

St Peter's Hall Limited

St Peters Hall

Inspection report

52 St Peter's Road
Handsworth
Birmingham B20 3RP
Tel: 0121 523 4123

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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?

Requires improvement 

Overall summary

The inspection took place on 21 August 2015 and was unannounced. At the last inspection on 11 July 2013, we found that the provider was meeting the requirements of the Regulations we inspected.

St Peter's Hall provides residential accommodation and support for up to 12 adults with mental health needs. At the time of our inspection, 11 people were living there.

There was a registered manager in post. 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.

People who lived at the home felt secure and safe in the knowledge that staff was available to support them, when they needed to be supported. The provider had systems in place to keep people safe and protected them from the risk of harm and ensured people received their medication as prescribed.

There were safe and robust recruitment procedures in place to help ensure that people received their support

Summary of findings

from staff with the correct skills and knowledge. We found that there were enough staff on duty to meet peoples' identified needs. Staff received the necessary training to continue meeting the support needs of people.

The provider took the appropriate action to protect people's rights and staff were aware of how to protect the rights of people, in line with current legislation.

People were supported to make choices and could prepare their own food and drink at times to suit themselves, in their own individual kitchens. People made their own choices about what food to eat. Staff supported people to go shopping and encouraged them to consider healthy options.

People were supported to access health care professionals to ensure their health care needs were met.

People and relatives felt staff were supportive and caring. Staff were respectful and encouraged people to be as independent as possible.

We found that people's health care and support needs were assessed and regularly reviewed. People and relatives had no complaints about the service and were confident if they did, that they would be listened to and their concerns would be addressed quickly.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems and sought feedback from people and relatives. There were processes in place to monitor quality and understand the experiences of people who used the service. Although some audits were not always completed on time and action plans not always updated to reflect when actions were completed. Care Quality Commission had not received required information from the provider, although appropriate contact had been made with other agencies to protect and prevent harm to people who used the service.

Summary of findings

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

People felt the service was safe and secure. Risks to health, safety and wellbeing of people were addressed in a positive way.

There were sufficient numbers of staff who provided care and support to people in order to keep them safe.

People received their prescribed medicines safely.

Good



Is the service effective?

The service was effective

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People's rights were protected.

People were supported to meet their healthcare needs and had access to health and social care professionals.

Good



Is the service caring?

The service was caring

People felt staff were caring and kind.

People's privacy, dignity and independence were promoted by staff.

Staff was respectful of people's choices.

Good



Is the service responsive?

The service was responsive

People's support plans were regularly reviewed.

People were encouraged to take part in group or individual activities.

The provider ensured feedback was sought through meetings and satisfaction surveys.

Good



Is the service well-led?

The service was not always well led.

People told us they were happy with the quality of the service they received.

People, their relatives and staff told us the manager was accessible and approachable.

Requires improvement



Summary of findings

There were processes in place to monitor the quality of the service. These were not always robust enough as they had not always identified when and what repairs had been carried out. Therefore records were not being consistently updated and completed.

Processes were not always followed with regard to notifying the Care Quality Commission of certain events as required.

St Peters Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This unannounced inspection took place on 21 August 2015 and was carried out by one inspector.

Before our inspection we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection, we spoke with five people who lived at the home, the provider, the registered manager, care home manager, deputy manager, two support workers, one student on placement, two relatives and one social care professional.

We looked at records in relation to three people's care and medication. We also looked at records relating to the management of the service. This included safeguarding records, maintenance records, staff training and recruitment records and a selection of the service's policies and procedures to ensure people received a quality service.

Is the service safe?

Our findings

People living at the home told us they felt secure and safe. People told us they would not hesitate to speak with their key worker, if they felt threatened in any way. One person said, “The staff are good to me, I like them.” A key worker is a member of staff, specifically assigned to work with an individual, to provide one to one support for that person. People had their own keys to their rooms, which they could lock. Most of the people living at the home were free to come and go as they wish. A staff member told us, “We encourage people to think about how to keep safe.” Another person told us, “I like living here, I’m kept safe and it feels safe.”

Relatives and a social care professional told us they felt people were well supported and it was a safe environment for them to live in. A relative said, “[Person’s name] has been here for a while the staff support them well.” We saw that there was a calm atmosphere with people choosing to remain in their room or relax in the garden. People and staff had positive communications, which demonstrated to us that people felt relaxed with the staff at the home.

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. A staff member told us, “If I saw anything that could cause harm to people, I would report it to the manager straight away.” The provider’s safeguarding procedures provided staff with guidance on their role to ensure people were protected. We saw that staff had received up to date safeguarding training. The provider kept people safe because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

Risks associated with the care and support needed by people had been identified and plans put in place to manage them. We saw people had been involved in deciding how their risk was managed. For example, a number of people enjoyed smoking which presented a high risk of fire. We saw a full risk assessment had been completed for one person and this was reflected in their support plan. The person had been made aware of the dangers of smoking in their room and offered support. This gave staff the information they needed to support the person and maintain their safety. One person told us, “I like

to smoke; I know not to smoke in my room so I go into the smoking area.” One staff member told us, “We help to review assessments every month and this helps to identify when people’s support needs change in any way.” Staff were able to explain to us what risks had been identified in relation to the people they supported. We saw from people’s support plans they were regularly reviewed and identified risks were managed appropriately to ensure the provider continued to meet the people’s individual needs.

Staff told us that safety checks of the premises and equipment had been completed and we saw from records they were up to date. Staff were able to tell us what they would do and how they would maintain people’s safety in the event of fire and medical emergencies. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

People, relatives and staff told us they felt there was enough staff on duty to support people. One person said, “I think there is enough staff.” A relative said, “I always see plenty of staff.” Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. The provider told us in an emergency they used bank staff who were known to people living at the home and this also helped with continuity of support for people. We saw there was sufficient staff on duty to assist people with their support needs throughout the day.

The provider had a robust recruitment process in place to make sure they employed staff who were suitable to support people living at the home. Staff told us they had completed the appropriate pre-employment checks before starting to work at the home unsupervised. We looked at three staff files and found the Disclosure and Barring Service (DBS) security checks had been reviewed and completed. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People living at the home had mental capacity to make decisions about their medicine. People told us they had no concerns about their medicines and confirmed they were given as prescribed by the doctor. One person told us, “I have my medicine when I need it, the staff give it to me regularly.” There were people who required medicine ‘as and when’ and we saw there were procedures in place to ensure this was recorded when administered. All medicines

Is the service safe?

received into the home were safely stored, administered, recorded and disposed of when no longer in use. We looked at three Medication Administration Records (MAR) charts and saw that these had been completed accurately. A brief audit confirmed there were no discrepancies with the medicines we looked at. There had been one medicine

error, however we saw this had been managed in accordance with the provider's own processes. The person had not come to any harm and the staff received refresher medicine training. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

People, relatives and a social care professional were all complimentary about the staff. They told us that they thought staff were knowledgeable and trained to support people. One person said, “Staff are very good.” Another person told us, “I think the staff have the skills to support me.”

We saw that staff were engaged in different pursuits with people, encouraging and supporting them to, for example, prepare an evening meal. A relative told us, “The staff do have the skills and knowledge to help people.” A social care professional told us they felt the provider was very enthusiastic about training and giving staff the skills to support people effectively.

Discussions we had with the staff demonstrated to us, they had a good understanding of people’s needs. One person told us, “I really like [staff name] they know exactly what I like to do.” We saw that there was a number of staff who had worked at the home for some time. This sustained consistent and stable relationships between people and their key worker. Staff also told us they had received on going training, supervision and appraisals to support them to do their job. A staff member told us, “We have training quite often, they [the provider] are really good like that.” Another staff member said, “The induction was good, I felt ready to do my job.” We saw from records that staff received supervision and their training requirements were planned and tracked.

Staff told us they had completed mental capacity training and were able to demonstrate to us in their answers, how they supported people with decisions about their care and support. People we spoke to said staff would always seek consent before carrying out any support needs. We saw that mental capacity assessments were completed for

some people. Where it was appropriate, best interest decisions had been made in line with the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people. They make sure restrictions to people’s freedom and liberty have been authorised by the Supervisory Body, because they are required to protect the person from the risk of harm.

People told us they generally prepared and made their own meals but that sometimes staff would help them. One person told us, “I’m not a bad cook, I enjoy cooking my own meals.” Staff told us they would encourage people to consider buying healthy eating alternatives. We saw that people were supported to buy their own food and do their own cooking. Another person told us, “The staff come with me to do my shopping, they do remind me what I should be eating, but I choose what I want.” A staff member said, “We do try to encourage people to eat a more healthy diet but they do have the right to make their own decisions, we do our best.” Support plans had identified people’s specific dietary requirements. For example, a staff member explained to us how they supported one person to monitor their weight and cook more healthy options.

People told us they were happy with the support they received from staff. One person told us, “I like it here, I like having my own bedroom.” Each person’s file had a regular review, one person explained, “My care plan is reviewed with me every six months.” We could see from people’s support plans there was involvement from other health care professionals, which supported people to maintain their health and wellbeing.

Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, “The management and the staff are very good.” A relative told us, “The staff are very caring.” We saw that staff called people by their preferred names and listened to what they had to say about matters that were important to them. One staff member explained to us how they supported people to attend their local place of worship. Staff were also able to tell us about people’s individual support needs, their likes and dislikes. This contributed to the staff been able to care for people in a way that was individual to them.

People told us they were involved in planning their support needs. One person said, “The staff always check with me first before doing anything.” We saw from the support plans that the support planning process was centred on the people, taking into account the person’s views and their preferences. People living at the home were dressed to their individual styles that reflected their age, cultural beliefs and gender. One person told us, “I really enjoy clothes shopping; I have loads of different clothes in my room.” We saw people regularly went to the office and spoke with staff. One relative told us, “The staff listen to [person’s name], they would soon tell me if it was any different.” We saw staff had a good understanding of

people’s needs and showed empathy towards people. Relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

We saw that people were also provided with additional support from an Independent Mental Capacity Advocate (IMCA) when decisions relating to their care and welfare had to be reached. Advocates are people who are independent and support people to communicate their views and wishes. Although no one was currently using the support of an advocate, the provider had supported people to access advocacy in the past to ensure that person could fully express their views

People were treated with respect and dignity; staff spoke to people politely and knocked on their doors before entering their rooms. Staff encouraged people to remain as independent as possible. One person said, “I meet my friends most weeks and sometimes they come here and I make them all a drink.” Another person told us, “The staff have helped me to see my family, they sometimes come here or I meet them, this is very important to me.” Relatives also told us they could meet their family member at any time and felt welcomed by the staff. One relative said, “We do sometimes just turn up” which ensured that the provider supported people to maintain family and friend relationships.

Is the service responsive?

Our findings

Most of the people living in the home were able to make decisions about their support. For those who required support with making decisions, we saw staff would speak with the person in a way that they could understand. They were patient with the person and knowledgeable about their support needs. People told us they were satisfied with how their support needs were being met. One person said, "I've no complaints." People told us they discussed their support with their key workers on a regular basis. A social care professional told us that any guidance given to staff, they were happy to action. We saw that staff responded to people that required support. For example assisting people with their laundry.

Staff were able to tell us about people's individual support needs and interests. For example, one staff member told us, "[Person's name] used to experience serious episodes of illness because they could not see their family. We have worked really hard and supported them through all the processes and now they get to spend time with their family which has had a significant impact on improving their mental health." Another staff member said, "We are very person centred, it's all about the person." Staff told us that support plans were reviewed. We saw staff involved the person in any decisions and because each person had a named key worker, that provided consistency, we could see people were comfortable with staff. One staff member said, "Everyone is an individual and they are very independent so everything is discussed in an open and transparent way with the person." Support plans showed people's preferences and interests had been identified and were regularly reviewed.

Relatives confirmed to us they were invited to participate in assessment reviews and if they could not attend, their

family member would update them. One relative said, "I'm involved in the reviews and if I have any concerns I just raise it with the manager, they are very responsive." Relatives told us communication was good and they were kept informed of any changes in their relative's needs.

We could see social activities had been arranged for people, however, due to the lack of participation, some had been cancelled. We asked people what they did with their time. One person told us, "I'm hoping to complete a training course which will help me to find some part-time work." Another person said, "I don't like going out, I like staying here but I do go shopping every week with the staff and sometimes we go out on trips." We could see the provider tried to encourage people to participate in activities. We saw they had arranged an annual holiday later in the year, which people were looking forward to. One person told us, "We had a great time last year so I am really looking forward to going again this year." One person was cooking their dinner, with the support of staff, for themselves in the main staff kitchen. Others were completing their housekeeping routines, for example, laundry. We saw that people were being encouraged to take responsibility for themselves, their environment and develop their skills.

People and relatives told us they had no complaints, although they knew how and who to complain to if they had any concerns. One person told us, "I would just go straight to my key worker." Another person said, "I would go to the manager." Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. We saw there was a system in place to record and investigate any complaints. The manager explained to us how they would follow the process to reach a satisfactory outcome.

Is the service well-led?

Our findings

Although there was a registered manager in post, we found that they had not notified us about events that had occurred that they were required to do so by law. Accidents and incidents were logged so that learning could take place from them. However, we saw that there had been two incidents where the Care Quality Commission (CQC) should have been informed. The registered manager explained to us what action they had taken in relation to the incidents. For example, discussions and best interest meetings had taken place with the people; the local authority had been notified and discussions had taken place with family members and other health and social care professionals. The provider had not adhered to their own safeguarding policy in relation to the two safeguarding incidents. Therefore, they had not met their legal requirements and notified us about events that they were required to by law. Although CQC had not received notifications, we saw that appropriate action had been taken and contact made with other agencies to protect and prevent harm to people who used the service.

The provider had quality assurance processes in place which included a monthly audit completed by the deputy manager. We saw the audit identified areas for improvement together with an action plan, for example maintenance issues in people's bedrooms. However June and July had not been completed. For example, we could see requests for repairs had been made by people but there was a lack of information, to show us what improvements had been made and when they had been completed. Therefore records of actions taken had not been consistently recorded.

People, relatives and staff told us they felt the home was 'well managed' and the quality of the service was 'very good'. One person told us, "I get on with all the staff,"

another person told us, "The manager is nice, very approachable." We saw that staff would speak to the manager for direction and guidance. A relative told us, "The staff are excellent and the manager responds well although the décor could be a bit better." The provider told us they did act on issues raised by people and family members and some bedrooms had been redecorated. Staff told us they had regular supervision and team meetings where they were kept informed on the development of the service and encouraged to put ideas forward. A staff member said, "Most of the things that happen here are because of suggestions from the staff, the management are very open to change." Another staff member told us, "We have team meetings which gives us an opportunity to share any worries or concerns we have." We saw the provider conducted supervisions with staff and regular team meetings were held.

People told us they were asked by the provider for feedback. People were encouraged to attend and participate in house meetings, one person told us, "There are house meetings every couple of months." We saw that satisfaction surveys had been completed by people living at the home. One person told us, "I have completed a couple of these, but there's nothing to improve." Not all the relatives we spoke with could recall being sent a questionnaire, although one relative said, "I don't think I've had a questionnaire, but the manager is really good and if I have something to say I'll discuss it with them and if there was anything wrong [person's name] would tell me."

The management structure was clear within the home and staff knew who to go to with any issues. Staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager, and if it became necessary to contact CQC or the police, they would do so. The provider had a whistleblowing policy to support staff through the process.