take their medicines. We saw that allergies were clearly labelled on people's medicines administration records (MARs). There were no gaps in the MARS charts and if a resident did not have a medicine this was clearly documented. There were photographs and a staff log of signatures in each file. Medicines were stored appropriately and staff records showed that staff were trained on the safe administration of medicines.

Good

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us that they were supported by the provider to gain further qualifications and training. One member of staff said, "There is a lot of training, we have had training on DoL's [Deprivation of Liberties Safeguards] and safeguarding, there is lots of E-learning."

The manager told us that they were always looking to increase staff knowledge base to ensure they could provide the best possible care and support. One member of staff showed us a small pocket book which provided them with the fundamentals of DoL's and safeguarding. They said, "We get given little reminders, its good because I can refer to it if I need to."

Training records we looked at showed that staff had received training in areas such as dementia care, medicines, safeguarding, infection control, first aid, and pressure care. Staff also received a two week induction when they joined the service. A member of staff while talking to us about the induction programme said, "The induction is about two weeks and there is a 12 part induction booklet you have to complete, you also have to be observed by a senior member of staff before you get signed off."

Staff we spoke with told us that they had received supervision and appraisals, and staff files we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to. Staff also said that they would be observed if an error had occurred.

Staff demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. We noted that applications were in progress and for some people DoLS had been granted.

People were asked to sign their care plans and consent to the care they were provided with and where they were unable to then a family member or advocate would provide consent where appropriate. Staff always gained consent from people and understood the importance of allowing people to consent to the care and support they received. A staff member told us, "I will ask [person] if they require personal care, if they say no, I respect that." Staff also told us that where a person could not verbally communicate then they would look for other ways to gain consent, "I talk [person] through what I am doing, if they show signs that they are unhappy then I stop." Another member of staff said. "We respect people's wishes, if they don't want to do something, we respect that."

A relative we spoke with said, "[Relative] says they are happy and well fed, it looks like [Relative] has put on weight." Care records showed that staff supported people where possible to maintain a healthy weight. We were told that staff encouraged people to eat well and this was further evidenced throughout the day. We saw that people were provided with hot drinks and snacks as and when they asked for them and the kitchen staff were aware of people's preferences in foods. We noted that staff checked carefully what people wanted for their lunch, which was a selection of two set meals. If they did not like what was on the menu then an alternative was offered. We spoke with the chef who talked us through people's preferences and allergies. They said, "If they don't like what's on the menu then I make them sandwiches or jacket potatoes." The chef also showed us some pies, which had not turned out so well, they said, "[Person] had told me about some pies they used to have when they were young, I tried to make them for them, but I'm not sure they are meant to look like that!" The chef laughed and explained that they tried to make foods that people talked about when they reminisced. One relative said, "[Relative] clears their plate, the food looks appetising and home cooked."

People were weighed on a monthly basis. Where people were identified as being underweight food charts were put in place and a referral made to the dietitian if appropriate. We saw some people were on supplement meals and fortified juices due to concerns with their weight, and staff were aware of who ate well and who required prompting or assistance. We saw that some people required support during meal times and staff were available to support them. One member of staff said, "Lunch times are good, all staff help out, it's all hands on deck."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals, for example opticians, GP's, district nurses and chiropodist. We saw that these appointments were recorded in the person's care plan and the outcomes of the appointments were recorded. Staff we spoke with also confirmed this, they said, "The GP comes once a week and there is a nurse available 24 hours a day." A person using the service also said, "If I need a doctor, they call them."

Good

Is the service caring?

Our findings

Staff were caring and supportive towards the people who used the service. A person who used the service told us, "The staff are very nice." One relative we spoke with said, "[Staff] are lovely, I can't fault them, they are very helpful." Another relative told us, "I can't fault the care here." One other relative added, "I feel like they look after [Relative], I have every faith in them."

Staff we spoke with had a good understanding of people's individual backgrounds, ages, likes and dislikes. We observed many positive interactions between staff and people who used the service and saw that staff were kind in their approach. For example we observed one member of staff sitting with a person talking to them about their past history and laughing with them. The member of staff said to us, "[Person] thinks they are the boss here, so for certain things I let them think they are, I have been sacked so many times by them, but I get on with things." Another member of staff told us that they cared about the people and did not want them to feel bad. They said, "We are not here to belittle anyone, I don't make anyone feel silly if they forget something." A relative also said, "The staff that are here do a brilliant job, they know [Relative] as a person, they interact and laugh with them."

We observed that one person was continuously calling out for assistance and staff would continue to check on them. We spoke to staff about how they felt about this. They said, "We tend to go to [Person] regularly, we don't ignore them, [Person] sometimes calls out when we are in the room, even if it's the tenth time [Person] has called us we will always go."

We saw that information about people was taken from care plans which were detailed, reflected their care needs and were reviewed monthly. A relative we spoke with confirmed this, they said, "I go through the risk assessment and care plan, yes we review them." They also said, "Staff are very attentive, they know what they are doing." The relative also joked with us and said, "Sometimes I come in and [Relative] has lipstick on their cheek, it makes me feel happy to know that [Person] is loved." People we spoke with confirmed that they were involved in making decisions about their care through regular reviews and discussions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. We saw that regular residents meeting were carried out in which people could also discuss the care that was being provided.

The home had shared rooms, we saw that where people shared a room they were able to have privacy through the use of curtains which allowed them to have personal care in private. We asked relatives and people using the service if this was acceptable to them. One relative said, "It's not a problem really, they tend to plan it in a way that if I want to be alone with [Relative] we either move into a quiet room or sometimes the other person isn't there anyway." The manager told us that they would try and have like-minded people share a room which they found worked well. A relative also confirmed this, they said, "[Relative], enjoys the company, they get on really well."

Staff respected people's privacy and dignity. We saw that doors were kept closed when people were receiving personal care. All the people we spoke with felt that they were treated with respect and that their

privacy was protected. One relative said, "They are looking after [Relative]. [Relative] always has a smile on their face when the carers come in." We saw that rooms had attached toilets which could be accessed by either person sharing a room without encroaching onto the other person's personal space. Assisted bathrooms were also available. Another relative told us, [Relative] didn't want to get up, so they let him stay in bed, [Relative] is still clean and shaved."

We saw that there were pictures stuck to the doors of people's rooms. We asked staff to explain what the pictures symbolised. Staff told us that the pictures were a discreet way of identifying the needs of the people in each room. For example, if the door had a 'butterfly' on the door, this meant that the person was on end of life care. If there was a picture of a fish then the person had swallowing difficulties. A picture of an eye meant that the person had a visual impairment, and an ear meant that they had difficulty hearing.

Good

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them being supported by the service. This was confirmed by relatives we spoke with. One relative told us, "[Relative] was interviewed in hospital and assessed, they wanted to make sure they could meet [Relative's] needs."

People's relatives told us that they could visit at any time and there were no restrictions on visitors coming in to the Home. One relative told us how staff had support them when their relative came into the home, they said, "[Staff] knew how difficult it's been for us, but they are so attentive, they look after me as well as [Person who used the service]."

We saw that people in the home had varying degrees of dementia and that staff were able to respond quickly to people's changing mood states and support them. We observed during the day that one person who was known to be unpredictable was regularly monitored by staff but in a discrete manner. One member of staff said, "If people become aggressive there is always someone else at hand to support us," For example we noted that one person had been speaking to someone for a while and was becoming agitated, we noted that a member of staff swiftly moved into the conversation and began to speak to the person about their interests, the staff member then began to lead them away from the situation in order to distract them. A family member we spoke with also mentioned this to us. They said, "[Person] will sometimes come into relatives room but staff are always on the lookout and are really good at moving [Person] on without causing a scene."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. There was clear evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. One relative said, "We go through the care plan and risk assessments when we need to." We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates and staff handovers. Staff told us that they worked together as a team and this was clearly visible throughout our inspection.

People who used the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. We were told and we saw that people knew the care staff and the care staff knew them well. This allowed for a personal service which we saw worked well for all. We observed that one person was asleep on the sofa in the lounge, a member of staff told us, "[Person] came in for breakfast and wanted to have a lay down on the sofa, so we got them a blanket and they are having a little nap."

The home had an activities coordinator who organised daily activities for people. They talked us through all the activities that were organised for people. The co-ordinator said, "People here are moving with purpose, so although I have things planned I have to change my plans according to their needs." We saw that on the day of our inspection activities had been set up in the dining room for people to join in. However no one

wanted to join, the co-ordinator then changed their planned activity and began one to one activities with people in their rooms instead. The co-ordinator told us, "We keep the activities as individual as possible and linked to care plans, it's not a Butlin's approach to activities." We saw that there was a 'core needs chart' for each person which set out people's monthly needs and how these were going to be met. We saw that activities that had been scheduled included, arm chair travel, manicures, coffee mornings and also trips out into the local community. We were told by staff that, "We respect their wishes when they don't want to get involved, but it's important to invite them so they feel included."

Relatives also told us about the activities their relative had been involved in. One relative said, they take them down to the duck pond sometimes which is nice, and there is also a tea dance that the home arranges regularly."

We saw that people had choice throughout the day as to what they wanted to do. We observed people moving around the home freely, sitting in quiet areas or resting in their rooms. We saw that some people were continuously on the move and staff regularly offered them drinks and talked with them. We saw one member of staff having a lengthy conversation with someone who believed that they were at work and waiting for other workers to arrive, the member of staff listened attentively and did not try and correct or discourage the person. The member of staff later said to us, "[Person] used to work in teams and can think they are at work. I listen, sometimes I get told off for being late to work, and I apologise and move forward, it doesn't matter."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. We saw that in 2016 two formal complaints had been made and investigated by the manager in accordance with the homes complaints policy. People and relatives knew who they needed to talk to if they had any issues or concerns. They told us that they would feel comfortable raising any concerns they might have about the care provided. The people we spoke with said that they had no complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns. We saw that the manager was visible and knew the people who were being supported. Relatives we spoke with told us that the staff at the home remained constant and they felt that the manager had an 'open door policy' which helped to keep staff happy. One relative said, "The staff stay, it's always the same people." Another relative said, "The manager keeps us relatives informed about what's happening, it not an easy job they do." One member of staff said, "The home is well led, the manager is firm but fair, I can talk to them about anything." They said the manager encouraged staff to share best practice and created an open and transparent culture. The home and staff demonstrated an open and transparent culture throughout. Staff told us that it was a good home to work in and that the level of detail they put into their work made it person centred in its approach.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and also made improvements where required. The manager regularly sought people's views about the quality of care. This was done through relative surveys as well as coffee mornings, residents meetings and newsletters. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of care provided. We saw that five written compliments had been received in 2016 and comments we noted stated, "[Relatives] care was amazing," and one relative wrote, "If I ever need a nursing home, I hope my kids put me in here."

The manager completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information, and that this was up to date. As well as monthly audits, there was also an annual audit scheme which focused on specific areas every month. The manager told us that regional quality visits took place. These assessed the home in line with the standards set by the Care Quality commission. Where the home did not achieve the standards we saw that a weekly service improvement plan was created and updated regularly to record and monitor the action that was taken to meet the standards.

The manager was aware of everything that was happening in the home and had an open door policy for staff and visitors. When talking about the provider and the home, one staff member said, "We always know what's going on with the company and where it's going." They also said, "There is accountability from the top down, we are always told that we are only as good as our documents."

People who used the service and their relatives felt that they could speak to them openly. We saw that the manager's office was close to reception and the door was kept open so people could come in at any time. We also noted that the manager regularly went out of their office to greet people as they came into the home or to say goodbye and have a chat when they left.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the registered manager was approachable

and supportive towards them. Staff knew their roles and responsibilities well, felt involved in the development of the service and were given opportunities to suggest changes in the way things were done. The registered manager said that staff were encouraged to make suggestions and encourage best practice through staff meetings. One member of staff while talking to use about their role said, "Everyone has a right to a life and dignity, that's what we are here to help them with."

The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.