

County Care Homes Limited

St Peter's House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

St Peters House provides accommodation, nursing and personal care for up to 66 older people. There were 53 people living in the home on the day of our inspection. This inspection took place on 26 and 27 September 2017 and was unannounced on the first day.

There was a registered manager in post at the time of our inspection. 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.

At our last inspection on 10 June 2015 we rated the service 'Good' overall and 'Outstanding' in caring. We found at this inspection that the people continued to receive excellent care that was personalised to them, taking account of their individual needs and wishes. We have rated the service 'Outstanding' in caring and responsive and therefore the rating overall is also 'Outstanding'.

The service provided exceptional, compassionate care to people. Staff treated people with compassion, kindness, dignity and respect. Staff knew people well and interactions were relaxed. People who used the service and their relatives spoke with great fondness and affection about the staff. Staff were committed to the people who lived at the home and ensuring that their needs were met in an extremely caring manner. We saw examples of staff going above and beyond to meet people's needs.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's rights to privacy, dignity and independence were taken into account by staff in the way they cared for them.

Ensuring people received care personalised to meet their needs which enhanced their quality of life was fundamental to the running of the service. The service provided outstanding end of life care. Effective systems and processes were in place to ensure people experienced a comfortable, dignified death in line with their wishes.

A great strength of the service was people had the opportunity to take part in a number of social events and activities based on their preferences. Activities were innovative and involved all areas of the staff team including the catering team. There were strong links to the local community, people had the opportunity to meet and engage with people of varying ages such as college students and nursery school children.

Safe recruitment practices were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care environment.

The home had sufficient staff to meet the needs of the people living there. Staff had received training in how

to recognise and report abuse. The registered manager and deputy manager knew how to report any safeguarding concerns to the appropriate local authority if necessary.

People were cared for by staff who received regular training and who were supported through regular opportunities to meet with their line manager to discuss their work and receive feedback. Staff received training in a number of areas relevant to their job role and their development.

People felt supported by the registered manager and deputy manager. Staff understood the values of the service and the management team led by example. Management processes and audits were in place and used effectively to monitor and improve the service. People and their relatives were involved in their care assessments and care plan reviews. People and staff told us the home was well run and that the registered manager was approachable. There were systems in place for people to be involved and feedback on the experiences of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to help protect people from the risk of abuse and harm.

Risks were appropriately mitigated to provide safe care.

There were enough staff to provide people with support when it was required.

People's medicines were managed safely and they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to enable them to meet people's individual needs.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

People received enough food and drink to meet their needs.

If people became unwell staff sought medical advice promptly to promote their health.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff demonstrated extreme kindness, patience and respect. Genuine caring relationships were evident.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

End of life care for people was well thought through and people had a dignified death.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People benefited from tailored opportunities and an interesting stimulating lifestyle.

People's care needs were understood and responded to by staff who knew them very well.

People's care records were detailed. Their needs and preferences had been assessed and these were being met.

People and their relatives were actively encouraged to give their views and raise concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

There were values and a vision that staff understood and followed.

Systems were in place to monitor the quality and safety of the home.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

St Peter's House

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 was 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 26 and 27 September 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. 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 requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of three people in detail to check they were receiving their care as planned. We also looked at records including four staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with seven people who live at the home, nine members of care staff, the chef, the assistant chef, a housekeeper, the deputy manager and the registered manager. We also spoke with relatives of four people currently living at the home and two healthcare professionals.

Is the service safe?

Our findings

At our last inspection in June 2015 Safe was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a safe service.

People told us they felt safe living at St Peters House. One person said, "I feel safe, I know that there is someone on the end of this (pendent) and they will come and they do come pretty quickly." Relatives also felt that their family member was safe at the home. One relative said, "I visited a lot of homes before [family member] came here [St Peters] and this one concentrates on people living with dementia – it is safe here." Another relative said, "I have never had any fears [family member] is not safe."

There continued to be systems in place which were designed to reduce the risk of harm to people. Staff continued to receive training on safeguarding adults and systems were in place to try to reduce the risk of abuse. Staff were able to tell us what they would do if they suspected or witnessed abuse and information was available to guide staff if they needed to make a safeguarding referral to the local authority

Staff were familiar with risks associated with people's care. Staff understood how to minimise risks keeping people safe when supporting them with moving and handling and eating or drinking for example. The premises were secure, with an enclosed and safe garden. Visitors were requested to sign in and out of the premises. The premises were safe for staff and people because all fire protection equipment and fire systems were regularly checked, tested and serviced. There were smoke detectors and fire doors in place. A staff member told us, "People are safe here. People have access to equipment like an alarm or we use crash mats where people need them."

A visiting healthcare professional told us that staff provided good care for people who were at high risk of pressure ulcers. They told us staff made appropriate referrals for advice and were proactive and recognised the need for specialist equipment to be in place. Records were completed to show that a person received support to change their position to minimise the risk of skin damage, in line with their assessed needs and as set out in their care plan.

The home had an accident and incident reporting policy to guide staff on the action to take following an accident or incident. A close log was kept of all accidents and incidents. This was so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

People we spoke with told us that they felt staffing levels were generally good. One person said, "The staff are very good and I don't have to wait for them." Another person said, "I've had no falls, no accidents, I may lose my balance so there is always someone with me, it prevents accidents and makes me feel safer." A third person said, "I think there are enough staff, they are good and friendly as you want them to be – I cannot fault them and we chat about lots of things." A relative told us, "I can always see staff around; there are lots of them about."

The staff we spoke with were mixed in their views about whether there were enough of them on shift. Some

staff told us that there were sufficient staff on shift with an exception being if staff were away from work unwell which happened infrequently. Some staff told us they were very busy on shift and that when the home was not at maximum capacity the staff numbers were reduced. They told us that staff worked hard to ensure that there was no impact on people living at the home when numbers were reduced.

We looked at the staff rotas. We saw that the number of staff available on any one shift did vary at times and spoke to the registered manager and deputy manager about this. They were both aware of the needs of the people currently living at the home and had developed an effective dependency tool which was amended in response to people's changing needs. They told us that there was a minimum level of staff needed however the fluctuating levels we saw were over and above. We were also told that care staff had the assistance of dining room assistants who assisted at all meal times and housekeepers who made people's beds. This meant that care staff could focus entirely on people's care needs.

We observed that staff provided support when people needed it in an unhurried way and were always visible in communal areas. Staff had time to sit and talk with people and we saw that they did not always wait to be asked for support, they asked people if they needed anything.

People's medicines were administered safely. One person told us, "I have all my medicines, never missed any." People received their medicines as prescribed and according to their individual preferences. Medicines were stored securely in locked trolleys within a locked room that team leaders and management held the keys for. Temperature checks were recorded daily of the room and the refrigerator used to store medicines. Medicine administration records (MAR) were completed appropriately. We audited some of the medicines and found that the records and levels of the medicine available were accurate. Protocols were in place when people needed to be given medicines when needed. These described the rationale for giving the medicine, for instance pain, and the maximum dose allowed to be given. Staff received medicines training and had their competency to administer medicines assessed regularly. That helped to ensure people received their medicines in a safe way.

Is the service effective?

Our findings

At our last inspection in June 2015 Effective was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with an effective service.

People who lived at the home confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. People and their relatives were positive about staff effectiveness and capability.

Staff felt supported by management. They told us they had received an induction which prepared them for their role. One member of staff said, "When I first started I shadowed other staff for two weeks. I was asked if I felt confident before I had to work alone."

All staff received regular one to one supervision sessions and participated regularly in staff meetings. The registered manager told us that impromptu 'live supervisions' were also held if there was something that occurred during the day whereby there was an identified development need for a staff member or an area where they had excelled. This meant that performance issues or recognition of good work could be addressed at the earliest opportunity.

There was a clear link between risk assessments, care planning and staff training to ensure staff could effectively meet people's individual needs. Staff undertook a variety of training courses in order that they could fulfil their job roles and work to the most recent legislation. A member of staff told us, "I've had training in moving and handling, fire safety, and safeguarding adults amongst others."

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. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

We found mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. If people refused something this was recorded and respected. Staff told us that they supported people to make decisions by giving them time to understand the situation and question. One staff member told us, "We [care staff] don't force anyone up. That person could be you one day. If someone doesn't want to get up we give them more time and then ask again."

We observed the lunchtime experience and found that it was relaxed and informal. Staff were observed enabling people to make a decision about their meal choice by showing them the plated meals. People were supported with their nutritional needs to maintain good health. People were extremely complimentary

about the food and the catering team led by the head chef. One person told us, "The food is very good, I was dairy free and the kitchen made me my own cakes and made coconut ice cream specially and then my GP found I was not dairy free and I went back to eating what I want. However the kitchen knows that I cannot eat shellfish, they know I don't like sausages. I don't have to eat downstairs I can eat in my room. If I don't like what's on I can have omelette, toasties, quiche, salad, soup, you don't have to have what is on the menu – I cannot praise them in the kitchen enough." Another person said, "The food is very good and they always do something if I don't like the spicy food, I like toast and a fried egg, it is my comfort food and they know I like it and can eat it and they fry it lovely and I dip my toast in the egg"

Relatives were also very approving of the catering. One relative said, "What pleases me is they know that [family member] does not oriental food and yesterday they cooked [family member] chops and potatoes – they do special things for them." Another relative said, "I have dinner here twice a week, they [kitchen staff] do traditional foods like corned beef hash, and the deserts are lovely."

People who needed to have their food modified could be assured that this would be presented to them at the right texture and with thought and consideration to the presentation of the meal. One relative told us, "[Family member] has ordinary squash mixed with thickener and pureed food. I always taste the food and it is tasty and varied." A member of staff said, "Some people have puree meals. The chef uses moulds for the purée food that enables the food to retain the shape and look like what it is supposed to. It's that attention to detail that makes it so good."

We spoke with the chef and assistant chef during our visit. We found that they were both very knowledgeable about people who lived at the service and their particular dietary preferences such as people who required a diabetic diet and people with allergies. The assistant chef told us, "We try and offer people meals that they may recognise from the past like corned beef hash, cottage pies, followed by a trifle to stimulate their appetites. 90% of deserts are homemade and all cakes homemade. There is a fresh fruit salad option every single day at lunch and tea and in fruit bowls in the main lounge. We plate six meals and refrigerate them for those that may have been asleep at lunchtime, sandwiches are available all day and night and staff can get soup, anything in the fridge, baked beans and toast all through the night."

People told us they were supported with their healthcare needs. One person said, "I see the chiroprapist regularly and I also see the doctor. The optician came here and I got new glasses. The dentist came here to see me." Care plans contained a record of the involvement of other professionals in the person's care, such as the GP and community nurse. A visiting healthcare professional told us, "This is a very caring, person centred home. Staff know people's healthcare needs well, they don't even need to look the information up, they know them so well."

The needs of people living with dementia had been taken into consideration when designing the home environment. As well as a large communal dining and lounge area there were numerous quieter places around the home that people could spend their time. Corridors displayed tactile items, memory provoking pictures and photographs. There were further plans to create corridors which reflected areas of interest as well as a cinema room where a large flat screen television had recently been installed. Toilets had brightly coloured seats so people could easily recognise them. People's bedroom doors had signs with their names and memory boxes with photographs or pictures of personal interest to them. Externally there were a number of raised flower beds that people could access if they had an interest in gardening.

Is the service caring?

Our findings

At our last inspection in June 2015 we found people received care that was outstanding. At this inspection, we found that people continued to receive exceptional care that made a significant impact on their day-to-day lives and continued to be outstanding.

People experienced excellent care and support that promoted their wellbeing and inspired them to enjoy a fulfilled life. People using the service and their relatives were consistently positive about the exceptional care provided. People felt staff were reliably kind and caring. Without exception during our visits we received highly positive comments about the staff and the way they cared for the people who used the service. People consistently told us they valued their relationships with the staff team and felt that they often went the 'extra mile' for them, which made them feel as though they really mattered. One person told us, "I am waiting to have a [medical procedure], my carer came with me and [care staff] said that she will come with me next time, even if it is her day off. [Care staff] is my friend, they have been promoted but asked if they can still come with me. Staff are nice and they have got a lot of patience they are good carers." Another person told us, "I get marvellous treatment, staff are lovely and they talk to me."

Relatives were keen to share with us how kind and thoughtful they found the staff. One relative told us, "If I am needing a home I will come here, [family members] room is always nice and clean, nice big bathroom and care staff give 100% to [family member] and to me. When I was shown around it was the way they [care staff] talked to people who live here they were caring, they hold their [peoples] hands and made me realise this was it was the right place. The little things like talking and cuddling [people] make a difference – it is taking the time to spend with them [people]." Another relative told us, "I would not have my relative anywhere else. Staff talk to people, they are affectionate with them." A third relative said, "Every day I come in and they [staff] treat people as their own and they stop and talk to them and that is what they need."

Staff were clearly passionate and enthusiastic about their job roles and the care they provided to people. There was a vibrant and welcoming atmosphere in the home created by the staff who worked there. One staff member said, "This job [at St Peters House] is my life. I would do everything and anything for the people who live here. Staff that work here put themselves aside to make sure people are happy. Staff here have the biggest hearts." Another staff member said, "The care is so good here. We are so 'on it' and actually do care emotionally. Care staff do an amazing job of making sure people are well cared for." A third staff member said, "I love it here It's nice to come to work, it's really good. We have a great team and there is never a dull day. We are all like one extended family; there is always someone there when people need them."

The management and staff at the service had a strong, person centred culture. We found this culture also extended to the rest of the team and included the catering staff, housekeeping and administrators. One person said, "The [administrators] on reception are good to me and we have a laugh. We seem to get on and all the staff know my name and the one who gives me my tablets I could talk to her about anything." A person's relative said, "Sometimes the staff are very busy but the care has been very impressive and I never feel I am in the way and have never felt I have overstayed my welcome."

People received a consistently high standard of care because staff put people first and continuously looked for new ways to enhance their care and quality of life. A member of staff told us, "I am a key worker to two people. I like to do extras for them like bringing them in toiletries. I did see some super hero socks that I knew one person would like so I bought them for [person]." We saw numerous examples of staff demonstrating compassion and gentleness whilst supporting people. These interactions were natural; people looked relaxed and comfortable in the company of staff. One person said, "I had a bath last night, I love my bath with bubbles and we [person and care staff] had a lot of laughter, it was good fun."

We observed that people's dignity was maintained. Staff were observed knocking on people's bedroom doors and asking if it was okay to go in, before entering. Staff told us that they protected people's privacy and dignity as much as possible when they helped them with personal care using towels to keep people covered. One member of staff told us they would often wait just outside the bathroom door when some people wanted privacy and it was safe for them to be left. When staff needed to talk to a person about something personal they did so in a discreet manner to ensure they would not be easily overheard by other people. People could be assured that their right to confidentiality was protected. Records were stored securely to ensure that confidentiality was maintained.

The home held a 'resident of the day' scheme which the registered manager told us promoted person centred care planning and involved people, their relatives or important persons involved in their care. The scheme ensured that once a month each person would have a full care plan review, their families were also contacted and invited to come into the home to participate. This ensured that their point of view was considered and used in the planning and delivering of people's care and support. One member of staff told us, "The resident of the day is a special day for the person. It's to carry out practical things but also to spoil the person. People choose their favourite desert and it will be made for them, whatever it is. One person chose to go to the local shops for chocolate buttons so that is what happened." We looked at records completed as a result of the resident of the day and saw the work that was undertaken and the choices people made were respected.

People were supported attentively, thoughtfully and sensitively at the end of their life. Arrangements were in place for staff to receive palliative care and end of life training and those that had completed this were knowledgeable on the subject. One staff member told us, "I have just completed a qualification in end of life care, level two. I would like to now do level three. We also were able to attend some additional training recently with an undertaker. We were shown how people are cared when they have passed away and when they leave the home what happens. We even went to the crematorium. It was good to see the whole journey and see that people are cared for like family when they pass away."

Appropriate care, reassurance and comfort was provided to people and their relatives in line with the person's faith and cultural needs so that they received a dignified death. One relative told us, "My [family member] was very religious. Ten days before they passed away I requested that the staff arrange a visit from the church [of the faith followed], something [family member] would have wanted. It was arranged straight away."

We received feedback from a relative about their positive experience of the way the service and care staff had looked after their relative during the final stages of their life. We were told, "When my [family member] was at the end of their life they were nursed in bed. The staff turned them two hourly without fail and they came into the room in between to help [family member] with their mouth care. I would check the records every day and I could see the care was all there." They also told us about the exceptional care and compassion shown to their family member, "When the 'chips were down' and it was my [family members] time and end of life they got exactly what they needed and deserved here [St Peters]. They [staff] couldn't do

more for them [family member] or us. As a relative all you want is for things to be right at that time and they were here [St Peters House]. They even gave me meals and let my dog come in as well. As staff went off duty and finished their shifts they would pop in and see my [family member] Even the cleaners and kitchen staff. They would pop in to see us, sit on the end of the bed and talk to my [family member], even though they were mostly asleep and at the end of their life. The staff would say 'hello [family member] I've just popped in to see you and say hello'. They talked to [family member] and would sit and hold their hand and talk. Even when they had finished work." This experience demonstrated to us that the culture within the whole service was to support people in their final stages of life affording them dignity and respect until their death.

People were comfortable approaching staff. Staff demonstrated warmth in their interactions and clearly valued the relationships with people. We saw numerous examples of staff engaging with people in an effortless and spontaneous manner. We saw staff sit down and spend time talking with people in friendly, good natured conversation. The communication between people and staff was genuine and demonstrated a mutual respect for one another. One staff member said to one person, "Hello [person], you seem sleepy, you were up early this morning, you are looking lovely, different to see you in a skirt rather than a dress, do you want to come and have a little walk with us?" Another conversation we heard, "Good morning gorgeous [to person], why do you want the lights off? You won't be able to see [in response to person repeatedly turning the lights off]." This showed acknowledgement of people's choices but encouraged people to interact positively in a safer environment. The member of staff in this instance then sat down next to the person and they chatted, joined by another care staff that joined in. As staff who worked in the home kitchens arrived at work we observed as they also took time to stop and greet people sharing conversations and friendly banter.

Is the service responsive?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the home was now exceeding this rating and we have rated this key question outstanding.

Without exception people and their relatives told us that staff were extremely responsive to their needs and preferences and provided them with an exceptionally person centred service.

During our visits we saw a hive of busy activities and social opportunities taking place. A large lounge dining area was the main focus of the service and was an area where many people and staff gathered during the day. In the large lounge people, who chose to take part, were engaged in an array of events. The provision of activities was innovative and met people's needs and preferences. People told us about the array of activities they chose to take part in. One person said, "'I did a quiz, I've been on three trips. Two on the [Norfolk] Broads and one to Bressingham Steam Engines and one of the staff pushed me around [in my wheelchair]. It was a brilliant day and I did not stop laughing.'" One person's relative told us, "They [St Peters House] have a lot of entertainment, violin player, guitar players, staff get [people] up and dancing, it is great fun." Another relative commented, "[People] do gardening, cooking, painting, scrabble, jigsaw puzzles. There are two activities in the morning and something in the afternoon." A third relative said, "Entertainment is good and keeps [people] stimulated. There is something going on most days."

The provision of activities was innovative and met people's needs and preferences and included staff such as the chef and other kitchen staff as well as housekeeping staff and care staff. A number of initiatives were available based around people's previous lifestyles and memories and what was important to them. Choices had been developed by the catering team. The chef supported people to have a weekly cooking club, referred to as 'The Sunday Club' where people spent time each week taking part in some baking followed by eating the food they had prepared. In addition other activities were organised through the kitchen. The head chef told us, "On the first Wednesday of each month we have 'foods around the world and have six different main meals all served buffet style. Two chefs 'man' the station and people can choose themselves what they would like. We have a taste bud challenge we do monthly. Exotic meat like camel and horse is done in little fillets and people guess which meat is which. We've also done truffles and exotic fruits. Whoever wins gets a trophy. [Person] is coming to the kitchen on Thursday this week to bake their cake from the war. It's good for their memory and good for other people to reminisce." We heard the registered manager chatting to the person who was planning to bake their cake on a one to one basis with the head chef.

People were able to take part in jobs around the home. The whole team approach to involving people in their home was evident. One of the housekeepers told us, "The majority of people go into the big lounge, not many are independent, [person] however likes the quiet up here and they will help and push my trolley. [Another person] will Hoover and dust for up to half an hour – they like to be involved." This showed us that people's contributions and choices were valued.

Activities were designed to enhance people's wellbeing and enable them to be engaged and to live as full a

life as possible. Regular activities were provided onsite and these commenced each day with a lively 'wake and shake' session which involved music and movement. This type of activity has health and wellbeing benefits for older people.

Not everyone enjoyed the noise and the bustling and busyness of the main lounge. There were other quieter lounges and areas that were more peaceful and serene that people could freely access. One person told us, "I do crosswords, sit quietly on my own, they [staff] always ask me to go and join in [with activities in the main lounge] and if I want to I do, I am not made to join in." Another person said, "I am in this room all the time, I like my room, like my own company." We observed during our visit that whilst there were activities available for people in the main lounge there was a quieter alternative available as well. During the afternoon in the main lounge we saw there was a violin player entertaining people followed by a guitar player and singer. As an alternative and at the same time we saw in one of the quieter lounges eight people and four staff taking part in quiz which caused lots of fun and laughter. Our observations were that people were meaningfully engaged with activities of their choosing.

People were supported to maintain their presence at events and social occasions that were important to them. One relative told us how they had held their family members significant and special birthday party at the home. They told us, "We used the dining room here [St Peters] for a family special birthday party. We had 35 guests. They provided the wine and food".

There were strong links to the local community. The home had joined up with a local college to be involved in a weekly befriending scheme. On a weekly basis pupils from the college spent time with people living at St Peters House. The registered manager told us that they provided an induction and some training to the pupils on living with dementia following which the pupils came in and spend time talking with people. The registered manager told us that one of the team leaders now working at the home had begun as a college placement who gained full time employment and 'worked themselves up to team leader'. This intergenerational socialising was of benefit to all.

Another initiative undertaken within the community was a joint venture with a primary school. The deputy manager told us how the primary school and St Peters alternated between the children coming to St Peters and people going to the primary school. As a result of these visits art work and murals at the home had been developed and improved.

The home had taken part in a local gardening initiative award scheme for nursing and residential homes and day care centres. The presentation of the awards was held at St Peter's House along with a tea party to celebrate. The staff told us how St Peters had won the 'best resident involvement' award for their work in involving people in the gardens at the home. This gave recognition to people being truly involved in the running of the service.

The service was extremely responsive to the needs of not only the people living at St Peters House but also their relatives too. People and their relatives were actively encouraged to express their views about the service and a number of formats for this had been put in place by the registered manager. One relative told us, "[Registered Manager] supported us to set up a relatives support group. And communication has improved massively as a result. As relatives we get together at the home and talk about our family members and offer advice and support to one another. There are no staff or management present, it's for us families but we feed back into the manager our thoughts." Another relative told us, "We [relatives family member] thought it would be good to get a relative support group going, we had the first one in May this year and we meet every month, on average 10 relatives – no management and we air our thoughts on any grumbles, finances and care."

People and their relatives attributed their good health and longevity to the excellent care they received at St Peters House. One person told us, "They [staff] have helped me; I could not walk or lift a kettle when I came in [St Peters] and they [staff] have looked after me very well." A person's relative also attributed their family member's good health to the care they received at the home saying, "Because of the care they give [family member] has survived so long, their food is nutritious and their care built him up when we thought [family member] would not survive." Another relative said, "They [staff] do try and keep [family member] walking as much as possible and only use the wheelchair when they need help."

The registered manager told us that when he started his role at St Peters House he felt there were not enough opportunities for people's families to feedback. As a result he had developed two family feedback forums. We saw evidence of actions that had been taken as a result of feedback received such as additional training for staff.

Another initiative implemented by the registered manager was the 'Coffee and Cake' catch up. Each month the registered manager met with people's relatives to check they were satisfied with the service and every aspect of their family members care and support. Relatives we spoke with were enthusiastic about the group and the regular opportunity to meet with the registered manager. A relative told us, "[Registered] manager has a 'Coffee and Cake' every two months and we get updated and can ask any questions – I do find it useful" Another relative said, "Management led Coffee and Catch up is each month. We can ask about any part of the home or our relatives care. I said to [registered manager] that following the awful fires in London as families we wanted to know more about the fire safety at the home. [Registered manager] told me about the fire safety practices and precautions. There is a holdall at the front door with all the fire safety details and people's abilities. It reassured us all."

People's changing needs were responded to appropriately. Their care plans were kept under review and it was evident any changes were reflected in their care records. Staff were observant and extremely responsive to people's changing needs. One staff member told us, "[Person] has not been well. They have just showered, their breakfast is coming. We [care staff] will check on [person] every half hour as they have not been well – normally it is hourly that we check." This showed us that staff knew people well, but also that they were responsive to changed needs on a daily basis.

We looked in detail at the care plans for four people who lived at the home. Assessments were undertaken to identify people's support needs when they moved into the home. Information contained in the care files indicated that people using the service, their relatives and healthcare professionals had been involved in the care planning process. Care plans and risk assessments were developed using the assessment information and included guidance for staff on how people's needs should be met. The care plans were extremely personalised and included people's preferences such as for the gender of their carer and the fact that the person liked a long soak in the bath as opposed to a shower. Another person's care records highlighted their personal preferences such as their request for black coffee at 7am in the morning. Staff were familiar with the content of people's support plans and the personal preferences they made and respected them. People told us they had their personal preferences met. One person said, "I had a bath this morning and it was lovely, hot water as it takes the pain out of my legs, they [care staff] know I like it hot and they know I like my cup of tea hot too." Another person told us, "They [staff] leave me alone, I am content here and I feel safe and can get my own meals and bring them up here, they give me tablets at 6pm and in the morning and they stay with me till I have taken them."

The registered manager told us that as a result of and in response to some people experiencing a fall a monthly falls meeting had been initiated. We were told that the meeting was attended by the registered manager, a team leader and support worker. The aim of the meetings was to review the individual

circumstances of any fall and to look for any trends and patterns that could be acted on to try and reduce the number of falls overall.

We looked at the homes' complaints records. This showed that procedures were in place and could be followed if complaints were made. There was a policy that provided people who lived at the home and their relatives with information about how to raise any concerns and the process that would be followed. People and the relatives we spoke with were aware that they could raise a concern. One person told us they would feel confident raising any concerns in the knowledge it would be dealt with speedily. Another person said, "Any complaints I can talk to the [care staff] and then it goes to the team leader."

Is the service well-led?

Our findings

At our last inspection during June 2105 we rated the home as good overall and in four of our key questions. We rated caring as outstanding at that inspection. At this inspection we have rated the home outstanding overall and in two of the key questions. This means that we had found the home had made further improvements.

We spoke with people and their relatives about the management of the service. They were very positive about the contribution the registered manager made to the home. One person said, I think it is well run – everyone is helpful and friendly, they know everyone's names and they all know me. I would recommend it and I am going home next month and they have said I can come back at any time for coffee or lunch." Another person said, "The [registered] manager comes and talks to me and they bring me cups of tea."

Staff we spoke with were positive about the leadership of the service, both the registered manager and the deputy manager. They spoke positively about the changes that had come as a result of the management change in March 2017. One staff member said. "The manager [registered manager] told us the office door is always open and to go and see him with any concerns. He is approachable." Another staff member said, "Both managers [registered manager and deputy manager] are really experienced, fair, and very approachable. We [staff] can go to them with anything. Team leaders also do a very good job and help out 'on the floor'. Managers 'help on the floor' and talk to [people]."

The registered manager had a clear passion and enthusiasm for ensuring that the home delivered the best care to people and their families. The staff team worked well together and were clear on what the values and ethos of the home were and how they played a part in the collective approach to achieve this. One staff member told us, "It is a nice place [St Peters House], It's got a nice team atmosphere and we [staff] get on well together and we look after [people] well. We've got a nice family atmosphere, it really is someone's home and we come and work in their home and we need to respect that and tailor care to their needs and give person centred care."

We spoke with the registered manager about the changes that have been made since we last inspected St Peters House. They told us that as a team they had worked really hard on developing and making further improvements to progress on the previous CQC rating. The registered manager told us that their ethos was to lead by example. We saw and staff confirmed that the registered manager was highly visible in the home leading by example. We observed the registered manager delivering 'hands on care' to people, assisting people with hoisting, with their meals and spending time with people sitting and chatting. Staff told us that the registered manager was not doing this because we were there inspecting the home. Staff told us that the registered manager took this approach all the time. One staff member told us, "[Registered Manager] comes out of his office and helps people. He helps them with their meals; he helps peoples with their baths. He knows people really well."

A range of quality assurance audits were in place. The registered manager carried out a wide range of regular audits and documented their findings and any actions taken. These included checks in key areas of

care delivery such as: person centred care in dementia, health and safety, food and fluid and medication. Where shortfalls had been identified action had been taken, demonstrating the results of audits helped reduce the risks to people and staff and helped the home to continuously monitor and improve. The registered manager told us he had worked very hard on the management governance at the home and introducing systems to ensure high quality care was delivered to people.

There were systems in place to communicate with staff. Staff told us, and we reviewed records, that showed team meetings were held. These discussed matters such as staffing allocation, medicines, activities and any changes at the home. Staff felt they could contribute at the meetings and were listened to. We attended one of the daily 11am meetings held at the home where a representative from each of the departments at the home (such as catering, housekeeping and maintenance amongst others) got together to discuss any actions needed within the home and any updates necessary.

The registered manager recognised the challenges of keeping up to date with changes to legislation and good practice such as dementia strategies and supporting staff in line with these. They were able to ensure the delivery of care reflected current guidance through attendance and involvement with a county wide dementia alliance. The registered manager also attended training courses to keep their own knowledge up to date.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.