

Angelic Care Resourcing Ltd

St Peters Court

Inspection report

Spital Road
Maldon
Essex
CM9 6LF

Tel: 01621840466

Date of inspection visit:
11 November 2020

Date of publication:
24 December 2020

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Peters Court is a nursing home providing personal and nursing care for up to 24 people aged 65 and over, in one purpose-built accommodation. At the time of the inspection 17 people were living in the service, this included people living with dementia.

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

The provider did not have robust safety and quality monitoring processes in place. Records were not always updated, and the provider had not ensured staff had up to date knowledge and skills to support them in their role.

We have made a recommendation about quality and safety monitoring processes.

People and relatives told us they felt safe in the service and staff were knowledgeable about how to raise concerns. Risks to people had been assessed; however, where concerns had been highlighted, the provider had not always checked to ensure staff practices were keeping people safe.

Staff were safely recruited. We received mixed feedback about whether there was enough staff on shift and people were sometimes supported by agency staff alongside regular permanent staff.

People received their medicines as prescribed and staff had clear information about how people liked to be supported.

Staff wore appropriate personal protective equipment (PPE) and told us they knew how to minimise people's risk of infection through safe infection prevention and control processes.

Relatives spoke positively about the service and felt involved in people's care. The provider had sought support from other health professionals and put measures in place to learn from incidents and look at how they could improve the service.

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

Rating at last inspection

The last rating for this service was Good (published 30 October 2019)

Why we inspected

We received concerns in relation to people's safety and the understanding and management of safeguarding concerns in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well-led section of this full report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Peters Court on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Peters Court

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a professional specialist advisor with a background in nursing.

Service and service type

St Peters Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, compliance officer, registered nurses, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and two people's medicines records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data, risk management information and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people living in the home were safe. One relative said, "[Person] is 100% safe. I always feel confident that they are being looked after well." Another relative told us, "Yes, [person] is absolutely safe and they call me straight away if there are any concerns."
- Staff had received safeguarding training and told us they knew how to raise concerns. One member of staff told us, "I know about safeguarding, I have done an online training course. I would speak to management and I would raise a safeguard and contact CQC if I needed to."
- The provider had safeguarding and whistleblowing processes in place; however, where concerns had been raised, the registered manager had not always carried out checks to ensure people were being kept safe. Please see the well-led section of the report for more details.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were personalised to their needs. The assessments showed staff how to support people safely in a number of different areas including support with nutritional needs, mobility and minimising the risk of falls.
- The provider was in the process of upgrading their fire safety systems, including replacing fire doors in the service. Following our inspection, we requested an update on this work and the registered manager confirmed that whilst work was ongoing, the system remained compliant with fire safety regulations.
- Staff completed online fire safety training, however not all staff had completed practical training or fire drills. Following the inspection, the provider confirmed a fire drill had been completed.
- People had personal evacuation plans in place for staff to follow in case of a fire.
- Health and safety audits had been completed; however these were not always up to date. The compliance officer was aware of what needed completing and had an action plan in place to address this.

Staffing and recruitment

- People were supported by both permanent staff and regular agency workers. We received mixed feedback regarding staffing levels in the service. Comments included, "I feel there are always enough staff on shift to keep people safe" and "Sometimes it's a bit short staffed when someone calls in sick." We discussed our feedback with the registered manager who told us more staff had been recently recruited.
- The provider had processes in place to monitor agency workers safety to work in the service. One agency worker told us, "I had to complete a risk assessment and I do not work in any other care home".
- Staff recruitment processes were safe, with all relevant documentation and checks in place.
- The provider had been without a clinical lead in recent months. At the time of the inspection a new clinical lead had just been recruited to oversee nursing care in the service.

Using medicines safely

- People received their medicines as prescribed. Detailed medicines care plans were in place which explained how people liked to be supported.
- Medicines were stored appropriately and at the correct temperature. Staff checked the temperature of the storage area to ensure it remained within a safe range.
- Staff were able to tell us how to support people with different types of medicines including those which needed to be given in food and drink or at a specific time. Clear instructions were in place for staff to follow.

Preventing and controlling infection

- The service was clean and odour free. At the time of the inspection, some internal areas were undergoing renovation and as a result access to communal areas was limited. However, people were able to use alternative communal spaces and 1:1 activities had been increased.
- Staff were seen cleaning and sanitising surfaces on a regular basis throughout the inspection.
- The provider had not ensured all staff had updated their infection prevention and control training; however, staff told us they had received up to date guidance and the provider had displayed instructions for the correct use of personal protective equipment (PPE), including the donning and doffing process, throughout the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had analysed accidents and incidents and sought support from other health professionals when necessary.
- The compliance officer told us they shared the learning from investigations with the staff team through handovers and staff meetings in order to reflect on what had happened and improve practices. For example, when a person had fallen, the provider had involved staff and other health professionals in looking at the circumstances, reviewing risks and deciding how these could be minimised in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to monitor the quality and safety of the service were not always effective. People's care records did not always contain up to date monitoring information relating to their health. For example, when people had been supported to weigh, their most recent weights had not been recorded in their electronic care records.
- Gaps in health monitoring records had not been highlighted by the provider. This meant there was a risk changes in people's health may not be identified and actioned. Whilst we did not find evidence people's health had been impacted, the provider's systems did not minimise the potential risk to people.
- Where safeguarding concerns had been raised the provider had not always acted promptly to ensure people were being kept safe. For example, when concerns were raised regarding night care, no night checks had been completed to check staff practices. Following our inspection, the registered manager confirmed a night audit had now been completed.
- The provider had not ensured all staff and agency workers had the skills and knowledge to support them in their roles. Staff training was not up to date and staff had not always received training tailored to people's individual support needs. For example, the provider had not ensured agency staff completed training in dementia care prior to supporting people living with dementia.
- The registered manager was unable to provide us with evidence of their own up to date training. Staff supervision records were incomplete and competency assessments had not been reviewed to ensure these were up to date.
- The compliance officer had developed a detailed action plan to identify and address the gaps in monitoring processes, however; at the time of the inspection this was still in progress.

We recommend the provider reviews current best practice guidance to ensure effective quality and safety monitoring processes are in place.

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

- Staff told us they felt able to raise concerns with the management team. One member of staff said, "I am able to speak to the manager if I need to, they are always available, and I do feel like they listen." Another told us, "I am always able to address concerns and it's dealt with quickly."

- Relatives spoke positively about the culture of the service. One relative said, "The managers always come and talk to me and ask how we all are. They are just lovely, they really do feel like family." Another said, "The staff are brilliant, first class."
- When incidents had taken place, the service had notified the relevant authorities and investigated concerns.

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

- The provider had introduced daily meetings with the staff team to enable feedback and to discuss people's care. Covid 19 restrictions meant the provider had paused their larger in person staff meetings and virtual meetings were scheduled instead.
- Relatives told us they felt involved in people's care. One relative said, "They always call me before they make any new decisions about [person's] care. I feel like I'm part of it all." Relatives meetings had taken place prior to the pandemic and the provider was looking at how to re-introduce these safely.
- People were supported to make choices about their day to day life and care plans contained clear information about how to involve people in their care. People's equality characteristics had been considered by the service during their admission and these were recorded in their care plans.

Continuous learning and improving care; Working in partnership with others

- The provider had sought support from other health professionals when appropriate in order to meet people's care needs.
- The provider told us they had worked closely with dementia support services to improve people's care, accessing support in managing risks and learning how to adapt to people's changing needs.
- The registered manager had used the resources available from the local authority to support and develop their own practices.