Little Sisters of the Poor

St Peter's Residence

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

Overall summary

This unannounced inspection took place on 6 February 2015. The last inspection of St Peter's Residence took place on 13 December 2013 and it met all the regulations inspected then.

The service provides accommodation and personal care to 56 older people, including people living with dementia. There were 53 people using the service at the time of this inspection.

The service had a registered manager in post. 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.

Staff had received safeguarding training. They understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place and there were leaflets displayed about the home on how to report any concerns, so people and visitors knew how to report abuse.

Summary of findings

People consented to the care and support they received. The service met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received care and support in a safe way. The service identified risks to people and had appropriate management plans in place to ensure people were as safe as possible. People had their individual needs assessed and their care planned in a way that met their needs. People received care that reflected their preferences and choices. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

There were sufficient staff available to meet people's needs. People told us staff were kind and caring. We observed that people were treated with dignity and respect by the staff. People were supported to communicate their views about how they wanted to be cared for. People told us they enjoyed the choice of food that was available to them at the service and it met their nutritional needs.

Staff were trained to provide good care to the people they cared for. Staff received the support and supervision to carry out their duties effectively. Staff demonstrated their knowledge and awareness of how to meet the needs of older people. People had advanced care plans in place and they received the care and support they wanted.

Staff told us that they worked well as a team and there was an open and transparent culture in the home which enabled them communicated freely and improved their morale. Regular staff meetings and team building exercises took place to ensure staff were supported to do their jobs.

The service worked with various organisations to develop and improve services for people. People participated in community events and projects. People received appropriate support from health professionals to ensure they received appropriate care and treatment. Medicines were handled and managed safely; and people received medicines as prescribed.

People were asked for their views and their feedback that was used to develop the service. The registered manager responded appropriately to complaints about the service. Regular checks and monitoring of the service were undertaken to ensure the service was of good quality and met people's needs.

Summary of findings

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. People told us that they felt safe. Staff had understanding about how to keep people safe from harm and protect them from abuse.

There were risk assessments and management plans in place to adequately protect people from risk.

The registered manager ensured there were enough staff on duty to meet people's needs at all times.

Medicines were administered safely by staff that were competent and had been trained to do so. Staff had received training to administer emergency medicine.

Recruitment processes ensured people were safe. Health and safety of the environment was promoted for people, staff and visitors.

Is the service effective?

Good

The service was effective. People received care and support from staff who had been appropriately trained and who had knowledgeable about people's needs.

People were supported to make their own decisions. The provider had complied with the requirements of the Mental Capacity Act 2005 to ensure that decisions were made to the best interests of people who lacked the mental capacity. The service knew its responsibility under the Deprivation of Liberty Safeguards.

People had sufficient to eat and drink and enjoyed the meals at the service.

Health professionals provided advice and support where necessary and this improved people's care.

Is the service caring?

Good

The service was caring. People were supported in a stable and caring environment. The staff promoted an atmosphere which was kind and friendly. There was a strong, visible, person centred culture and staff provided care and support to people in the way they wanted it. People were supported to express their views about how they wanted to be cared for and staff acted on them.

People were treated with respect, dignity and their independence promoted wherever possible. Staff supported people to undertake activities they enjoyed.

Staff maintained regular contact with people's family members. Families felt they had a good relationship with staff and were able to discuss all aspects of their relative's care and support.

People were supported as they wanted at the final stages of their life. They were made comfortable, and were provided appropriate care at their final stage.

Is the service responsive?

Good

The service was responsive. People's preferences, likes and dislikes had been recorded and responded to accordingly.

People's care and support was assessed, planned and delivered as they wanted. People had their needs reviewed regularly to ensure it reflected their current circumstance.

Summary of findings

People went on trips, outings and participated in group and individual activities within and outside the home.

People were supported to go out on public transport to improve their independence. Support was also given for people to respond to their own personal skill.

Relatives knew how to complain and had regular contact with the staff about any updates or concerns in relation to their relative.

The service held meetings with people regularly to obtain their views and gather their feedback about the service. These were used to improve the service.

Is the service well-led?

Good

The service was well led. The home had an open and transparent culture. Staff understood their responsibilities and the vision and values for the service.

People, their relatives and staff told us that the home was well managed and led. The service had various quality assurance systems in place to check the service provided met people's needs and to high standard.

St Peter's Residence

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 16 January 2015. This inspection was carried out by two inspectors and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we had received about the service which included notifications from the provider about incidents at the service. We used this information to plan the inspection.

During the inspection we spoke with eight people using the service and two relatives. We also spoke with the registered manager, activities coordinator, training manager, one qualified nurse, a physiotherapist and eight care staff. We looked at six care records, medicines administration records for all the people using the service at the time of our inspection and seven staff records. We also reviewed records relating to the management of the service including complaints, quality assurance reports and health and safety records.

We undertook general observations of how people were treated by staff and how they received their care and support.

After the inspection, we spoke with two health professionals, a palliative care nurse and a dentist who attended to people living at the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at St Peter's Residence. One person said, "I am safe here with nothing to worry about." Another person told us, "It is safe, very safe and secure." And a third person said, "It's very safe, it's very clean, it's very warm, there's plenty of hot water for showers/baths. No one shouts at you or treats you badly." The service had put systems in place to ensure people were protected from the risk of abuse and neglect. There were leaflets displayed on the notice board to provide information to people on how to recognise abuse and how to report it appropriately. People we spoke with told us that they would report any concerns of abuse to the manager.

All staff we spoke with understood their role in safeguarding people from abuse. They knew the various forms of abuse, the signs to recognise them and how to report any concerns in accordance with the organisation's safeguarding procedures. Staff told us that the registered manager took concerns seriously and carried out investigations to ensure people were protected. One staff member said, "We're all aware of the policy and the reporting process and the fact that any reported concerns will be investigated confidentially, gives us confidence." Staff were also aware of the whistle-blowing procedures and their rights to escalate concerns if required. We reviewed the safeguarding records and we found that the registered manager had conducted detailed investigations on them and reported them to the local authority safeguarding team and to the Care Quality Commission (CQC).

Risks to people's health and safety were identified and managed by the service appropriately. Risks assessment covered issues such as skin integrity, malnutrition, mobility, and falls, eating and drinking. Risk management plans detailed how to minimise the risks from occurring. For example, a person was identified as being at risk of choking; they had pureed diet with thickened fluid as recommended by the speech and language therapist. There was guidance for staff on how to position the person when eating to reduce the risk of choking. We also saw that a risk assessment had been carried out for one person whose behaviour challenges the service. A behavioural psychologist had been involved in devising a behaviour management plan to enable staff support the person safely. This included keeping a log of triggers and reactions, using an Antecedent-Behaviour-Consequence (ABC) chart. Staff told us that it helped them understand what caused the person to behave in the way they did. For example, the plan stated that staff should provide emotional support and reassurance when the person starts getting agitated. This meant that staff understood the cause of the behaviour and so supported the person appropriately and safely.

There was risk management plan in place for staff to follow to protect people at risk of developing pressure ulcers. For example, pressure mattresses and cushions were provided and some people were supported to re-position at regular intervals and charts showed that staff followed the plan.

People told us that there were enough staff to support them. We observed staff attending to call bells quickly. One person said, "The [staff] come running as soon as I call." Another person said, "There is always a staff member around to help when you need help." One staff member said, "We never rush." Another said, "We have time to support people the way they want it. We allow them take their time and not rush them." And a third staff member told us, "There's usually enough staff and if there are absences we can usually get additional staff to help."

The registered manager told us that staffing levels were determined according to people's needs. We reviewed the four week rota and it reflected the staffing level on the day of our inspection. There was a senior member of staff on each floor to support the care staff. Emergency absences were covered by bank staff.

Medicines were administered and managed safely. We saw that only trained and qualified staff handled and administered people's medicines. People's care plans detailed the support they needed with their medicines. Medicine administration records (MAR) we reviewed were clearly and accurately completed. Appropriate codes were used where required. For example, where people refused their medicines, this was recorded accordingly and a note made to support the code used. This showed that people received their medicines as prescribed and in a safe way.

People were supported to take their medicines independently if they were able to. Appropriate assessments were completed to ensure the person was safe to manage and handle their medicines. We also saw that 'as when required' (PRN) medicines, such as

Good

Is the service safe?

painkillers, were administered following the guidelines from the GP. A record was made on the MAR chart to indicate the time and the reason why the medicine was given.

Medicines were stored securely and safely. We checked the system for the storage of medicines. Medicines were kept in a locked trolley which was stored in a locked room when not in use. Medicines which required storage at a controlled temperature were kept in a fridge at the correct temperature. Fridge temperatures were monitored daily to ensure medicines kept in them were safe. Unused medicines were collected by the pharmacist for safe disposal and record was maintained for this.

Recruitment processes were robust and safe to ensure that only suitable staff provided care and support to people. Staff records showed applicants had completed an application form with details of their qualifications and experience. Interviews were conducted to check experience and skills for the job. The provider obtained two appropriate references and a criminal records check.

Records showed risks had been considered in relation to clinical waste disposal, infection control, gas safety, electrical portable appliance, and fire and food preparation. Actions had been put in place to reduce potential risks. For example, portable appliances were tested annually to ensure they were safe to use. Health and safety equipment and systems were tested and serviced regularly to ensure they were functioning properly.

There were arrangements in place to address any unforeseeable emergencies. There was a fire evacuation plan for the service and people also had individual plan in place that provided information on. Fire drills were practiced regularly to ensure staff were familiar with the process. Staff were trained to administer first aid.

Incidents and accidents were thoroughly and robustly investigated where necessary. Any learning or required changes to care delivery were discussed at staff meetings, to ensure that all staff were aware of how to support the person appropriately. Agreed changes were recorded in people's care plan. For example, a person's care plan had been updated following concerns about behaviour.

Good

Is the service effective?

Our findings

People told us that staff were skilled and supported them well. A person told us, "I'm very well taken care of." Another person said, "I'm very comfortable here. I have no complaints whatsoever. I am well looked after." And a third person said, "The carers are fabulous, they're very good." A person's relative told us "My relative has been really happy; [people] are looked after very well."

Staff were trained to carry out their roles effectively. Staff told us they had the relevant training to do their jobs. Training records showed staff received regular training to ensure they had knowledge and skills to do their jobs effectively. All staff had completed mandatory training on safe handling of medicines, infection control, food hygiene, first aid, safeguarding adults, health and safety, equality and diversity, dementia awareness, communication skills, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had also received training in specialist areas such as palliative care, pressure sore management, catheter care and supporting people with challenging behaviour.

The provider had a training coordinator who ensured staff had completed all required training and was up-to-date with their training. A member of staff told us, "We do a lot of training and it helps you get better at the job." Another member of staff said, "We get training on every area. No excuse not to do well." Staff talked about how they improved their practice through their learning from training. For example, one staff member said, "I understand the various ways people communicate so you become more observant and sensitive to people's body language and gestures."

All new staff had completed an induction programme which covered relevant topics on how to care for older people living with dementia. The induction also included reading and understanding the organisations relevant policies and procedures. Newly employed staff worked with an experienced member of staff on the practical aspects of the job. New staff also underwent a period of probation where their performance was observed and assessed by their line manager to ensure they could do the job before they were confirmed in post.

Staff were supported to provide care and support to people in a way that met their needs. Staff told us that they had supervision meetings with their line manager regularly. We saw notes from supervision meetings which showed discussions about care provided to people, team work, liaising with other professionals and other matters on how to improve their practice. We also saw that training needs and performance issues were discussed and addressed at these meetings. All staff were appraised annually by their line managers. Staff told us these were also used to address issues concerning their work and the people they cared for.

The service ensured that people gave consent to care and treatment in line with the principles of the Mental Capacity Act 2005. People told us that they decided what they wanted to do. One person said, "I make my decisions." Another said "[Staff] ask me what I want and I tell them and they do it." Staff told us they always involved people and asked for their permission before supporting them." One member of staff said, "It's about what the person wants." Another member of staff told us, "You cannot assume what people want, you must confirm with them."

We saw that mental capacity assessments had been carried out in relation to specific decisions where there were doubts about the person's capacity to make a decision. Where a person had been assessed as lacking capacity to make certain decisions, the person's relative and appropriate professionals had been involved to ensure decisions were made in the person's best interests and this was documented in their care record. The service ensured that people's rights were respected in line with relevant legislation. There was nobody subjected to the Deprivation of Liberty Safeguards (DoLS) at the time we visited. The registered manager demonstrated they understood their role to ensure that people who lacked mental capacity were not unlawfully deprived of their liberty.

People's nutritional and dietary needs were met. People told us that they liked the food provided to them. A person said, "The food is very good. I'm a cook myself, but it's very good." Another person said, "The food is good. It's quite plentiful and nicely served, the menu is good and I'm quite fussy." And a third person said, "The food is one of the best things here." We observed lunchtime in the dining room on the day of our inspection and saw that people were offered options to choose from which included vegetarian, meat and fish options. Staff took time to explain to people what was on the menu and supported them to choose a meal. The atmosphere during the mealtime was relaxed. People

Good

Is the service effective?

ate at their pace and were not rushed. Staff asked people if they had finished before taking their plates away. People were asked if they were satisfied or wanted additional food. We also saw staff cutting up food into small pieces for those who required this support, to make it easy for them to eat. Those who were unable to feed themselves were assisted to eat by staff and their care plan reflected that they needed this support.

People's nutritional and dietary needs were assessed and the support they required were noted in their care plans. People who were at risk of malnutrition and dehydration were monitored by staff. We saw that the GP and dietician had been involved to manage a person at risk of dehydration and malnutrition. Staff checked the person's weight weekly as agreed and effective actions were taken. For example, we saw that one person was given food supplement following recommendations made by their dietician. We observed that people were provided with drinks and snacks throughout the day.

People were supported to access healthcare services they required. There were excellent links and access to healthcare professionals and clinic rooms were available which was used for consultation and examination with people. This meant that people had easy access to healthcare and treatment where they lived. One healthcare professional we spoke with told us, "It is a very easy place for me to do my job and provide people with the care they need." Another professional said, "[The provider] liaises with us, provide us with information we need." Records of visits from health professionals were maintained which detailed the purpose of the visits and any recommendations or actions required. Notes of visits we reviewed showed that recommendations were actioned by staff.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. A person said, "It's a wonderful home. Staff treat the residents with kindness as if they were their grandparents." Another person said, "The carers are friendly and helpful. The carers are very kind, very good and very caring."

All of the staff we spoke with told us they would be happy for their parents or loved ones to receive care at St Peter's Residence. One member of staff said, "Of course I would be happy for my mum to be looked after here. Making the residents happy that's all that counts here." One professional we spoke with also told us "I feel like booking a room there [St Peter's Residence] for myself in the years to come. If you are there, your dignity is respected." We observed good interactions between people and staff. Staff spoke to people politely and pleasantly, addressing people by their preferred names and asking them how they were.

Care records included information about people's preferences of how they wanted to be cared for and things they liked, disliked. It also included decisions about people's day-to-day care. We observed staff involving people in making day to day decisions about their care. Staff asked people what they wanted to do, and how they wanted a task done. For example, we saw staff ask people where they wanted to go after lunch and staff responded appropriately to people's choice and decisions.

Staff understood the needs of the people they looked after. We spoke with three staff about the care needs of some of the people they looked after in relation to their likes and dislikes, and personal care and they were able to explain these to us as detailed on the people's care plans. One staff member explained to us how they communicated with a person who was unable to speak. They told us they used facial expressions, gestures and pictures to communicate with the person.

The service had also made arrangement to ensure that people who were non-English speakers had staff who spoke a language they understood to support them as far as possible. For example, the service had arranged for a member of staff who spoke the person's language to be their keyworker. A keyworker is a member of staff who was responsible for their care and support. Keyworker and review meetings were arranged when the member of staff was available to support them with their communication needs. The staff then gave feedback to the rest of the team.

People were treated with dignity and their privacy respected by staff. We saw that staff closed doors when supporting people with personal care tasks. We also saw that staff communicated with people and informed them of what they were doing when carrying out tasks with them. For example, we observed staff feeding a person. They interacted with the person and were calm and patient. We also saw staff provided reassurance to a person who was becoming agitated. Staff sat with the person and asked what the problem was and spent time with them until they became calm.

Staff showed they understood the importance of treating people with respect. They told us that they had completed training in dignity in care. One staff member said, "You need to treat people the way you want to be treated." A relative said on the recent survey conducted "Talking to staff about my relative makes me glad that they can see beyond her dementia, and can see the person she is."

People received the end of life care they wanted as stated in their care plans. We saw that people and their relatives had been involved in planning their end of life care where possible. People had advanced care plans which detailed the care and support people wanted as they approached the end of life. This included people's decisions about Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), hospitalisation if unwell and the use of medicines. The service had also ensured that mental capacity assessment had been carried out where there was doubt about the person's capacity. We saw that people had appointeeship in place where required. We saw that one person had indicated that they do not want to be admitted to hospital but to be cared for at the service. Another person had stated that they wanted medicines to manage their pain but to be cared for at home. People's advanced care plans also included information in relation to their culture and religious. For example, one person stated that they forbade euthanasia in any form whether passive or active.

We saw that palliative care nurses and people's GP had been involved in planning end of life care. Colour coded flow chart was used to guide staff on the various stages, what to expect, what actions to take and how to meet the person's needs at the various stages. For example,

Good

Is the service caring?

behaviours and changes to look at for, actions to take and who to involve as agreed with the person towards the end of life. Staff we spoke with understood people's care and the choices they had made in relation to their end of life care. We saw daily notes which indicated that staff had cared for people in the way they wanted. A relative had complimented service in the way they had cared for their relative in their final days saying "Thank you for making my relative's final days so happy." A healthcare professional told us "The staff are exceptionally caring to people and people are able to die in their preferred place of death…."

People's lives were honoured and celebrated. The service held memorial service to celebrate and acknowledged the life of people who had died. The registered manager told us that it offered the person's family members, friends, people using the service and staff opportunity and supportive environment in which to share thoughts and feelings about the person. We saw a memorial stand displayed to commemorate a person's life who had recently died. We saw the newsletter for the home which also remembered people that had died. People told us it was important that people were remembered and respected. Staff told us it enabled them and people using the service to grieve appropriately in a caring and supportive environment.

Good

Is the service responsive?

Our findings

People's care and support was planned in a way that met their individual needs. Senior staff met with people to carry out pre-admission assessment of needs before they were admitted into the home. Staff told us that the information gathered during this process was used to determine if the service could meet the person's. Care records showed that the assessment gathered information about people's personal background, histories, preferences, health, medical, social needs, past employments, marriage, religion, children, education, religion and culture.

People were provided with a range of information to help them make decision about using the service. They included welcome pack included information about the home, staff, leisure activities, and the food. People told us that they were able to visit the home for a trial visit before they moved in and they were able to bring their personal belongings into their rooms, such as furniture, pictures and ornaments to make their new environment more personalised.

People and their relatives were involved in developing care plans and had signed them. Relatives we spoke with confirmed that they had been involved. Care plans covered people's diverse needs and how they wanted to be supported by staff to meet these needs. Care plans also detailed how people's social, religious and cultural beliefs influenced their decisions about how they wanted their care and support delivered. Staff told us that they observed people closely when they were first came to live at the home so they could understand their patterns, strengths and behaviours so they could tailor their care plan to their individual needs. People were matched with staff that understood their background and needs to be their keyworker. Staff gave example how they had supported a person to settle into the service, to participate in activities and accept care and support. They explained that they developed relationship with the person by communicating in the language the person understood and discussing topics and engaging them in activities they enjoyed. We spoke with this person and they confirmed who their keyworker was and how they had supported them.

People were encouraged to be as independent as possible and were able to do the activities they enjoyed. Care plans detailed people's strengths and goals they wanted to achieve. For example, a person's care plan stated that they were able to do their personal care independently and only wanted to be prompted or supported when they wanted. People told us that they were allowed to do their own thing in the way they wanted. We saw people go out shopping independently and unsupervised. We saw one person helping to lay the table during lunchtime. People told us that they keeping active. One person said, "[Staff] believe that you do what you want to do for as long as you can do it." This ensured people could enjoy an active lifestyle and their independence promoted.

Care plans were reviewed regularly or when required to ensure they were up to date and reflected people's needs. For example, we saw that care plans were updated when people's needs changed in relation to their dietary requirements and nutrition in accordance to guidelines from health professionals. Also, an occupational therapist had been involved to provide equipment people required to maintain their independence as much as possible. People had equipment such as walking frame and adapted cutlery and staff supported them to use them appropriately. We saw that staff responded quickly people's call for help.

There was a range of planned group and individual activities at the home which people could participate in if they wished. People we spoke with told us that they were supported to be active and do the things they enjoy doing. One person said "[Staff] keep us occupied. We can please ourselves; we're not compelled to do anything." There was a library, pottery, art and craft rooms that people used to do activities they enjoyed. We saw people using the rooms for sewing, knitting and making cards at their leisure. There were two activities coordinators who organised activities in the home. People talked about various activities they had participated in such as tea parties, trips to seaside, barbecues and special birthday celebrations. People told us that they were able to go out to local shops, participate in community events and use local facilities. For example, there was a mini bus who took people out shopping weekly; people were supported to go to restaurants and pubs if they wanted. There were visits to parks, cinemas, theatres, museums and libraries.

On the morning of our inspection, there was a gentle yoga class that took place and group photo session after lunch for all the staff and people if they wished to join. People showed they were excited about taking photographs and were all smartly dressed. Those who did not want to take

Good

Is the service responsive?

photographs spent their time doing individual activities such as crocheting, watching TV or reading a magazine. People also told us that they had exercise classes weekly run by a physiotherapist who helped with their mobility and balance. They also told us about other activities that they participated in that kept active and occupied. They included board games, quizzes, painting classes, bingo, musical concerts, cooking sessions and flower arranging. These activities were rotated between floors to encourage people to be involved and to enable those who would not want to move from their floor to attend. People told us they enjoyed these activities and looked forward to them. This ensured people were stimulated and kept occupied as they wished.

Staff ensured that people who were unable to join in group activities as a result of their disabilities, illness or choice were able to participate and do other activities they enjoyed. For example, a person who had a previous career growing plants and flowers was supported to continue to do this as much as possible. We saw that staff supported them in their wheelchair to water the flowers around the home. They also had small plants in their room, which they looked after. Staff told us that the person had become more accepting of care and settled in the home since this activity was put in place for them. The person told us "It means a lot to me. I have done this all my life." Children from the local school choir came to the home to sing and entertain people. Volunteers from a local dog's charity visited the home with their dogs to entertain people. People in their rooms were also given opportunity to enjoy this if they wanted to. People were supported to follow their interest and participate in social activities.

People's diversity, cultural and religious beliefs were promoted. We saw that people were supported to practice their religious beliefs. The home had arranged for various religious services to take place at the home and encouraged people to attend. Ministers from different religious groups visited people and conducted services for them as they wanted. The service also celebrated special events such as St George's, St Patrick's, St David's, Valentine's day, Christmas and Easter. They told us that they also celebrated other feasts if they had a person at the service who celebrated it or it was important to them.

People's views and feedback were obtained and these were acted on. The service had various ways of involving people to consult, listen, empower and gather feedback from them about their care and support and services delivered. People had regular meetings at the service with management team. For example, we reviewed minutes of the recent residents meetings and it demonstrated that people were asked about their views about the food provided, activities and conduct of staff. We saw that the registered manager had followed up on suggestion made about starting yoga classes and this had been implemented. Actions from previous meetings were brought for discussion and feedback given.

People were able to contribute to the general running of the home. There was a residents committee set up with two people from every floor in the home. The committee was led by a person using the service. They held meetings regularly to discuss the service and provide feedback on various aspects such as food and activities. They contributed to the planning of the menu and activities. There was a food tasting event due to take place later in the month we inspected. This was a method used to get feedback from people about a new meal before it was introduced on the menu. People had the opportunity to taste a meal, ask questions about it and if they liked it, it was added on the menu. People we spoke to told us the food tasting event was a good idea. This meant that people were proactively involved in making decisions about the service provided.

The service had a complaint process that was robust and effective. All the people we spoke with knew how to make a complaint and knew that it was listened to, investigated and appropriate action taken to resolve it. One person said, "I have no complaints whatsoever." Another person said, "I can't grumble about anything." The complaint records showed those who had made a complaint received an acknowledgement of their complaint followed by a full written response to the concern they had raised. Record confirmed that complaints were resolved.

Good

Is the service well-led?

Our findings

People, their relatives, staff and professionals we spoke with told us that the home was well run and managed. One person said, "We won't get better than this. It's beautiful, it's a lovely home. It's comfortable and the hygiene is very good. It's very sociable." Another person told us, "The management is helpful. We all know they are here for us." A relative of a person said, "The home is very well run. The management is very kind, very good and very caring. I would live here myself." Another relative said, "I wouldn't improve anything." A professional said, "The management is very good." One member of staff said, "I would rate the home six stars out of six." Another member of staff said "This is not just a care home, it's a home. The management is excellent."

People using the service were involved and participated in community projects that enabled them contribute and influenced services provided to them. The service worked in partnership with various organisations to conduct research on various issues affecting older people. For example, Age Exchange, an organisation that develops activities and intervention for people living with dementia. People living at St Peter's Residence participated in a 24 weeks research conducted by this organisation to explore activities for people living with dementia. People told us that this opportunity enabled them to shape the service delivered to them. The service held reminiscence class regularly where they talked about things from the past which was used as therapy to support people with dementia as part of their learning from this project.

The service had a registered manager. Staff told us that the management team was visible and approachable. One staff member said, "The manager is always around and checks with us and the residents if everything is fine." Another member of staff said, "You can talk to them [management] about anything and they respect you and your opinion." The registered manager had a meeting with staff monthly to obtain their views about the service. Minutes of meetings showed that staff were involved in developing policies and procedures, reviewing people's care and risk assessments, and improving the service. Best practice was also discussed at these meetings so staff learnt from them to provide better care to people. For example, staff had shared concerns about one person's behaviour and how they managed this, at meeting. They told us that they learnt to understand what people may be expressing through their behaviour, whether challenging or being very quiet.

Staff were happy and worked well together ensuring a happy atmosphere, which was reflected in people's care. The staff knew about whistle blowing and that there was a policy. They all said they would whistle blow if necessary but had not had cause to do so. The registered manager thought whistle blowing was a good thing because it meant that things were out in the open and could then be investigated.

The registered manager described the values and vision of the provider and the values and vision specific to the home the home. A team building event had been held for staff to be involved in the development of these values, ensuring an inclusive culture and develop better working relationship. The values for the home included respect for the individuality of people and maintaining a family spirited atmosphere for people. The home's values reflected our observations within the home. There was evidence that people's dignity and uniqueness of every person. Care and support was provided to meet the individual needs of people and they were given opportunities to develop their interests and to do the things they want to do. The atmosphere in the home was homely, mutual, and friendly. People and staff were relaxed and pleasant to one another.

The registered manager had ensured that staff were aware of their responsibilities both within the home and to people they supported. Supervision and appraisal meetings were held regularly where job descriptions for each member of staff were discussed and what was expected of them. Discussion took place as to how staff could be supported in their role. Individualised care, duty of care, safeguarding and Deprivation of Liberty Safeguards were also discussed. Staff we spoke with confirmed that they understood their roles.

People and their relatives told us the service had an open and positive culture in responded to feedback. The service held meetings with people monthly where contributions and suggestions are made on how to improve the service. The service also conducted survey annually to check satisfaction levels, and obtain feedback on the service. Surveys were sent to people, relatives/friends of people, staff and professionals. The most recent survey result

Good

Is the service well-led?

showed high level of satisfaction. Comments included; “Management is helpful and approachable” “The home is a 5-star rating in my opinion.” “Excellent in every way. The best home I’ve ever seen.” We saw that actions from this survey had been completed. For example, social outings have increased.

The service regularly monitored the quality of service provided. The provider completed audits in health and safety systems, care records, infection control processes, medication management, finance system, staff records and the quality of service provision including observation and interview with people on how care is delivered. We reviewed the most recent audits completed and there were no concerns to follow up.

The pharmacist who provided service to the home completed medicine audit annually to check the medicine were handled and managed in accordance with relevant legislation. There were no actions or concerns from the last audit.

The contract team from the local authorities commissioning department visited regularly to monitor the service provided to people. The most recent report was positive in all areas looked at and noted no concerns.

The registered manager complied with the conditions of its registration and sent notifications to CQC, as required.