

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?

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

Care service description

St Peter's Care Home is a large four storey building located on Herne Bay seafront. Accommodation includes 43 single rooms, all with en-suite facilities. Communal areas include lounge areas on each floor, two dining areas, an activity room, a library, a hairdressing room and a large garden. The service provides personal care and accommodation for up to 43 older people some of whom may also be living with dementia.

Rating at last inspection

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

People told us they felt safe living at St Peter's Care Home. Risks to people were assessed, managed and reviewed and action taken by staff to keep people as safe as possible. People were protected from the risks of abuse and staff were confident to raise any concerns with the registered manager.

The registered manager followed safe recruitment processes to make sure staff employed were of good character. There were sufficient staff on each shift and this was regularly reviewed. People received effective care from staff who had the knowledge and skills to carry out their roles.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet and food they liked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff knew the importance of giving people choices and gaining people's consent.

Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS.

People were treated with kindness, compassion, dignity and respect by staff who knew them and their relatives well. People and their relatives were involved in planning their care and support. People received care and support that was individual to them and their needs and preferences.

People had enough to do during the day were supported to follow their interests and take part in meaningful social activities. Staff supported people to maintain relationships with their families and friends.

Complaints were investigated and action taken to address any concerns when needed. People and their relatives told us they had no complaints.

People, their relatives and staff felt the service was well-led. The management team encouraged an open and transparent culture. Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

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 remains Good

People were protected from the risks of abuse and avoidable harm. Risks to people were assessed and there was guidance for staff on how to reduce risks.

Safe recruitment processes were followed to make sure staff employed were of good character. There were sufficient staff on each shift and this was regularly reviewed.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

Is the service effective?

Good ●

The service was Good

People received effective care from staff who had the knowledge and skills to carry out their roles.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were offered a choice of home-cooked healthy meals. People were supported to maintain good health and were referred to health professionals when needed.

Is the service caring?

Good ●

The service remains Good

People were treated with kindness, compassion, dignity and respect.

Staff knew people and their relatives well.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

Good ●

The service remains Good

People and their relatives were involved in planning their care and support. People received care and support that was individual to them and their needs and preferences.

People were supported to follow their interests and take part in meaningful social activities.

People and their relatives knew how to complain or raise concerns.

Is the service well-led?

Good ●

The service remains Good

People, their relatives and staff felt the service was well-led.

The management team encouraged an open and transparent culture. Staff had confidence in the management team.

People, their relatives, staff and health professionals were involved in developing the service.

Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

St Peter's Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

The inspection took place on 19 April 2017 and was unannounced. The inspection was carried out by 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 the provider completed 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. We reviewed this and other information we held about the service. We looked at notifications received by CQC. Notifications are information we receive from the service when a significant event happens, like a death or serious injury.

We looked around all areas of the service and garden. We spoke with 15 people who lived there and five visitors. Conversations took place with people in their own rooms and communal areas. During the inspection we observed how staff spoke with and engaged with people. Some people were not able to explain their experiences of living at the service because of their health conditions so 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 spoke with seven members of staff and the registered manager.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of service was monitored and managed.

The service was last inspected in February 2015 and was rated Good overall.

Is the service safe?

Our findings

People told us they felt safe living at the service and that there were sufficient staff. One person told us of a fall they had and commented, "I got help quickly". Relatives said their loved ones were supported to stay safe. One relative told us, "[My loved one] is very safe here".

People were protected from the risks of abuse and discrimination. The service had a 'zero tolerance' bullying and harassment policy in place for people and staff. Staff gave us examples of how they provided support to meet people's diverse needs, including those related to disability, gender and faith. These were recorded in people's care plans and staff we spoke with knew the needs of people well. People told us their individual needs were met.

Staff knew what to do if they suspected incidents of abuse. Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff were confident the registered manager would listen to their concerns and take the appropriate action to make sure people were protected and kept safe. Staff told us they had completed training about keeping people safe and this was confirmed by training records. Staff told us what signs they would look for, the different types of abuse and who they would report concerns to.

Risks to people were assessed and monitored. When people had difficulty moving around there service there was guidance for staff about how much people preferred to do independently. There was also guidance about what level of support staff needed to give and any specialist equipment, such as walking frames and hoists, people needed to help them stay as independent and safe as possible. The service was spacious and furniture was positioned to allow clear movement with walking aids and wheelchairs around the service. We observed staff support people to move around the service and saw that this was done safely.

Some people were at risk of developing pressure areas. The registered manager and staff worked with health professionals to support people to keep their skin as healthy as possible. People had special equipment, including mattresses and cushions, to help prevent pressure areas. This was checked regularly to make sure it was working properly. When people remained in bed staff told us they supported them to change position to help protect their skin and this was recorded.

People told us there were enough staff to provide support when they needed it. One person said, "There are enough staff. Generally speaking, it's alright". A relative commented, "There's always someone around". People and relatives said there were occasions when staff appeared rushed when members of the team were off sick. The registered manager told us they were currently recruiting for additional staff to make sure there were sufficient staff to cover for unexpected emergencies. The registered manager monitored staffing levels to make sure there were enough staff, with the right skills and experience, on each shift to meet people's needs and keep them safe. The registered manager worked at the service each day and there was available for advice outside office hours.

Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history and written references. Staff told us that checks were carried out before they started working at the service. Discussions held at interview were recorded and included asking prospective employees questions that were specific to care work.

Disclosure and Barring Service (DBS) criminal record checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Disciplinary processes were followed in line with the provider's policy.

People's medicines were stored, managed and disposed of safely. People told us, "They [staff] bring me my tablet when it is time to take it" and "They [the staff] give me my tablets, it works for me". Some people said they were supported to manage their own medicines which helped them to stay as independent as possible. Staff made sure people had taken their medicines before they signed the medicines record. The medicines given to people were recorded accurately. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Is the service effective?

Our findings

People told us they received support from staff when they needed it and that the staff were trained to provide the right support. People said, "They [staff] are well trained and know what they're doing", "It's lovely, I am not moving! The staff are adorable, I have never been short of attention" and "They [staff] are professional and well trained".

Staff completed an induction when they started working at the service. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. They shadowed experienced staff to get to know people, their routines and their preferences.

The registered manager mentored staff through one to one supervision and a close working relationship with the staff team. They told us at the beginning of the inspection that the supervision meetings were not as regular as they wanted but that they had an open door policy and worked closely with staff each day. Staff told us they felt well supported by the registered manager and that they were encouraged and supported to complete additional training for their personal development and career progression.

An extensive training programme was in place and new staff quickly obtained the basic skills they needed to carry out their roles effectively. Staff completed face to face training and completed some on-line. Staff told us what training they had undertaken and this matched the information on the training schedule held by the registered manager. Training was closely monitored to make sure refresher courses were booked on time. Training courses were relevant to the care needs of people and included dementia awareness and end of life care. One member of staff spoke with us about the end of life training they had recently completed, "I am really chuffed I did it. It really made me think. We looked at beliefs and how people would want things from a different perspective. It was all about their wishes. It opens your eyes and was really worth it. I would say to everyone that they should do the training".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that when people needed support from their relatives or advocates this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest. For example, when a person needed to use bedrails to keep them safe, a meeting was held with their representatives and an agreement was recorded that this was the least restrictive method to keep the person safe at night and that it was in their best interest to use them.

During the inspection people were supported to make day to day decisions, such as, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service. People told us that they got up and went to bed when they chose to.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met. The provider, registered manager and staff understood their responsibilities in relation to DoLS. No-one was living under an authorised DoLS. The registered manager told us how they had recently considered applying for a DoLS for one person but they had discussed the options with the person's doctor and a review of their medicines had been completed first to see if that made a difference to the person's anxiety. Since their medicines had been amended the person appeared more relaxed and settled.

People told us they enjoyed a choice of healthy food and drinks. They said, "The meals are good. They're old-fashioned like my mum used to do", "The food is quite good. I can say what I like and don't like" and "The food is lovely. Well-cooked and hot". A relative commented, "There's a good choice. Lots of vegetables. The meat is beautifully cooked". Meals were social occasions which people could spend in either of the two dining rooms. Tables were nicely laid out with linen napkins and a printed menu with the day's choices. The atmosphere was happy and people chatted and laughed whilst they ate. People said that if they didn't fancy what was on the menu they could ask for whatever they liked and staff would cook it for them. One person said, "The food is quite good. You get a choice. There are always 2 main meals. If there's nothing suiting, I can have egg and chips". Staff regularly consulted with people about what types of food they preferred and ensured foods were available to meet people's diverse tastes. The food looked appetising and people ate well. Staff were attentive to people's needs at mealtimes and provided support, when it was needed, in a way that did not compromise their dignity or independence. Hot and cold drinks were offered to people throughout the day.

Staff monitored people's health and took prompt action when they noticed any changes. When they had a concern they contacted health professionals, such as dietitians, community nurses and GPs, for advice. Staff followed any guidance given to make sure people stayed as healthy as possible. People told us staff supported them to see doctors and physiotherapists.

Is the service caring?

Our findings

People told us they were happy living at St Peter's Care Home. They said, "I'm happy with the care. Happy with everything", "I am well cared for. If you need help, all you have to do is press a button" [They showed us the personal alarm around their neck], and "Absolutely marvellous. They are helpful. Very helpful. They are good carers". A relative commented, "They [staff] are so caring. They are very attentive. They have a good rapport with me and [my loved one] and are professional and friendly". People were encouraged to personalise their rooms with their own belongings to help them feel at home.

Staff spoke with people in a friendly, kind and compassionate way. They showed a genuine interest in what people had to say and were patient. Staff knew people and their loved ones well, including people's backgrounds, life history and preferences. Staff spoke with people about things that were important to them. People told us the staff were "very kind" and "so friendly".

A 'comments tree' in the entrance area had 'leaves' on and noted, 'Thank you – I love being here', 'Where would I be without your kindness?', 'Everyone is super' and 'You show so much compassion to our residents'.

People maintained their friendships and relationships and told us their loved ones were able to visit whenever they wanted to and there were no restrictions. During the inspection visitors were welcomed by staff. One relative commented, "There is always a friendly smiling face when I come in. All the staff are very helpful".

People's privacy and dignity were respected. One relative told us that staff laid a table in a small lounge so they could eat and spend time together in private. Staff made sure doors were closed when they were supporting people in their own rooms to promote their dignity. Some people chose to spend time in their rooms and staff respected their request for privacy. People were referred to by their preferred names and appeared relaxed with each other and staff.

People and their loved ones were involved in making day to day decisions about their care and support. People said their views were listened to. One person commented, "I feel there are people I can talk to about my needs and wishes". People's confidentiality was respected and records were stored securely. Staff understood it was their responsibility to ensure confidential information was treated appropriately to retain people's trust and confidence.

Staff encouraged people to remain as independent as possible for as long as they wanted. Staff explained how much people were able to do for themselves and what support was needed. When people were limited with their independence there was guidance for staff on how to encourage them to be involved with small daily tasks. For example, one person's care plan noted, 'I am unable to initiate or complete tasks independently. I am also unable to use objects placed in my hand. However, I will respond to the physical sensation of involvement with various activities. Use a gentle stroking action prior to working with each limb when helping me with necessary tasks, such as dressing. This may prompt me to help complete the action,

such as lifting a limb to put on clothing'.

People's choices and preferences for their end of life were recorded and kept under review to make sure their care and support was provided in the way they had chosen. People's religious and cultural needs and preferences were recorded and respected. Staff were respectful of people's cultural needs. A relative told us their loved one was supported by staff to attend a church service in the local town. People and relatives said there were occasional religious services in the home which they had attended. Arrangements were made for visiting clergy so people could follow their beliefs.

Many 'thank you' cards and letters had been received by the registered manager and these were shared with staff. One recent comment noted, 'We trusted to your care someone who has been very precious to children, grandchildren and great-grandchildren alike and we could not have asked for more. You consistently went further than 'the extra mile' and we will always be indebted to you'.

Is the service responsive?

Our findings

People told us they received care and support when they needed it and that staff were responsive to their needs. People knew how to complain and felt comfortable to do so. One person said, "I have never made a complaint. If I had a real problem, I would go down and see the manager". Relatives commented, "I have never had cause to complain. I can't think of any improvements that could be made" and "It is superb, [my loved one] is very happy here. I am extremely satisfied".

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted.

People and their families were involved with planning their care and support. One person told us, "My daughter was involved in setting up my care". People told us that staff provided the care in the way they preferred. Staff knew people very well and told us about people's individual needs and preferences. Each person had a care plan that was tailored to meet their individual needs. An electronic care planning system was used. Staff told us they liked this and that it was easy to use and meant that all the staff were aware of changes to people's needs promptly. There was good communication between the staff team and a handover was completed at the beginning of each shift to make sure they were up to date with any changes in people's needs. One member of staff told us, "If I have been off for a couple of days I come in early and check the staff communications book to make sure I know any important changes".

Staff were observant and responsive to people's needs. A relative told us their loved one had decided they wanted to go out that morning. They said, "It was great. The staff organised a wheelchair and a blanket for me so I was able to take [my loved one] out and enjoy the air. During the inspection one person appeared to have difficulty putting their watch on. A member of staff spoke with them quietly and asked if they would like some help. They helped the person and received a kiss on the hand showing their appreciation.

People were supported to follow their interests and take part in social activities. One relative told us, "I take [my loved one] out in their wheelchair when it is warm enough. Staff also take them out. They recently went out, had lunch and saw the lambs" and another commented, "They provide so many activities, it is amazing with the ranges of people's ages and needs". There were photographs displayed around the service of activities people had enjoyed and included people with animals, VE day celebrations and a boat trip.

People told us they had a choice of activities. One person showed us their timetable of activities. Another person proudly showed us some of the things they had made in sewing and art and craft sessions. A relative said, "There is always something. There is a good range of activities". People told us about a recent Easter bonnet competition and saw photographs of some of the entries. People said they enjoyed making these. Records from a recent residents meeting noted plenty of new ideas people had to keep themselves occupied including, river trips, day at Chartwell, day trip to France, visit to a miniature railway and a trip to Buckingham Palace. The registered manager and staff were already in the process of arranging some of

these.

The complaints procedure was displayed on notice boards around the service and was included in the service user guide which was given to each person. The complaints procedure was written in text and the registered manager said it would be produced in larger print or other formats if requested. People and their families told us they had no complaints. A relative commented, "If I had a concern I would talk to the management and they would act on it. I have never had cause to complain".

The provider's complaints procedure noted that a written record would be kept of all complaints, any investigation and resolution. The registered manager said there had been some complaints but said that these had not all been recorded as complaints in line with the procedure. This was because they had been dealt with quickly and informally. There was, therefore, no central log of how many complaints had been received, and whether they had been investigated and resolved and whether there had been any improvement or learning from complaints. The registered manager started a log to record all complaints during the inspection.

A comments and compliments book was available in the reception area as well as a 'comments tree'. People, relatives and staff had left comments and compliments including; 'Thank you for looking after [our loved one] so well. Lovely, lovely staff and home', 'The staff are wonderful' and 'Thank you for the care, support and love you give to [my loved one]. Also the food is wonderful as well'.

Is the service well-led?

Our findings

People, their relatives and staff told us they felt the service was well-led. One person said, "The manager is wonderful". A relative commented, "It's as close to being a proper home as you can get. They keep it beautifully. The staff genuinely seem to enjoy working here and will always chat. The people here make all the difference. They make time to see visitors and remember things about you. I feel supported by the staff too".

People knew the staff and registered manager by name and told us they could rely on them to provide the right support. A board showing photographs of staff was displayed in the service and there was clear signage around the service to remind people where important rooms were. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager led by example and worked with staff each day coaching, mentoring and providing advice and guidance. There was a culture of openness; the registered manager and staff spoke with each other and with people in a kind and respectful way. A member of staff told us, "[The registered manager] is a very fair manager. I was told when I first started that their door was always open – it is". The registered manager had noted on the Provider Information Return, 'There is an open door policy in the home where residents, staff and visitors are often found talking to the manager and members of staff to promote open communication, culture and transparency'.

The registered manager had a clear vision of the quality of service they required staff to provide which was shared by staff. Staff told us, "This is their home and we are lucky enough to work in it" and "It's their home. I would have my family live here. We provide a good standard of care".

People, relatives, visiting professionals and staff were encouraged to provide feedback and contribute ideas for the service. Regular residents meetings were held to obtain feedback on the quality of service. Records of the most recent meeting noted, 'No residents had any issues to report and were all happy with the service provided but mentioned if they did have any concerns then they would feel comfortable coming and speaking to [the registered manager] or a member of staff as they have done in the past when an issue arises'.

Staff told us they felt supported by the registered manager. One member of staff said, "We can go to the manager or a senior if we are worried about anything. We also support each other. We are a really close team". Staff understood their roles and responsibilities. They told us there were regular staff meetings and that they were able to openly discuss any concerns. Records were kept of each meeting and a note of what action was needed and who was taking any action. Staff had left some comments on the 'comments tree' in the entrance area. One thank you note from staff read, 'All care staff - as everyone has given a little extra in general. No I in TEAM'.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Regular quality checks were completed on key things, such as, fire safety equipment, hot water temperatures, hoists, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.