

Gem Care 6 Limited

St Peter's Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

St Peter's Care Home is a residential care home providing personal care to 38 older people and people living with dementia. The care home accommodates people over four floors in one adapted building with a lift. The service can support up to 43 people.

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

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

People were supported by staff who were inducted, trained and supervised. People's accidents and incidents were recorded however the provider did not record lessons learnt. We have made a recommendation in relation to lessons learnt.

People, relatives and staff told us staffing levels were not always sufficient. We have made a recommendation in relation to the deployment of staff.

People told us they felt safe. Risks to them were identified and managed. Where required people were safely supported with their medicines needs. Infection control measures were in place to prevent cross infection. The support required by people with health and nutritional needs was identified and provided.

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's privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred support plans in place. People and their relatives were actively involved in their care and contributed to the development of care plans and reviews. People's communication needs were identified, and their end of life care wishes were explored and recorded. People and relatives told us activities were offered.

People, relatives and staff told us the registered manager was approachable and supportive. Staff told us they felt well supported by the service. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 23 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was 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.

The details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

The detail are in our well-led findings below.

Good 

St Peter's Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection 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.

Service and service type

St Peter's Care Home 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and five relatives about their experience of the care provided.

We spoke with nine members of staff including the registered manager, the assistant manager, the head of care, two senior care workers, two care workers, the maintenance person and the chef. We also spoke with four health and social care professionals visiting the service on the day of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during the inspection.

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 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.

Staffing and recruitment

- We received mixed feedback about staffing levels. One staff member told us, "If someone goes sick it is hard. They do try to cover. But sometimes you can't at short notice." Another staff member said, "There is a lot to do with [people] on a shift. Takes quite a while to do medication. Got phone calls to make. Awful lot to do for one [person]."
- However, some staff and health and social care professionals felt staffing levels were good. One staff member said, "Always enough staff. We are covering people's needs." A health and social care professional told us, "There is plenty of care staff around."
- People and relatives told us there were not always enough staff available. One person said, "Definitely not enough staff." Another person told us, "[Staff] always rushing around."
- We spoke to the registered manager about the concerns raised regarding staffing levels. After the inspection the registered manager sent us an action plan. The action plan addressed how the service was going to meet the needs for people and staff. This included using a dependency tool to look at staffing levels and increasing the number of staff to support the administration of medicines over busy periods.

We recommend the provider seeks advice from a reputable source in relation to the deployment of staff to meet the needs of people who used the service.

- People were supported by staff who were appropriately recruited. Appropriate recruitment checks had been undertaken. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People and their relatives told us they felt the service was safe. One person said, "They test [fire alarm] every week and gives me the assurance that I am safe."
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of alerts made, the outcome and action taken.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I would talk to my manager. I could [also] talk to the owner and talk to CQC." Another staff member said, "I would report to the senior on duty. If senior did nothing I would go to [registered manager]. If nothing done, then I would go to CQC."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as communication, mobility, hoisting, diabetes, skin integrity, dementia, mental health, personal care, toileting, dressing, medicine, environment, and personal evacuation.
- Staff we spoke with knew about people's individual risks in detail. One staff member said, "You document everything. Raise a concern. Then [senior staff] should step in and get involved. They would assess what the concern is. If not walking anymore then assess for manual handling. If problems swallowing, then refer to the speech and language team."
- The maintenance person carried out appropriate health and safety checks. Records showed checks were in date for fire, gas, water and electric.

Using medicines safely

- The provider had systems in place to ensure safe management of medicines.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support
- Medicine administration records showed they were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.
- Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- Controlled drugs were stored in a controlled drugs cupboard and the keys held securely. Clear records were maintained in the controlled drugs register.

Preventing and controlling infection

- The home environment was clean, and the home was free of malodour. A health and social care professional told us, "I like the fact [the home] is spacious [and] clean."
- Staff completed training in infection prevention and control. Records confirmed this.
- Staff had access to and used disposable protective items, such as gloves and aprons. Observations confirmed this. A staff member told us, "You wear [personal protective equipment], [and] wash your hands. Use the sanitizer. [Sanitizer dispensers] are all around the home."

Learning lessons when things go wrong

- There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong.
- The provider did not record lessons learnt. We discussed this with the registered manager who told us they would review, and record lessons learnt moving forward.

We recommend the provider seeks advice from a reputable source in relation to recording lessons learnt.

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.

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

- People's physical, emotional and social needs, abilities and choices were assessed before they moved to the service. Records confirmed this. A staff member said, "[People] have assessment before they come in. One of our staff will go out and do the assessment. We will read the assessment."
- Staff were heard giving people choices and respecting their wishes. One person said, "[I] choose when to go to bed and to get up."
- Staff knew people's preferences, likes and dislikes. One staff member told us, "Have a chat [with person], and see what is in their care plan. Look at likes and dislikes. Chat with the family. See what their history was, like their job, if children, where they lived."

Staff support: induction, training, skills and experience

- Staff were provided with regular training, and supervision to enable them to provide effective care. People and their relatives told us staff were good at their job. One person told us, "[Staff] are good [at] their job and hardworking."
- Staff told us they received regular support and supervision to enable them to undertake their role and records confirmed this. One staff member said, "Our seniors do our supervision. It is quite often. She will ask how we are getting on and if anything needs changing. She will also watch us on the floor."
- New staff had received an induction into their job role. One staff member said, "[New staff] normally shadow for a couple of weeks. If we feel they need extra time, then they will get more shadow shifts. They have training as well like manual handling."
- Training was provided in subjects such as first aid, diabetes, medicines, infection control, manual handling, health and safety, safeguarding adults, equality and diversity, dementia, end of life, nutrition and food hygiene, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards.
- Staff told us the training helped them to perform their role well. One staff member said, "The training is very good. We have a company come in and do the training. The training is up to date. We had training last week."

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

- People were supported to eat a balanced diet that promoted their health and wellbeing.
- During the inspection we observed people enjoying their breakfast and lunch. A relative said, "[Person] is eating well and has gained weight."
- Some people told us the vegetables could be softer. One person said, "On the whole we get enough food, but it's not cooked well because sometimes the pastry on the pies are so thick and vegetables are hard to eat." We told the registered manager and she said she would address this immediately with the kitchen staff.

- Staff were aware of people's dietary needs and preferences. The chef told us that people could ask for alternatives to the food choices for that day. We observed three people who had an alternative meal on the day of the inspection. There was a rolling ten-week food menu in place which included at least two hot meal options for each day.
- During the inspection, we observed people were given choices of food and drinks. Food was well presented, smelled good, and the portion sizes were generous.
- The kitchen was clean and had recently been refurbished.

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

- People's health care needs were met. One person said, "We are lucky here. Health professionals come every day." Another person told us, "[Staff] will call the doctor if need be."
- People's care records showed relevant health care professionals were involved with their care, when needed. One staff member said, "[People] can ask for a doctor. If they need a doctor the senior carer will call, and [doctor] will come out. We have opticians that come out, chiropodist comes in quite regularly."
- Health and social care professionals told us they were contacted by the service if people's health needs changed. During the inspection we observed district nurses, a physiotherapist and chiropodist visiting people.
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.

- There were systems in place to assess people's mental capacity to consent to care. People told us staff asked their permission and gave them choices. One person said, "Before [staff] do anything they ask if that's ok." Another person told us, "[Staff] always ask for consent. They are good like that."
- DoLS applications were requested for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected.
- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- During the inspection, we heard staff seeking consent from people before providing support with day to day tasks.

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

- The home was accessible, adapted and designed to meet people's needs. The service was over four floors, with large sized bedrooms, large communal lounges, dining areas and lift access to all floors.
- People had personalised bedrooms and the necessary equipment to support them to remain independent and safe, for example, specialist beds and baths, hoists, walking frames and wheelchairs.
- The garden was well maintained and secure and had pleasant seating areas for people to enjoy in good weather.
- Call bells were available for people in communal and private areas to provide assistance when it was needed.

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 were well supported and treated with kindness. One person said, "The [staff] are nice and kind." Another person told us, "I am well treated." A relative said, "[Person] is always looking lovely and nicely dressed, smiling and happy. Before she came [to the home] she was having so many falls and the carers were not taking good care of her. Now she is here we are happy about the care."
- Health and social care professionals we spoke with during the inspection were very complimentary about the service. Comments included, "I think it is one of the better homes in the area. They treat the residents as people, not just objects", "I think it is lovely. One of the best in Herne Bay. People are cared for well" and "I visit a lot of homes and asked my [relative] to come [live] here. That is because I know the home. It is the best home in the area."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I hope [people] think of me as family as I have been here so long." Another staff member told us, "I have a good relationship with [people]. They know me."
- People's cultural, spiritual and religious wishes and needs were identified, recorded and respected. People were supported to attend religious services in the home and in the community.
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "We would treat [LGBT people] the same as anyone else. I would cater to their needs." Another staff member said, "[LGBT people] have chosen to have their life. I would give reassurance. I would step in if there was bullying, I wouldn't tolerate it. Everyone is different. It would be a boring world if we were all the same."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People and families confirmed they were involved in care planning and review. Records confirmed people and their relatives were involved.
- People and their relatives told us their privacy and dignity were respected. One person said, "The staff are

kind and respectful."

- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "If [person] is in their bedroom [I will] knock on the door. I would introduce myself. I always say my name. I respect their wishes. Make sure curtains shut with personal care. Always make sure [I] ask and involve the [person]. It is their home." Another staff member said, "I close the door [when giving personal care] and keep [person] covered and tell them what I am doing"
- Staff promoted and encouraged people's independence. A staff member told us, "We cut [people's] food up for them but we encourage them to feed themselves a bit more. We have a [person] who asked for a wheelchair, but we know [they] can walk. So, we encourage [them] to walk."

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.

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

- People and relatives told us staff knew them well and met their personal needs. One person said, "I just love [living at the home]."
- The care plans reflected people's care needs and were reviewed regularly.
- People's care plans contained information about their life history, hobbies and interests, likes and dislikes and wishes and staff had guidance on how each person liked to be cared for. For example, one care plan stated, "Where it appears to help, reminding me of where I am in a conversation will help me maintain my sense of self and enhance my confidence. Consider providing memory aids, such as picture/prompt cards, memory albums or other media to assist my recollection where possible."

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's care plans contained their communication needs, preferred communication methods, and instructions for staff on how to communicate effectively. For example, one care plan stated, "I am able to clearly communicate verbally and have no impairments to my speech. My native language is English. And this does not hinder communication with staff. I do not use any other languages."
- Staff were seen communicating with people with patience and as per their preferred methods.

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

- People were supported to maintain relationships and to take part in the activities relevant to their culture and interests. Activities included visiting entertainers, trips out in the community, chair exercises, arts and crafts, word games, puzzles, ball games, knitting and watching films.
- People were satisfied with the activities on offer. During the inspection we saw people involved with bingo in the morning and in the afternoon a visiting school had children singing Christmas carols.
- The activities coordinator organised outings and people accessed community venues such as shopping trips, visiting coffee shops and going for a walk on the seaside pier.

Improving care quality in response to complaints or concerns

- The home had a complaint's process to ensure people's complaints and concerns were addressed appropriately and responded to promptly. The registered provider's complaints policy was displayed within

the home.

- People, and their relatives told us they knew how to make a complaint or raise a concern.
- The complaints records contained information about when the complaint was made, description of the complaint, actions taken and the outcome.

End of life care and support

- The provider had a policy and systems in place to support people with their end of life care needs.
- At the time of our inspection, the service was supporting one person with end of life care needs.
- Where people wished to discuss their end of life care preferences, these were recorded with personalised detail in their care plans.
- Staff understood people's needs, they were aware of good practice and guidance about end of life care, and respected people's religious beliefs and preferences. One staff member said, "We have the nurses and doctors come in. They come and reassess [people] all the time. We have palliative care team come in."
- Staff had received end of life care training and worked closely with other professionals to make sure people received coordinated care.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People and their relatives told us they got on well with the registered manager and were happy with the service provided. One person said, "[Registered manager] is nice and approachable." A relative told us, "The manager is very friendly and nice with everyone. You can go and talk to her about anything."
- Many of the staff had worked for the home for a long period of time. This enabled positive relationships to develop. One staff member said, "I took the job four years ago. I took this [job] because it felt very homely and the manager was very welcoming. The [people] are lovely. Good care home to work for." Another staff member told us, "I like it here or I wouldn't be here. I love the [people]."
- Duty of candour requirements were met. The registered manager had a good understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Staff told us they felt supported by the registered manager. One staff member told us, "[Registered manager] is lovely. She is there when you need a chat. She will check on you to see if you alright. If you ask her to do something she will get it sorted as soon as she can." Another staff member said, "I think [registered manager] is great. She is very fair, and her door is always open."
- Health and social care professionals were very positive about the registered manager. Comments included, "[Registered manager] is very good. I have known her a long time. Always very decisive" and "I think [registered manager] is excellent. She is exceedingly hardworking. She is very approachable. Good rapport with the staff. As a person I am very fond of her. She does things without a lot of fuss."

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

- The provider had effective systems and processes in place to enable the registered manager to have an oversight of the management of the regulated activity.
- The registered manager was visible about the service and was responsive to the needs of people and supported staff well. They told us they felt well supported by the provider and had access to support and resources to manage the service effectively.
- The provider conducted a monthly audit of the home. The audit looked at feedback from people and staff,

staffing, accidents and incidents, complaints, environment, and quality assurance. Records showed any actions taken when concerns were found.

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

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, stakeholders and staff.
- The service had recently sent out a survey. People and their relatives were generally happy with the service provided.
- A recent staff survey showed they liked working for the service and felt supported. One commented stated, "We all work as team."
- Various staff meetings were held on a regular basis. Topics included communication, staff rota, care plans, health reviews, laundry, and activities. One staff member said, "[Staff meetings] are quite often. They will ask us if anything needs changing. They will address anything that needs to be talked about like complaints. They will ask how we all are."

Working in partnership with others

- The registered manager and staff worked in collaboration with health and social care professionals, community and not for profit organisations, and local authorities to improve the service and people's physical and emotional well-being.