Akari Care Limited

St Peters 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

This inspection took place on 6 September 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

St Peters Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Peters Court accommodates a maximum of 40 older people, including people who live with dementia or a dementia related condition, in one adapted building. At the time of inspection 37 people were using the service.

At our last inspection in May 2016 we rated the service good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they were safe and were well cared for. Staff knew about safeguarding vulnerable adults procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were safe.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People told us staff were very kind and caring and they felt comfortable with all the staff who supported them.

Appropriate training was provided and staff were supervised and supported. People were able to make choices about aspects of their daily lives. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Menus were varied and a choice was offered at each mealtime. Staff supported people who required help to eat and drink and special diets were catered for. A variety of activities and entertainment was available for people.

People and staff spoke very well of the registered manager and they said the service had good leadership. There were effective systems to enable people to raise complaints, and to assess and monitor the quality of the service. People told us they would feel confident to speak to staff about any concerns if they needed to.

The provider undertook a range of audits to check on the quality of care provided. These methods included feedback from people receiving care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

St Peters 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 6 September 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care and the local authority safeguarding team.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with 10 people who lived at St Peters Court, the deputy manager, the regional manager, four relatives, the cook, the house keeper, the activities co-ordinator, five support workers including two senior support workers and one visiting professional. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality

assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

Everyone we spoke with said that they felt very safe living at St Peters Court and they felt safe with the staff who supported them. One person commented, "Yes, I feel safe here." Another person said, "Staff are around and they come if I call for them." A third person said, "I feel very safe, staff come straight away."

Staff were able to explain the services available in relation to the safeguarding of adults. They told us they had completed training and would know how to take the appropriate action to protect the individual and other people who could be at risk.

We considered there were sufficient staff to support people. Six staff were on duty to support 37 people during the day and four staff members were on duty overnight. The deputy manager told us staffing levels were flexible and they were monitored to ensure they were sufficient to meet people's identified needs at all times.

Risk assessments were in place that were regularly reviewed and evaluated in order to keep people safe. These included environmental risks and any risks due to the health and support needs of the person. Where an accident or incident did take place these were reviewed by the registered manager and staff at head office to ensure that any learning was carried forward.

Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and the senior support worker told us competency checks were carried out. Staff had access to policies and procedures to guide their practice. The provider also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

There was a good standard of hygiene in the home. Staff received training in infection control and protective equipment was available for use as required.

Records showed that the provider had arrangements in place for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with promptly.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. All people, relatives and professionals we spoke with praised the staff team. Staff told us they were trained to carry out their role and there were opportunities for personal development. One staff member told us, "There is loads of training." Another staff member said. My training is up-to-date." A visiting professional commented, "The staff team know what they are doing."

People's needs were assessed before they started to use the service to ensure that needs could be met by staff. Assessments identified people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. One visiting health professional commented, "Staff are very good at involving us. They follow any advice and our instructions." Relatives told us they were kept informed about their family member's health and the care they received. One relative commented, "Staff will ring me if [Name] is unwell."

People enjoyed a varied diet. One person commented, "The food is very good. We can have cooked breakfast and there is a choice at meal time." Another person said, "The food is quite adequate." People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss.

We observed the lunch time meal. People enjoyed a positive dining experience. Staff were supportive to people and offered full assistance or encouragement and prompts as required. We heard staff ask people for permission before supporting them. Food was well presented and looked appetising and hot and cold drinks were served. A two-course meal was served and a choice of main meal was available at each meal time. People sat at tables that were set with tablecloths, place mats, napkins, condiments and flowers.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. The registered manager had submitted DoLS applications appropriately.

The home was spacious, bright and airy. The communal areas and hallways of the home had decorations and pictures of interest and sitting areas were available around the home. Lavatories, bathrooms and bedroom doors were signed for people to identify the room to help maintain their independence.

Good

Is the service caring?

Our findings

During the inspection there was a very relaxed and pleasant atmosphere in the home. People confirmed they were very well-looked after by staff. One person commented, "Staff are more like family." People gave very positive feedback about the caring nature of the staff. They told us the staff and management were supportive and spent time listening and engaging with them. Staff interacted well with people. Camaraderie was observed amongst the people who used the service and staff. One person commented, "Staff are very good. They treat us well." Another person told us, "I can't fault the staff they are absolutely brilliant." All relatives spoken with were overwhelmingly positive about the care provided by staff.

People appeared relaxed with staff. Staff interacted in a caring and patient manner with people. When staff carried out tasks with the person they bent down as they talked to them so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and sympathetic manner. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging. Staff spent time with people and sat and engaged with them and listened to them.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines. Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Communication support plans were in place. However, we advised communication support plans should provide detailed information to inform staff how a person communicated, if they could not make their needs known verbally. The regional manager told us that this would be addressed.

People's privacy and dignity were respected. People told us staff were respectful. People looked clean, tidy and well presented. We observed staff knocked on people's doors before entering their rooms, including those who had open doors. People's support plans stated if a person preferred a male or female care worker to assist them with their personal care in order to protect their dignity.

People told us they were supported to express their views and to be involved in making decisions about their care and support. One person told us, "I like to get up for breakfast at 8.00am, but I could get up later." Another person said, "I come and go as I want, in the afternoon I'll watch television in my room." People's care records also encouraged their involvement.

Detailed information was available about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Information was available that showed people of importance in a person's life.

There was information displayed in the home about advocacy services and how to contact them. The deputy manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in activities. One person told us, "We go on mini bus outings regularly." Another person said, "When it was the Royal Wedding we had a lovely day and a special meal in the evening." Another person commented, "A lot of people come in and sing." Other people's comments included, "We sit outside and a buzzer is put through the window so we can call if we need staff help", "When it's a birthday we have a party", "There is always loads going on at Christmas" and "I go out with my family."

An enthusiastic activities co-ordinator was in post. A varied programme of activities was available that took place each day and they were planned according to the interests of people. A weekly programme of activities included arm chair exercises, games, cards, sing-a-long, arts and crafts, floor games, pet therapy, pamper sessions and bingo. The ice cream van visited weekly and people enjoyed Saturday film nights twice a month eating locally purchased fish and chips.

There were opportunities for people who lived with dementia to remain engaged and stimulated. We saw booklets of people's memories and reminiscences that had been produced with people and a visiting reminiscence facilitator. They were published and included as part of the home's dementia care strategy. Book titles included, "Love, Courtship and Marriage," "How we used to Play," "Working Lives" and "Housewives."

The deputy manager told us there were very good links with the local community. People benefited from social interaction with a local school that visited. The home held a weekly coffee morning for the local community to call in. There were opportunities to go out on organised trips and these included visits to the shops, coastal areas and places of interest. There were a range of initiatives introduced by the home for people to remain part of the local community. The hairdresser visited weekly and local members of the clergy visited regularly.

There was a good standard of record keeping. Before people used the service an initial assessment was completed to ensure the service could meet the person's needs. Care plans were developed from assessments that provided some details for staff about how the person's care needs were to be met. For example, people's plans included details about nutrition, personal care and moving and assisting needs. We advised that care plans should provide more guidance for staff about how support should be provided to the person including what the person could do themselves to maintain their independence. The regional manager told us that this would be addressed. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations included information about people's progress and well-being. People's care records were kept under review to check that their needs were still being met.

Staff completed a daily diary for each person and recorded their daily routine and progress to monitor their health and well-being. Records were also completed to document any staff intervention with a person. For example, when personal hygiene was attended to and other interventions to ensure peoples' daily routines

were met. The food and fluid intake of some people was also recorded when necessary.

Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves. This meant up-to-date information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

People and relatives told us they would be comfortable raising any concerns or complaints and expressed confidence they would be dealt with. Several letters and cards of appreciation were available that complimented the care provided by staff.

Good

Is the service well-led?

Our findings

A registered manager was in place who had registered with the Care Quality Commission in 2011.

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.

The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary.

The deputy manager and regional manager assisted us with the inspection as the registered manager was not available. Records we requested were produced promptly and we were able to access the care records we required. The deputy manager and staff were open to working with us in a co-operative and transparent way.

The atmosphere in the service was relaxed, warm, welcoming and open. A variety of information with regard to the running of the service was displayed to keep people informed and involved. People and their relatives were kept involved and consulted about the running of the service. A newsletter was available that advertised forthcoming events.

The registered manager was supported by a staff team that was experienced, knowledgeable and familiar with the needs of the people the service supported. The staff team was very stable with a number of staff having worked in the home for several years.

The registered manager had been nominated and received recognition from the organisation for their leadership and management of the home. Staff said they felt well-supported by the management team. They said they could approach them to discuss any issues. They told us the registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. They were positive about their management and had respect for them. They told us communication was effective to keep them up-to-date with people's changing needs and the running of the home.

The management and staff recognised that care was provided to some people with some degree of dementia. The registered manager had put initiatives in place such as environmental design and activities and reminiscence sessions to ensure people benefited from the care provision at the service. The regional manager told us the registered manager and staff were contributing to the organisation's dementia care strategy that was being introduced in some of their other homes.

Staff told us and meeting minutes showed that staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff said communication was effective

to keep them up to date with people's changing needs. A handover session took place, between staff, to discuss people's needs when staff changed duty, at the beginning and end of each shift.

Systems were in place that continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns, incidents and accidents and these were scrutinised at senior management levels. Records showed that management took steps to learn from these events and put measures in place, which meant they were less likely to happen again.

The deputy manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service, relatives and staff.