

Little Sisters of the Poor

# Little Sisters of the Poor - St Peters Residence

## Inspection report

St Peters Residence  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Little Sister of the Poor – St Peters Residence accommodates up to 59 older people across four separate units, in one purpose built building. At the time of our inspection 56 people were living at the home.

### People's experience of using this service

Medicines were not always managed safely, with registered nurses not demonstrating full knowledge in medicines administration. Fire drill procedures were not always as robust as they could be to ensure safety was routinely checked.

Management quality assurance systems were not always effective in identifying issues in a timely manner. Improvements required in medicines and fire safety had not been previously identified by the provider.

The environment was not as dementia friendly as it could be, to support with orientation. We have made a recommendation in relation to reviewing appropriate dementia friendly environments.

Staff were safely recruited, with some improvements needed to ensure that full employment history was up to date. Incidents and accidents were appropriately responded to. The home was very clean and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well supported with their nutritional needs and were able to access healthcare professionals when they needed to. Staff were well supported through induction, supervision and training.

People and relatives felt that people were well cared for, in a friendly and accommodating environment. Staff ensure they respected people's privacy and dignity, whilst supporting them to be independent.

Complaints were responded to as necessary. People had their communication needs supported and received personalised care. There were a range of activities available for people to participate in if they chose to.

People, relatives and staff were positive about management support, and spoke highly of the teamwork approach to ensure people received good care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 16 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified one breach in relation to good governance at this inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Little Sisters of the Poor - St Peters Residence

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, a nurse specialist advisor 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.

#### Service and service type

Little Sisters of the Poor – St Peters Residence 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed intelligence we received about the service including statutory notifications and information shared by others. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people, one relative and a visiting friend. We also spoke to the registered manager, a sister in charge, two registered nurses, four care staff, a volunteer and a visiting healthcare professional.

#### After the inspection

The provider sent us additional information to support the inspection. This included the training matrix, staff supervision records and medicines competency assessments.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed in a safe way. On two of the four units, room and fridge temperature checks had not always been taken daily, to ensure that medicines were stored at the correct temperature. On one unit, audits of the controlled drugs book were also irregular. The home did not always adhere to best practice guidance in these areas. Two of the nurses that we spoke with were not able to give a clear and concise response as to their understanding of covert medicines.

We recommend the provider review the administration of medicines in line with best practice guidance.

- We identified that improvements were needed to the management of fire safety. Fire drills were regularly conducted however, they did not record how people were evacuated from the home; only staff. The provider could not be assured that the evacuation procedures in place for people were effective.
- The fire risk assessment had been completed in 2009 with annual update sheets, however we were not assured that this document was adequate in assessing potential fire risks across the home. A full risk assessment had not been completed for 10 years. The provider told us they would take action to address these areas, we will review their progress at our next inspection.
- The above points notwithstanding people and relatives told us they received their medicines at the right time. A relative said, "My relative's meds are delivered to her room and on time always."
- Staff were subject to regular medicines competency assessments to ensure they were able to administer medicines safely.
- Potential risks to people were assessed to ensure that staff were able to adequately support people and take action to mitigate the occurrence of risks. We will review the provider's progress with this at our next inspection.
- Where people were at risk of falls, guidance was in place to advise staff how to support people to mobilise safely.
- Risk assessments also included whether there were any nutritional risks, as well as guidance as to how to support people with the use of hoists, for example.

Staffing and recruitment

- Staff recruitment records did not always include their full employment history. We raised this with the provider who took action to contact all staff to ensure these records are updated. We were satisfied with their response and will review their progress at our next inspection.

- Staff were subject to a Disclosure and Barring Service check prior to commencing their role. The Disclosure and Barring Service check supports employers to make safer recruitment decisions.
- There were enough people on shift to meet people's needs. Staff felt this allowed them enough time to have meaningful contact with people throughout the day.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify and report potential signs of abuse. They told us, "Like physical abuse, verbal, to look after residents well. I would tell my area manager first, we can go to the office downstairs to tell what happened to the [registered manager]. Outside of the house we can tell the social services."
- Since our last inspection there had been no safeguarding concerns raised or investigated.

#### Preventing and controlling infection

- The home was extremely clean and well kept, with daily housekeeping staff to ensure hygiene was well maintained.
- Staff understood their responsibilities in relation to infection control and follow best practice guidelines.

#### Learning lessons when things go wrong

- Incidents and accidents were appropriately reported and investigated as they occurred, and recorded within people's care files.
- The clinical lead was responsible for analysing any patterns and trends, with any learning shared at daily handovers amongst the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The premises were large and allowed for plentiful space for people to move around. However, the environment was not as dementia friendly as it could be.
- Appropriate pictorial signage around the home was lacking and there were no memory boxes or individualisation to support people to find their rooms. We recommend the provider review the environment in line with best practice dementia care guidelines. We will review their progress at our next inspection.

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

- People's needs were assessed in line with best practice. This included a full assessment of need prior to them being placed at the home to ensure they could meet their needs.
- Needs assessments followed national guidelines, such as the use of the malnutrition universal screening tool to monitor weights.

Staff support: induction, training, skills and experience

- Staff received regular training in a range of areas relevant to their roles. At the time of our inspection some staff were not up to date with moving and handling refreshers, however these were supported by competency observations. The induction and development lead set up a update session for staff the following week.
- A robust induction took place upon staff commencing their roles. Staff were positive about this and the opportunities it provided to allow shadowing and practice of their roles.
- Staff were knowledgeable about their roles and were able to convey to us how they supported people. Furthermore, they received regular supervision and appraisal support in their roles.

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

- People were well supported at mealtimes and enjoyed the food on offer to them. One person said, "We fill in today the menu choices for tomorrow. There's a choice of two things for each course and they'll adjust if necessary."
- Kitchen staff were clear on people's dietary needs and clear instructions were in place to ensure they met people's requirements such as pureed or fortified diet.

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

- People were well supported to access healthcare professionals and told us that doctors were called in a timely manner when they needed them.

- Records showed that a range of professionals attended the home to meet people's needs. This included opticians, dentistry, opticians and occupational therapists.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- Where appropriate there were suitable capacity assessments on people's file to record whether they had the capacity to make specific decisions.
- DoLS were applied for in a timely manner and renewed as necessary.
- Staff understood how the MCA applied to their roles. One staff member said, "It's always about giving options, go back and ask again."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives provided heart-warming comments in relation to the care people received. Comments included, "I feel this place is absolutely fantastic" , "The staff are always kind and caring and my dignity is respected" and "The staff always strike me as kind, caring and loving – you feel it."
- As a home of the Catholic faith, mass was held daily with the service being shown via video stream in people's rooms where they were unable to attend. People's cultural requirements, such as a specific diet were also accommodated.

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

- People were involved in decisions about their care. Staff told us of the importance of ensuring people were able to make day to day decisions for themselves, such as what they wore, participation in activities and how they received their personal care.
- Records showed that people's care needs were regularly reviewed, with the involvement of relevant people where necessary.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were well respected. Staff understood the importance of being sensitive to people's needs during personal care. Comments included, "I knock [on the door] and wait for a response, always introduce myself. Ask if people want assistance, we have to respect their space as this is their home" and "It's key to ensuring people are happy. When I go in make sure the light is on, talk the residents through getting up, prepare the area beforehand. We let them sit comfortably and colour co-ordinate towel and cover for each area. Dress nicely on the top and talk them through the next step throughout. I ensure they're always covered in a dignified way."
- Where people were able to demonstrate a level of independence, staff supported them to do so. Examples included preparing a toothbrush and supporting a person to raise it to their own mouth, people washing themselves and being supported to mobilise.

# Is the service responsive?

## Our findings

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

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

### End of life care and support

- People were supported to express their end of life care wishes where this was necessary, including reference to whether a person had a 'do not resuscitate' order in place.
- Records in relation to end of life care needs were not always easily accessible, nor did care records always fully reflect that the provider had always had these discussions. We raised this with the registered manager who informed us that they had links with hospice care and that there were plans to update people's wishes. We will review their progress at our next inspection.

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

- People received care that was individualised, with records reflecting people's preferences. This included their day to day and night time routines, activity preferences and food choices.
- Care plans identified people's social histories to give staff an overview of people's backgrounds and how that influenced their current day to day lives.

### Meeting people's communication needs

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

- People were supported when they had a sensory impairment, and any steps staff needed to make were recorded in their care plans.
- Staff understood how to support people in ways they preferred, if they were unable to express themselves. A staff member said, "We have a resident who can't hear properly and use cue cards for key points and they will nod or shake their head to answer."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities on offer, to ensure that people had appropriate stimulation and entertainment. One person said, "I've attended a poetry reading group and a gentle exercise group. I feel the staff are very keen to get us out of our rooms. There are lots of volunteers around to help, this is new"
- An activities co-ordinator was new in post, with people and staff speaking positively of their contribution. Activities on offer included a library, hairdresser, creative arts, gardening, exercise and entertainment.
- People were supported to participate in religious celebrations, in line with the faith culture of the home.

Improving care quality in response to complaints or concerns

- There had been no complaints raised since our last inspection. There was a complaints book on each floor which enabled people or relatives to raise any day to day concerns. There were then responded to by the person in charge on each unit.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance audit systems required improvement to ensure they were effective. The provider's medicines audits had not identified that medicines administration did not always follow good practice. The provider's care plans had moved to an electronic management system in August 2019, however updated care plan audits had only recently been developed. Whilst these were sufficient, more time was needed to ensure good quality care plan audit practices were embedded.
- As reported under safe, premises and fire drills were not always comprehensive and we were not assured that management had a clear oversight of these. The provider had not recognised that fire drills did not address or review the safe evacuation of people living at the home.
- Improvements were needed to ensure staff employment records included a full employment history.

Improvements were needed to ensure that management oversight of the service was robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The Care Quality Commission were notified of important events in a timely manner, and the provider responded to information requests.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were positive about the management support they received. Comments included, "Superbly well [managed]", and "It works here...I think it does."
- Staff felt well supported by the management team and were positive about the team working approach across the home. Comments included, "I think it's run very well, a very nice place to work. A nice organisation to work for. All the sisters are really supportive and helpful", "I like working here as we get more involved with the residents [than my last home], we look after them well and our manager makes sure residents benefit" and "When you bring someone here, you know for a fact we'll look after them. You want to know about people's wellbeing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the need to apologise when things went wrong. The registered manager was accepting of feedback during our inspection and took on board improvements that needed to be made, in the management of medicines and end of life care for example.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved with the service through regular residents meetings. This enabled people to reflect on the care they received at the home, as well as discuss any concerns or improvements they wished to raise.
- Staff meetings were held regularly where discussions around people's care were encouraged. Staff were supported to discuss team working across the home and how develop improvements across the service.
- The service worked alongside other professionals to ensure they could meet people's needs. A visiting healthcare professional said, "I think I would like my [relative] to be here" and provided examples of how staff shared knowledge to improve care delivery.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Management oversight was not always robust in monitoring the effectiveness of service delivery