

St Peter's Home Limited

# St Peters 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

### About the service

St Peters Home is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 38 people.

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

People were supported by staff who were caring, compassionate and knew them well. People and their loved ones were encouraged to plan their care with staff. Risks to people were managed with them and took into account their preferences. People were supported to maintain their relationships with loved ones, who told us they always felt welcome.

People were supported to take part in a range of activities, which were designed around their likes, hobbies and interests. Staff recognised when people were becoming distressed and responded quickly to reassure them. People could stay at the service at the end of their lives and staff worked with people and their loved ones to plan how they would like to be cared for at that time.

The environment was designed to meet the needs of people living with dementia and included signage to help people find their way around. People could access information in a range of formats including their first language if appropriate.

People were supported to have food and drink they enjoyed, and which met their needs. When people became unwell staff contacted the relevant health professionals. Relatives told us they were kept up to date with any changes to their loved one's health or needs. 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.

There were enough staff to meet people's needs and they were recruited safely. Staff had the training and support required to carry out their roles. People, relatives and staff told us the registered manager and deputy were approachable and supportive. A range of audits were completed to identify shortfalls and drive improvements.

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

The last rating for this service was good (published 30 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# St Peters Home

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

St Peters Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the provider, registered manager, deputy manager, senior care worker, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training relating to keeping people safe from abuse. They knew about the types of abuse they may encounter, and signs people may show if they were being abused. Staff could tell us how to report any concerns both inside and outside of the service and they were confident the registered manager would take action.
- When people could be affected by other people's behaviour, staff were aware of this and intervened to ensure people were safe and did not become distressed.
- When people raised concerns the registered manager worked with the local authority safeguarding team to ensure they were fully investigated, and that people were safe. This included people who had a history of making allegations which had been found to be untrue.
- One relative told us, "We have complete peace of mind about our loved one, we know staff will keep them safe and let us know if there are any worries."

Assessing risk, safety monitoring and management

- Risks relating to people's support had been assessed, this included risks relating to moving people safely, health conditions and keeping people's skin healthy.
- People and their loved ones were involved in managing risk when appropriate. For example, one person chose to move around their room using a type of chair which was not usually used for this purpose. This allowed the person to move independently. The registered manager discussed the risks around this with the person and their loved ones, the person understood the risks and staff accepted this was their choice.
- Staff supported people to manage risks effectively, however some risk assessments would benefit from more detailed guidance for staff in relation to helping people to calm when they were agitated. This did not impact people and the registered manager agreed to add more detail to risk assessments following the inspection.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were based on people's dependency and were increased if people became unwell.
- People did not have to wait for assistance and staff had time to sit and chat with or reassure people throughout the inspection.
- Staff were recruited safely. Checks were completed to ensure staff were suitable to support vulnerable people. These checks included full employment history and written references. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff started work at the service.

### Using medicines safely

- People were supported to have their medicines by staff who were trained and assessed as competent.
- Some people declined their medicines and it had been agreed with medical professionals that their medicines could be given covertly without the person's knowledge. Records showed this had been agreed in the person's best interest and was clearly shown on the medicine's administration records.
- When people had medicines, which were given 'as and when required' (PRN) there were PRN protocols in place which gave staff guidance about what the medicine was used for, the dosage and how often the medicine should be given.

### Preventing and controlling infection

- Staff had completed training in relation to infection control and understood the need for the use of control measures such as the use of gloves and aprons.
- The service was clean and without odours. Domestic staff quickly cleaned any spills and soiled clothing, or linen was dealt with appropriately.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and to identify themes. Action had been taken to reduce the risk of recurrence.
- Actions taken included moving people to a bedroom in a more central area of the service, so staff could monitor them more closely. Referrals to the falls team or mental health team and the use of sensor mats to alert staff that people had got out of bed.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to being accepted to move into the service. This enabled the registered manager to ensure the service could meet their needs.
- Assessments were completed using recognised tools such as Waterlow score for skin integrity and MUST for risks relating to under-nutrition. Assessments also recorded people's needs and preferences related to protected characteristics under the Equality Act (2010) such as religion and sexuality.

Staff support: induction, training, skills and experience

- Staff told us they had the training and support they required to carry out their role. People and their relatives told us that staff knew what they were doing when providing support.
- Staff completed an induction at the service which included core training and working alongside experienced staff to get to know people.
- Staff attended a range of training courses including both core subjects and those specific to people's needs such as dementia and catheter care. Staff also attended courses organised by local care home nursing team to ensure they stayed up to date with the latest good practice.
- Staff had regular meetings with a line manager to discuss their performance and development. Staff told us these meetings were useful and helped them to improve their performance.

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

- People's food was cooked by an external caterer. The provider told us this enabled them to ensure people got a balanced diet which met their needs and took into account any religious restrictions.
- People and their loved ones told us they enjoyed the food. People were given a choice of meals and had food in the correct consistency. Some people needed food which was soft or pureed.
- The registered manager had arranged for a tasting event where people could try a range of meals from the caterer. People could give their views on their favourites which were added to the menu. For those people who could not voice their preferences staff watched their reactions to each food and added their preferences to the list of favourites.
- People were encouraged to stay hydrated there were a number of signs around the service prompting people to drink. Staff offered people drinks on a regular basis and drinks were available in communal areas and people's rooms which they could help themselves to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were monitored by staff and when required referrals were made to health professionals.
- People and their loved ones told us staff were quick to pick up on a change in people's health and to take action. One relative told us, "Staff know my loved one very well, they know if they are not themselves and act straight away."
- Staff worked closely with professionals, following their advice and ensuring it was recorded in people's care plans. Staff made professionals aware of any changes in people's needs or health.
- People who were living with long term health conditions were supported to understand them and stay healthy. For example, one person living with diet-controlled diabetes told us staff supported them to manage their blood sugar levels and take action if they were outside the acceptable range.

#### Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs. Areas of the home had themes with an area with historic sports photographs and another with a music focus. Staff told us this often prompted conversation with people. There were handrails in corridors and the design of the building meant that people who liked to walk could safely move around the service.
- There was signage around the service to help people living with dementia to orientate themselves. This included red doors for all bathrooms and toilets. 'Fiddle boards' had been placed around the service. These were boards with door handles, locks and other switches which provide sensory stimulation for people living with dementia.
- People's rooms were personalised, and people were able to bring their own furniture when they moved into the home if they like.
- The garden had been designed considering people's sensory needs. This included the use of lights and flowers or plants with distinct smells. Raised flower beds were being created to enable people to take part in gardening.

#### 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity in relation to a range of decisions had been assessed. When people had been found to lack capacity to make a decision. Decisions had been made in their best interest by people who knew them well.
- The registered manager had applied for DoLS authorisations when appropriate and any conditions were recorded in people's care plans and were followed.
- Staff understood the principles of the MCA and told us, "If people understand the decision then all I can do is talk to them about the possible consequences. It is up to them what they do."
- When people wanted to make unwise decisions, this was respected. For example, one person found their air mattress which was in place to prevent skin breakdown uncomfortable. The person asked for a duvet to be put on top of the mattress to help them be more comfortable. Staff discussed the impact of this with the

person, who chose to still use the duvet. Staff respected this and monitored the person's skin with an agreement it would be discussed again if the person's skin became sore.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 were supported by staff who treated them with kindness and compassion. One person reached out to staff as they passed them, every member of staff interacted with the person. Some staff held the person's hand, others asked what the person wanted or explained what they were doing. Staff sang songs with the person which made them smile and offered them a range of activities to do.
- Staff quickly identified if people were upset or anxious. They used their knowledge of people to distract or reassure them. People were supported to spend time with other people they enjoyed the company of.
- Staff knew about people's interests and used these to start conversations or brought them items they may be interested in. For example, a relative told us their loved one liked to read about World War 2 and that staff had brought in books for them about the subject.

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

- People and their loved ones told us they were involved in planning their care. One relative said, "My loved one's needs have changed, and we were fully involved in planning the best way they could be supported."
- People were supported to make decisions about their support throughout the day. These included where they liked to sit and what they wanted to do or eat. One person like to sit in a small lounge on their own, staff checked on the person but respected their wishes.
- One person had told staff it was important to them to be able to 'people watch' from their room. They were given a room at the front of the house with a large window which they told us they enjoyed sitting at. They took the time to tell staff what was going on outside and staff told us this was a great conversation starter.
- Staff used technology such as video calling to enable people's loved ones to be involved in decisions about their care when they lived some distance away. Families told the service this made them feel part of the process.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a way which respected their privacy and dignity. One person spilled a drink on themselves and staff immediately offered the person support to change into clean clothes.
- Staff spoke to people about using the bathroom in a discreet way. When they spoke to each other about people's needs they ensured they could not be overheard.
- People were supported to remain as independent as possible. Staff supported people to use a range of mobility aids to move around the service. People helped complete tasks such as laundry which gave them a sense of purpose.

- One person told staff they liked daffodils. They were supported and encouraged to plant some bulbs in planters. This led to a wider task of looking arranging and replacing the flowers in the service which staff thanked them for. They told staff this made them feel appreciated.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

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

- People and their loved ones told us they were given care which met their needs and considered their preferences. One person said, "I can ask for anything, they always listen to me and support me how I like."
- People's care plans contained details of their life stories, their needs and how they preferred to be supported. This included the preferred gender of staff for any personal care support, which was respected.
- Some people had keys to their room which they told staff made them feel more secure and at home. Staff used signs to prompt people how to use their keys if they found it difficult.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in a range of formats. For example, in the dining room there were three clocks showing the times meals would be served. Nearby was a clock showing the actual time.
- Some people who lived at the service used English as their second language. Staff had taken to the time to print prompts using the person's first language for important phrases such as asking if the person was hungry or thirsty. They had also added a notice on the person's room saying bedroom, in their first language.

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 could have visitors at any time. Relatives told us they were always made to feel welcome and were invited to take part in events and activities.
- When people were separated from their partner by moving into the service, staff ensured that this relationship was supported to continue. This included arranging taxis for visits and setting up people's rooms so couples could eat together in privacy.
- The service had dedicated activities staff who planned activities for people to take part in based on their hobbies and interests. Rummage boxes had been put in place for people to use, these included one with baby dolls and a variety of clothing which people were dressing.
- People also made Easter bonnets and cards with staff, they coloured in decorations and looked at books with vintage pictures. Staff told us people enjoyed visits from a musician and therapy dogs.

Improving care quality in response to complaints or concerns

- The registered manager told us there had not been any complaints received. There was a procedure in place to deal with complaints.
- People and their loved ones told us they knew how to raise any concerns and felt they would be taken seriously and resolved. One relative said, "They deal with little niggles very quickly I can only imagine it would be the same if I had an actual complaint."

#### End of life care and support

- People could stay at the service for end of life care if that was their wish. Each person had a grab folder in their care plan with records relating to their wishes and needs for a hospital admission and how much medical intervention they wished to have.
- People's loved ones were supported to be with them at the end of their lives if they wished. People's rooms were adjusted to fit in furniture for family members to be comfortable. Staff worked to create a calm and caring atmosphere for people and their loved ones. Relatives told us, "The staff really could not do enough for our loved one and for us."
- People were supported by staff to understand their health conditions and decisions which had been made by health professionals in relation to the likelihood of success of further treatment. When it had been decided that further treatment would not be in the person's best interest staff offered reassurance and support to the person.
- The registered manager had created a memorial garden around a tree which had plaques for people who lived at the service and staff members who had died. They told us this was a place that people and staff could visit to say goodbye or remember people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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, relatives, staff and professionals told us the management team were open, transparent and approachable. One staff member said, "They are the most supportive managers I have ever had. They listen and really want to support us to do a good job."
- The registered manager and deputy manager both worked directly supporting people on a regular basis. This enabled them to role model for staff whilst ensuring that people's care plans matched the care they were receiving.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager completed a range of audits to monitor the quality of care being provided. Action was taken to address any shortfalls identified. Any learning or improvements were shared with people, relatives and staff through meetings or displayed notices.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their loved ones were asked for their views of the service. This information was gathered through surveys and meetings. People's suggestions were taken on board. For example, one person suggested staff should have name badges to help those people who forgot names. All staff now wore name badges.
- The registered manager also sought feedback from visiting professionals. One professional told us that the registered manager had taken their advice to heart which had helped them to focus on the compatibility of the people living at the service.



Continuous learning and improving care; Working in partnership with others

- Professionals told us that staff actively participated in local projects improving care for people living with dementia. They told us staff attended the Care Home Education Programme, which involved both staying up to date with good practice and networking with other services.
- Staff made regular referrals to and worked closely with other agencies such as occupational therapy, paramedic practitioners and the local mental health team to ensure people's needs were met.