

Amity Residential Care Limited

St Peter's Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: St Peters Home provides accommodation and personal care for up to eight people with learning disabilities and mental health needs. At the time of the inspection six people were living there.

People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People told us they felt safe at the service and they developed trusting relationships with staff.

People told us staff helped them be more independent and live the life they wanted. They told us the support they received met their needs and staff were always kind and caring. People were helped to find what hobbies and interest they had and staff helped them pursue these.

People told us and we saw that they were involved in activities of daily living around the house, like cleaning, setting the tables and cooking.

Staff were complimentary about the management of the home. They told us they received training and support to carry out their roles effectively.

People had their capacity to understand and take decisions affecting their lives in line with the Mental Capacity Act 2004 principles. The registered manager submitted deprivation of liberty applications where there were restrictions placed on people's freedom in order to keep them safe.

Care plans were developed for each area people needed support, and a risk assessment assessed if there were any risks to people's well-being and health. Measures were in place to mitigate these. However, some parts of the care plan were repetitive, care plans were printed twice which made the care plans harder to navigate.

The registered manager effectively used the provider's quality assurance systems to monitor the quality of care provided and improve the service.

People lived in a clean environment, however the building and the grounds needed some maintenance and decoration work. The registered manager told us they had already identified this and the provider was planning to complete the work as soon as it was possible.

Rating at last inspection: Good (report published 28 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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 any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

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

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

St Peter's 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: St Peter's 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: This inspection was unannounced.

What we did: Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three people and observed how staff supported another person in the home. We spoke with two care staff, the deputy manager and the registered manager.

We looked at two care plans and reviewed records relating to the management of the service. We also reviewed the commissioners report carried out by the local authority.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I'm safe because staff helps me and I know not to talk to strangers."
- There continued to be systems and processes in place to safeguard people from abuse. Staff told us they knew how to recognise and respond to abuse and the registered manager had reported any potential safeguarding concerns to the local authority safeguarding team. Any concerns had been investigated and dealt with appropriately, and any learning shared with staff to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support had been assessed and mitigated where possible.
- People were helped to take positive risks and live the life they wanted. People went swimming, shopping and staff supported them to do other activities which involved some risks, however the benefit to people outweighed these. For example, people wanted to go on holiday and steps were taken for them to achieve this.
- People had comprehensive care plans and risk assessments in place and there was guidance available for staff about how to minimise risks where possible. For example, risks relating to people using public transport and any healthcare needs.
- Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.
- People who at times had behaviours which challenged others had a positive behaviour support plan in place. Staff followed this to identify early signs or triggers of these behaviours and effectively diffuse situations from escalating.

Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing levels were arranged based on people's individual support needs and were adjusted accordingly to support people with any activities that they wanted to participate in. Throughout the inspection staff were available to support people when needed and were attentive to their needs.
- Staff were recruited safely. The registered manager ensured that full recruitment checks were completed before staff started working with people. Each staff member had a disclosure and barring service (DBS) check in place and references from previous employment to ensure they were suitable for the roles they performed.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) were fully completed, indicating people received their medicines as and when they needed them. Some people required medicines as and when necessary, for pain relief or similar and there was clear guidance in place regarding when these medicines should be administered.

Preventing and controlling infection

- The service was clean and cleaning regimes were followed by staff and people. Staff prompted people to wash their hands and regularly clean their bedroom and wash their clothes.
- Some areas of the home needed refurbishing. The registered manager told us they had discussed this with the provider who was planning to commence the work as soon as possible.

Learning lessons when things go wrong

- The registered manager had clear processes in place to ensure lessons were learned when things went wrong. Staff told us they discussed in team meetings what improvements were needed to ensure they constantly improved the service.

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

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 needs were assessed before moving into the service. They were supported to be involved in the transition moving to the home at a pace and level that met their needs. The staff team were fully involved in the transition to enable people to develop a positive relationship with the staff prior to them moving into the service. Support plans and risk assessment were completed to reflect the needs, choices and wishes of people.
- Care plans were reflective of best practice guidelines when supporting people with a learning disability. They were supported to be as independent as possible with a focus on developing life skills.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed that they received proper training and support to carry out their roles effectively.
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff received regular supervision and support to carry out their roles effectively.

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

- People were helped by staff to understand why they needed a healthy balanced diet. Staff did this by presenting information to people in a format they could easily understand and communicate their decisions. One person told us, "I am trying to lose weight. I am helped by staff and I know what I should eat."
- People decided and created the weekly menus. Some people helped staff in preparing the meals.
- People`s weight was monitored regularly and any concerns were discussed with them and the appropriate health care professional to support people to maintain a healthy weight.

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

- People were supported to attend appointments with health care professionals to maintain good health, including GP, opticians, chiropodist, community nurses and psychiatrists.
- People had regular reviews of their care and support needs with their social worker and also health professionals involved in their care.
- Health action plans were developed to maximise people`s physical health and staff ensured people attended their health appointments when needed.
- We found staff able to identify people`s changing health needs and they communicated effectively with

appropriate health care professionals to ensure people were getting the right support when they needed it.

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

- People told us they liked their bedrooms and they could decorate these as they pleased. One person told us, "I love my room. I keep it tidy and clean." They were proud to show us their bedroom and were happy that they were able to keep it the way they liked it.
- The environment needed re-decoration and some work outside in the garden so that people could fully enjoy the environment they lived in. We got assurances from the registered manager that this would be actioned in the next few months by the provider.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us they were able to make choices for themselves, regarding when they wanted to get up, what activities they wanted to do and what they wanted to eat and wear. For decisions like finances or other areas where it was found that people had limited capacity, decisions which were made on people's behalf had been made in their best interests, and in consultation with important people in their lives and relevant healthcare professionals.
- The registered manager understood their responsibilities under the MCA and had applied for DoLS for people if they were unable to consent to staying at the service. Any conditions, such as monitoring the level of risk and regularly reviewing the necessity of any restrictions were adhered to.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. One person said, "I like all the staff. They are very nice. They help me a lot."
- Staff, and the registered manager, demonstrated that they knew people's needs and preferences well. We saw that people received support from staff that were consistently kind and caring. Staff engaged with people in an affectionate and warm manner that created a friendly atmosphere for people and visitors. Staff all spoke warmly about the people living at the home and their individual qualities.
- Staff were aware of people's likes and dislikes and ensured their preferences for support were respected. We observed staff adapting their support to people's needs. For example, a person was able to set the table and express their choice of what they wanted to eat. Staff listened to them and provided the support needed for the person to be independent with some parts of the tasks and staff helping when they needed help.

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

- Staff told us they supported people to make decisions about their care. They explained and discussed with people what needs they had and people made the decisions which were respected by staff.
- People told us they discussed with staff what support they needed and staff helped them in a way they liked to be helped. One person said, "They [staff] help me to do what I want. I like how they help me."

Respecting and promoting people's privacy, dignity and independence

- The registered manager and the staff were committed to promoting people's independence. People were encouraged to do their own laundry, make their beds, prepare their food and go shopping. Staff listened to people. For example, a person told staff they were not going out although initially they planned to do so. Staff listened to them and accepted their decision.
- People were treated with dignity and respect by the staff who supported them. Their privacy was maintained as each person had their own room to promote their privacy. We saw people were well presented and were wearing clothes that reflected their age, gender, weather conditions and individual style.
- Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were accurate and contained detailed information about how they liked to be supported. These were updated regularly by staff, and ensured that everyone knew how people liked to be supported.
- People were provided with information they could easily read or understand to support them to communicate effectively. Staff told us that most people living at the home could communicate their needs effectively and could understand information provided to them in a variety of different formats like easy read or pictorial.
- People's care plans were developed with personalised information about how they communicated and what their likes, dislikes and preferences were in terms of their routines, hobbies and favourite meals.
- People were supported to develop their activity schedule depending on their interests. One person told us, "I have yoga classes and go swimming. I do what I like and we [staff and person] plan ahead."
- Staff knew what people liked to do and support was planned in a way that enabled people to go to cinema, theatre, day trips and holidays.

Improving care quality in response to complaints or concerns

- People told us they would talk to staff if they had any complaints.
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.
- We saw that when a complaint was received in the past the registered manager responded to this appropriately and aimed to resolve the issue raised to the complainant's satisfaction.

End of life care and support

- The service was not giving end of life support to people at the time of the inspection, however care plans were started by staff to ensure when people were ready to talk about it they had the support they needed.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff told us that if improvements to the service were needed these were discussed in team meetings so that the whole staff group knew what was expected from them and the plans to improve.
- Staff told us they were supervised regularly and they could reflect on their role through supervisions and yearly appraisals.
- When incidents occurred, the registered manager carried out investigations into what happened and spoke openly with people, relatives and staff about the concerns raised.
- Staff felt supported and praised the team they worked in, including the managers. Team morale was good and staff were working in a relaxed calm manner which made people feel at ease around them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager spoke to us about their responsibilities of being a registered manager. They told us they had support from the provider to carry out their roles effectively.
- Changes in the provider's organisation gave additional resources to the registered manager to monitor the quality of the care in the home and they were starting to develop this into an electronic system where information to monitor the quality of the service could be done even more effectively.
- There was a clear management and staffing structure in place and a regular staff team.
- The registered manager ensured that staff were up to date with the training requirement and completed all the relevant training necessary for their role.

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

- There were regular team meetings which gave the opportunity to staff to speak about the support they were providing to people and any other issues relevant to the service.
- Compliments had been made by health professional's commenting on exceptional support when supporting someone to attend the hospital.
- There was evidence that the registered manager kept relatives up to date with their loved one's support. One relative said, "I take comfort in knowing [person] is happy and well cared for."
- People had their say and contributed to the running of the home in regular resident's meetings and yearly surveys where they commented on the support they received.

Continuous learning and improving care

- The registered manager completed weekly, monthly and quarterly audits, which were reported to their senior manager. The provider`s senior management team completed an audit on the service as well. This showed that there was transparency and focus on improving the care people received.
- As part of the organisation's quality assurance process the provider made unannounced visits to carry out `mock inspections` based on the same principles as the Care Quality Commission inspections.
- Audits had been completed by the local authority to check on the quality of the care people received. Action plans had been developed following the audits and the registered manager was working towards completing these.
- There were clear processes in place to report incidents and accidents, which then translated into reports being sent weekly to the provider.

Working in partnership with others

- The service developed good connections with health professionals and other organisations involved in people`s care. Staff communicated effectively with all the professionals involved to ensure people living at the service received care and support which met their needs.