Ruddington Homes Limited

St Peters 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

We carried out an unannounced inspection of the service on 28 and 29 November 2017.

[St Peters] 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 care home) accommodates 38 people in one adapted building. There were 33 people receiving care and support at the home at the time of our visit.

The service was last inspected 15 October 2015 and the rating for that inspection was Good.
Since the last inspection 15 October 2015 there has been a new registered manager recruited and the home has increased its bed numbers from 18 to 38.

There was a manager registered with the Care Quality Commission (CQC). 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 continued to feel safe. Risks were assessed and managed. There was sufficient staff to meet people's needs. Safe recruitment was followed to ensure suitable staff were employed.

Medicines were managed and stored safely. Arrangements were in place to make sure the premises were clean. Staff had completed relevant hygiene training. Incidents and accidents were reported and managed.

People continued to have their needs assessed. Staff received training to ensure they had appropriate skills to carry out their roles. People were supported to have sufficient amounts to eat and drink. People were supported to receive care across different services. People were involved in regular monitoring of their health and wellbeing. People were consulted about decisions about their environment. People were supported to have maximum choice and control of their lives and staff supporte0d them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by staff who were very kind and compassionate. People were treated with respect and dignity. They had an excellent relationship with the staff, who had a strong emphasis on supporting people's diverse needs. People experienced positive compassionate care that went above and beyond to ensure people felt at home. Relatives were positive about the care people received. The service used alternative methods to support family to stay in contact if they were unable to visit the home.

People continued to receive personalised care that met their needs. Concerns and complaints were listened and responded to. Discussions took place to support people at their end of life.

Systems and procedures were in place to monitor and improve the quality and safety of the service

provided. There was a registered manager in post. Staff were supported to raise concerns and use the whistleblowing policy. Information systems were used effectively to monitor the quality of care.

The service worked in partnership with other organisations including the local authority, safeguarding and CQC.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

St Peters Care Home

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.

The inspection was a comprehensive inspection, which took place on 28 and 29 November 2017 and was unannounced. 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.

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. The provider returned the PIR and we took this into account when we made our judgements in this report. We reviewed other information we held about the service such as notifications, which are events which had happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We observed care and support being provided in the communal areas of the service. We used a Short Observational Framework for Inspection (SOFI 2).This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

During our visit we spoke with three people who used the service and five relatives. We spoke with one senior carer, two care assistants, one laundry person and one cook. The deputy manager, registered manager and the provider's representative.

We looked at all or parts of the care records for five people, the training and induction records for four staff and four people's medicine records along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance

processes.

We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

Good

Is the service safe?

Our findings

People continued to receive safe care. One person said, "I like it here, they look after me well." Another person told us their family wanted them to come to the home, as it was much safer after they had a bad fall at home.

Relatives told us they felt their family members were safe at the home and with the staff that cared for them. One relative said, "[name] is safe and warm here and the staff are lovely to them. I have never seen anything here which has remotely worried me. Some residents can be challenging, but the staff just quietly deal with it very patiently and sticks with them (resident) until it blows over. Another relative said, "[relation] is much safer here than she was at home."

The provider told us through the provider information return form (PIR) that staff had access to government and local authority guidelines about safeguarding people from abuse and put this into practice. All staff had training on abuse and this training was renewed yearly. Staff had some understanding of what constituted as abuse and that abuse should be reported. However when we spoke with staff, although they understood who they should report to within the care home there was some confusion about how to make a safeguarding referral themselves. We spoke with the registered manager about how they monitored staff knowledge and ensured they understood the safeguarding processes that were in place. The registered manager told us they discussed this in staff supervision and would implement safeguarding as part of the team meeting agenda to ensure safeguarding was fully imbedded as part of the staff responsibilities.

There had been three safeguarding referrals reported to the local authority. Records we looked at identified all safeguarding's had been reported and dealt with in line with the provider's policy and procedures.

People's needs were assessed. Risks were identified and managed. Risk assessments reflected people's current needs. Clear instructions were in place for staff to follow. For example, how staff should care for a person with a catheter. What tasks they should undertake and records they should complete. People at risk of falls were monitored on a monthly basis. Individual risks were identified and managed; a robust system was in place to manage accidents and incidents to ensure they mitigated any risk to people. The manager recorded information for each accident or incident onto a spreadsheet. The information was easily accessible. Information was analysed on a regular basis to monitor any trends or themes that may occur, so they could be addressed promptly. We found appropriate action had been taken when required. For example a referral to the falls team.

Systems were in place in case of an emergency, such as risk of fire. There was an emergency evacuation plan for each person which was easily accessible. The person responsible for the environmental checks told us and records we looked at confirmed that weekly fire tests and monthly checks of equipment were carried out. This was to ensure they were in full working order should an emergency occur.

There were sufficient staff to meet people's needs. People felt there was enough experienced staff to keep them safe. One relative said, "There seems to be a very low staff turnover here and they work well together

which really is a bonus." Staff confirmed there was enough staff on duty at all times. One member of staff said, "We all pull together, we are one big family. Any shortfalls due to staff absence are covered by other staff." The registered manager told us the service was fully staffed at the time of our inspection. We observed people's needs were attended to in a timely manner as there were enough staff on duty. We looked at the staff rota, which confirmed the right mix of staff were in place.

People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. One person said, "I get my medication regularly and they watch me take it. They have told me what they are for, but I can't remember really." Another person said, "I get my pills like clockwork and they are always telling me what they are for."

Staff who administered medicines received appropriate training and had their competency assessed. Staff adhered to policy and procedures for administering medicines to people. Records we looked at confirmed this.

The registered manager told us they were currently trialling an Electronic I-Care Medication System as opposed to a paper based system. Since implementing the electronic I-Care system to St Peters the home has found recording, administering, receiving and booking out of medications has become more effective. The system helped to keep track of people's medication, alert staff to stock levels and queries on medications. The registered manager received a summary of the previous days medication rounds and this also highlighted any P.R.N. exceptions, orders that require reviewing, missed medication or signatures and made auditing more thorough.

People were protected from the risk of infection as the provider had infection control procedures for staff to follow. Arrangements were in place to ensure the provider was following relevant guidance for infection control and made sure the environment was clean and free from infection. People told us the home was clean. One relative said, "The home is clean and warm. Staff described the equipment used in line with current guidance for infection control. For example, gloves and aprons were worn when changing bed linen or providing personal care. The home had a five star rating for food hygiene. Most staff had completed a food hygiene course to ensure they prepared and stored food correctly. This showed us the service had very good hygiene standards.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were supporting. Records showed that staff had attended relevant training courses to support them in their role. For example, understanding behaviours that challenge, dementia and falls awareness. Staff received supervision where they discussed training and received support from their manager. Records of supervision we looked at identified that the management discussed staff learning and development. However we found the last supervision had taken place in July 2017. This meant staff had not received formal support for four months. We spoke with the registered manager. They said they speak with staff on a daily basis and have an open door policy for them to raise any issues or concerns. As the registered manager was new to the manager post in June 2017 this was something they would be addressing.

People were assessed for their risk of not eating and drinking sufficiently to help maintain their health and wellbeing. One person said, "The food here really is excellent. Hot and tasty and I never go hungry." Another person said, "It's a good job they weigh me regularly, otherwise I might put on too much weight as the food is good." A relative told us, "[relation] really enjoys the food here and even if they have an off day, staff encourage them to eat." Another relative said, "Mum's appetite is a bit up and down at times, but staff are good at encouraging her. They regularly weigh her too, which is good."

People received a positive experience at lunch time. We observed people were offered a selection of drinks with their meal. If people seemed unable to make a choice, care staff asked different questions until a selection was made. One resident said: "I don't mind what I have, you choose." The carer responded: "Well, it's your drink [Name], which colour do you like the look of?" The member of staff Held a jug of Orange and one of Blackcurrant in front of the person. The person made their choice and seemed happy.

Kitchen staff were knowledgeable of people's preferences and served food accordingly. One member of staff noticed that one person wasn't touching their food and when the person said "I can't be bothered." The member of staff asked if the person would like her to help them. The person smiled and said: "ok." staff also continued to encourage the person to try for themselves, which they did .There was sufficient food in the food store. Fresh produce was available.

People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff at each shift handover. We observed a shift handover during our visit, which included changes to people's needs and GP or district nurse updates. One person said, "The local GP is very nice and comes here to do a clinic on a Tuesday. I can easily see him if I need to." We spoke with a GP who gave positive feedback about the home. The GP told us they completed weekly surgeries at the home, which was a positive move to ensure they kept admission to hospital to a minimum. The GP also told us the home took a proactive approach when people showed signs of deterioration. A healthcare professional told us staff were always kind and compassionate with people whenever they visited. This showed us the service liaised with health care professionals.

People received care and support which was delivered in line with current standards and guidance. People were involved and consulted on decisions about the premises and the home environment. The home was decorated in a dementia friendly way. Corridors' were given street names to enable identification by people and decorated to look like a regular street. A range of coloured doors assisted people to find their bedrooms, which facilitated independent living. For example, by supporting people to find their way around the home. One bedroom we looked at was set out like a person's living room, like they had at home. This gave the person familiar surroundings so they could settle at the home. A resident meeting confirmed discussions about the premises had taken place. The outside garden area was easily accessible and secure. People were able to access the outside space at the front and back of the home independently.

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. We checked whether the service was working within the principles of the MCA.

Staff could judge when people had capacity or not. They used specific techniques to ensure people understood what staff were asking of them. For example, when staff were performing tasks for a person, they ensured that the person was ok with what they were going to do before they performed the task. If a person appeared confused, staff gave an alternative or another explanation of what they needed to do to see if they could elicit a response.

Care records confirmed detailed capacity assessments had been completed and reflected a holistic approach for each individual decision about the care requirements of people. Where best interest's decisions were required these had been completed and confirmed any relevant professionals had been involved. Efficient and robust systems were in place to ensure appropriate DoLS applications if necessary would be submitted to the assessing authority. We saw where a number of referrals had been authorised and that staff were adhering to restrictions if required.

Good

Is the service caring?

Our findings

People had an excellent relationship with the staff and continued to experienced positive caring relationships with them and other people living in the home. People were supported to keep in contact with family and friends. One person said "Oh my family can come and visit me whenever they like. Staff know I am going to family for Christmas." Another person said "The staff sometimes sit with me and chat. I showed them all my family pictures when they were given to me by my son and they told the others (staff) so most people have seen them now. My family live abroad, so I don't see them often, but they do phone me."

We saw and spoke with a number of visitors throughout the inspection and they gave us positive feedback about the service and staff.

One relative said "They are a lovely bunch of staff. There is not one that I dislike and they work well as a team. They (staff) all have the patience of a saint." "It was our 70th Wedding Anniversary recently and we asked if we could just have family in the Bistro (area) and bring in some fizz and a cake. Well, when we arrived, they had gone to town and decorated the room and made sandwiches for us too. It was a lovely time."

Staff told us they ensured people were treated with kindness, compassion and respect. Staff had a good knowledge of people's life history, needs and preferences. Staff told us about one person who used Skype to contact their family abroad. Staff also demonstrated they communicated with people effectively by spending time with people and removing any obstacles, such as lack of understanding. For example, they asked one person if they wanted a drink. Staff did this by speaking the words and using hand gestures, so the person could understand. This showed us how staff gave support to meet people's individual needs. Discussions had taken place as part of people's initial assessments in regards to their diverse needs. People had been asked if they had any specific cultural needs, personal preferences, religion or ethnic background they followed that needed to be considered as part of their care. This was important to ensure staff knew about people's beliefs and how to support people to follow these.

The registered manager gave us an example where a person could not attend a family wedding, so the family [with permission of the service] re-enacted the ceremony in the home. This meant their relations could share their special day. The registered manager told us they pay attention to detail, for example, one person who was coming to the home for respite had a sausage sandwich at the same time every day. The registered manager told us this time of day clashed with the time the person was due to arrive at the home, so the service arranged for a sausage sandwich to be waiting as soon as the person arrived. This was to make the person feel at home. People's friends and relatives were able to visit whenever they wanted to and where relatives were unable to visit, alternative methods were used to support family contact. For example, they supported people to use the telephone, email and Skype. This was the use of technology in a Modernised environment.

People received information about external bodies, community organisations and advocacy. Staff told us they welcome the involvement of an advocacy service and accessed relevant information when needed. An

advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up.

People felt respected and listened to. They received care from staff that preserved their dignity by ensuring they were discreet when offering personal care. One person said, "It's not nice when you start needing help to wash, but they (staff) don't rush me and hold up a towel for me after my shower. "Another person said, "The staff are always checking that I am ok for them to do things for me and they make sure I am cosy in my chair here (with a snuggle rug over me, neck to feet) as they know I feel the cold in my legs a lot." Relatives confirmed staff were kind and polite. One relative said, "Staff are very respectful and seem to be genuinely fond of my relation. Another relative said, "I feel that [relative] is really happy here, even though they can't communicate much. They just seem much more settled than they were." This showed staff recognised distress and discomfort.

We observed staff ensuring people were well dressed and presented. One member of staff commented how nice a person looked and that the coloured cardigan really suited them. The person reacted positively saying, "Thank you it is my favourite colour." The staff member clearly understood this, using this to form a positive relationship with the person.

Staff spoke to people in a calm, polite and kind way. Staff demonstrated a real empathy for the people they cared for. One person showed signs of distress, staff sat with the person and stroked their hand and gave reassuring words of compassion until the person was calm again. When people requested a blanket, staff were quick to respond and accommodate the person. We observed staff knocking on people's bedroom doors and asking if they could come in before they entered. This showed us people were respected and their views were taken into consideration.

Strong and effective links had been made with local community based workshops and events. For example, after consultation with people within the home, and observations during our visit we saw people were invited to attend workshops, with the organisation who provide inclusive leisure, learning and social opportunities. People that attended workshops during our visit made hats for the homes Christmas party. We observed people interacted with the coordinator and with each other. People were making decisions about the item they were making. The coordinator was asking people questions and encouraging the person to use their imagination and have general discussions with each other about day to day life experiences.

The activities coordinator ensured that all people within the home were able to feel part of their local community. They took trips out to a local coffee shop and walk around the village. The member of staff responsible for the activities said, "We take people out into the village. Some like a full English or tea and cake at the local Café. We have also taken them (people) to the White Horse Pub for dinner. Relatives often like to come with us to help look after people. We are also going to go to the Country Cottage restaurant as they have a Golden Years menu on a Thursday. This showed us people were involved in the community.

Good

Is the service responsive?

Our findings

People continued to receive care that met their individual needs. People's needs were assessed to determine if the service could meet their needs.

People were aware that they had a care plan. One person said, "I know I have a care plan. They [Staff] are always writing things down though." One relative told us their family had been involved in [Name] care plan ever since they had first come to the home. Records we looked at confirmed care was planned and detailed to ensure people's needs were fully met. Care plans showed people had been involved with these discussions and they had signed to say they agreed with their care needs.

People expressed their likes and dislikes and preference in their care plans. One person said, "I choose my own clothes if I am up in time, but if they (staff) come in sooner; they offer me a choice." Staff confirmed they offer people a choice of clothes that were relevant to the weather to ensure people were dressed appropriately for the time of year.

One relative described how staff responded when their family member liked to eat a certain food. They said, "[Name] used to eat prunes regularly at home to keep everything moving (bowel movements) and when they told staff they purchased some prunes straight away." Another relative said, "[relation] likes a glass of wine with their lunch sometimes, so we bought a bottle and it gets offered to them each day. Staff told us they provided care that met people's preferences. Staff had documented in care plans times people preferred to get up or go to bed.

We spoke with the kitchen staff who were fully aware of people's dietary needs and knew what foods people liked and disliked. For example, one person liked their toast well done. This was also recorded in the person's care plan. Where people had requested changes to their routine staff had accommodated this. For example, one person was getting up earlier than they wanted and requested a change to the time, so they could get up later. Staff responded immediately and made the change.

People were encouraged to go out in the community independently. This helped them to learn life skills for them to remain independent. For example, one resident was going for a walk with a member of staff to the Post Office in the village.

People were supported to follow their interests and hobbies. One person said, "I enjoy a good crossword and sometimes a good book, but my family bring me all the things I need. I do like the singing and I sometimes join in with other things, but mainly I like to watch TV. I love Dad's Army." We saw the person watching their favourite programme during our visit. A relative described how their family member reacted to the pet rabbit at the home. They said, "My relation loves the rabbit here and they let them hold and stroke it which seems to calm them. They (staff member) also brought a box of baby chicks in the other day and that really seemed to brighten residents up. A third relative said, "There are a good number of staff around and it's nice to see them sitting with residents sometimes and just playing a game or just chatting." This showed us staff supported people to achieve their goals and aspirations.

People were confident that they could make a complaint. One person said, "I have a sheet on the back of my bedroom door that tells me all the stuff I need to know. Certainly if I was unhappy I would speak to staff and they would sort it." One relative said, "I can't imagine I would have anything to complain about, but all the staff are very approachable here and I wouldn't mind having to speak to any of them if I was worried about something."

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. The service had a complaints procedure and complaints log to monitor concerns and complaints. A copy of the complaints procedure was in all the bedrooms in a format that people found easy to understand. We saw where concerns had been received. They had all been followed up and responded to in a timely manner. Four complaints had been received in the last 12 months. Action had been taken.

People had the opportunity to discuss with staff their end of life wishes should this be required. People had expressed their own preferences, what they wanted to happen at their end of life and advance arrangements in the event of their death. The provider told us through the PIR personal wishes in relation to end of life plans are recorded so that any advanced directive, family involvement, religious support and funeral arrangements can be implemented when a resident is dying or has died. St Peters reviews care plans and invites people and family members where possible to discuss the care plan and update them if needed.

Good

Is the service well-led?

Our findings

There was a manager registered with the Care Quality Commission (CQC). 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 carried out their role of reporting incidents to CQC.

People were happy with the service they received. One person said, "They have a good reputation." Another person said, "It's run like a well-oiled wheel." One relative told us they felt the service was good. They said, "I think they all do a grand job here. I go home with peace of mind." Another relative told us their family chose the home because it came recommended. They said, "It is run really well. My relation came for respite first, but has become permanent, which the family are really happy with."

Staff told us the registered manager was very supportive and the management team lead by example. One member of staff said, "The registered manager and the deputy manager are very approachable. I can call them any time." The service had a positive culture that was person-centred, open and inclusive. People were observed to be happy with the way the home was managed.

The registered manager told us the vision of the service was for staff to keep providing great quality care. They shared with us the improvements they were implementing. For example, key links for infection control, dignity champion and a dementia champion. Staff were committed to providing good care for people and shared the vision of the service. One member of staff said, "We all get on well; it is like a big family. I love working here."

Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they understood the policy and felt comfortable to use the policy if required to do so.

The provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits, such as, for medicines, infection control, bed rails, people's finances and the environment of the home, which included a monthly kitchen audit. Where issues were identified the provider always had action plans and systems to follow these up and check that the issues had been resolved. The registered manager told us they had learned lessons by sharing practice with other homes owned by the provider. The registered manager showed us where improvements had been made to the premises since the last inspection. They told us they and the staff team were very proud of the home and how the design had been changed to ensure people were able to move more freely.

Quality assurance surveys were given out yearly. These had been sent out in April 2017. The feedback received was positive. One relative said, "If I want to know anything, I just ask and they tell me about my relations progress." Another relative described how their family member had a few falls after they first came to the home. They said that some tests proved that the person had developed dementia, which was fully

explained to them.

Staff and resident meetings had taken place, but were limited. The registered manager said this was something they would be re-implementing. Copies of meeting we saw showed the meetings were informative and helped to keep people and staff up to date about people's needs, and what was happening in the home. There was also a monthly newsletter that told people what was happening in and around the home within that month. The newsletter also told people and their relatives about the new staff and the training that was happening within the home.

The service was cooperative, transparent and open. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the home ensured a grab bag with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with and other elements of care needs.