

HC-One Beamish Limited

St Peter's Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Peter's Court provides accommodation for up to 67 people with residential care needs in a purpose-built building. At the time of the inspection, 56 people were using the service. Some of the people were living with dementia.

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

People told us the service was safe. The provider carried out appropriate security and identification checks when they employed new staff. There were enough staff on duty to meet the needs of people. Staff were suitably skilled, experienced and fully supported in their role.

Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse. Risks were well managed and the provider learned from accidents and incidents. Systems were in place for the safe storage, administration and recording of medicines.

The premises were clean and appropriate health and safety checks had been carried out. The home incorporated environmental aspects that were dementia friendly.

Regular assessments and reviews took place to ensure people's needs were being met. People were supported with their healthcare needs and had access to healthcare professionals when required.

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.

People and family members told us staff were kind, considerate and treated them with respect. People were given information in a way they could understand. Staff included people in the care planning process and their preferences and choices were clearly documented in their care records.

Staff protected people from social isolation. People were provided with the opportunity to take part in activities that were relevant and important to them. There were good links with the local community.

People and family members were aware of how to make a complaint. People were encouraged to provide feedback. There was a strong emphasis on continuous improvement. The provider monitored the quality of the service to make sure they delivered a high standard of care.

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 24 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Peter's 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.

Inspection team

One inspector, a nurse specialist advisor and an Expert by Experience formed the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We spoke with six people who used the service and 10 family members about their experience of the care provided. We spoke with the registered manager, area director, the registered manager from one of the provider's other services, eight members of staff and two visiting healthcare professionals. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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.

Staffing and recruitment

- The provider had an effective recruitment procedure in place. They carried out appropriate security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. Comments from people and family members included, "There's enough staff. They are always dropping in" and "The staff make a point of coming to talk to us."

Systems and processes to safeguard people from the risk of abuse

- People and family members told us the service was safe.
- The registered manager and staff understood safeguarding procedures and had followed them. Staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Staff understood potential risks and how to mitigate them.
- Regular checks of the premises and equipment were carried out to ensure people lived in a safe environment.
- The provider learned from accidents and incidents. Incidents were appropriately recorded and analysed. Where necessary, changes were made to reduce the risk of them reoccurring.

Using medicines safely

- Systems were in place for the safe storage, administration and recording of medicines.

Preventing and controlling infection

- The home was clean and regular infection control audits were carried out. Appropriate personal protective equipment was readily available and used.
- People and family members told us the home was clean. Comments included, "I'm impressed with the cleanliness, it's beautifully kept everywhere" and "I can't fault the cleaning."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out comprehensive assessments of people's needs before they started using the service. Regular assessments and reviews took place to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- Staff were suitably skilled and experienced. Comments from people and family members included, "The staff? I'd give them 12 out of 10. Absolutely brilliant" and "They [staff] are all friendly and superb."
- The provider ensured staff were fully supported in their role. They received regular supervisions, an annual appraisal and training that was relevant and up to date.

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

- Staff supported people with their dietary and nutritional needs. Care records described people's individual dietary preferences. Snacks and hydration stations were located around the home.
- Mealtimes were pleasant, social occasions. People were able to choose what they wanted to eat and drink. Staff were on hand to support people if they required assistance.

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

- People were supported with their healthcare needs and had access to healthcare professionals when required. A family member told us, "[Relative] has improved since they came here. We were very lucky to get them in here."
- Regular assessments were carried out and were up to date. These included nutrition, oral care and skin integrity.

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

- The premises were purpose built and appropriately designed to meet the needs of the people who lived there.
- The home décor and signage was dementia friendly. This helped people to find their way around the home easily. Corridors were themed, nicely decorated and included tactile objects on the walls.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members told us staff were kind, considerate and treated them with respect. Comments included, "They [staff] are a good crowd, good sense of humour" and "Staff are very kind and helpful."

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

- Staff included people in the care planning process. Their preferences and choices were clearly documented in their care records. One person told us, "I'm involved in reviews. The care plan is there if I want it."
- Some of the people using the service at the time of our inspection had independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before entering bedrooms and bathrooms. One person told us, "They [staff] treat me with respect and dignity."
- Staff supported people to remain as independent as possible. Staff supported people who required assistance in a calm and unhurried manner. One person told us, "I'm very independent. They [staff] encourage me to be independent."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection, we found some support plans were not in place for people admitted for rehabilitation. At this inspection, we found the service no longer admitted people for rehabilitation.
- Care records were regularly reviewed and up to date. Support plans were in place as required. They were person-centred and written to meet people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. Records clearly described people's communication needs and their personal preferences.

End of life care and support

- People were supported with their end of life care needs. Their individual choices and preferences were documented in care records.
- One person who was receiving end of life care asked to have their hair done and spend Christmas with other people who used the service. The registered manager arranged for this to take place, including a specialist chair so the person could join other people in the dining room. The registered manager told us, "It just makes us proud of what we do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff protected people from social isolation. Regular person-centred activities took place. These included trips out in the minibus and internal events such as a Halloween party and wine and cheese night.
- A social club evening took place on a Friday, which included a fish and chips supper. The registered manager told us it had encouraged more people to socialise.
- A person was asked what their wish was for their 100th birthday and said they would like to go on an aeroplane. The person was unable to fly so the wellbeing coordinator contacted a local college who have a flight simulator. This has been booked for a date in January 2020.
- Pen pal links had been created with local Brownies, Rainbows and Cubs groups.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Procedures were in place to ensure complaints and concerns were acknowledged, investigated and responded to.
- People and family members were aware of how to make a complaint.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was approachable and promoted a person-centred culture. People told us, "I'm always listened to" and "The [registered] manager is marvellous. Lots of ladies say it's picked up since she came, she's a nice lady to talk to."
- Staff were knowledgeable about the people they supported. They told us they felt valued and supported in their role.
- People and family members were encouraged to feedback on the quality of the service via regular surveys and meetings.

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

- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.
- The registered manager and staff understood their roles and responsibilities. Family members told us communication with staff was good.
- The provider monitored the quality of the service to make sure they delivered a high standard of care. Regular audits were carried out and a home improvement action plan was in place.

Continuous learning and improving care; Working in partnership with others

- There was a strong emphasis on continuous improvement. The service worked closely with health and social care professionals. These included speech and language therapists and occupational therapists.
- A clinical psychologist, who was a specialist in dementia care, was due to visit the home the day after our inspection visit. They had been invited by the registered manager to talk to people, family members and staff about dementia and provide guidance and support. The visit included the official opening of a new unit in the home that was previously used for rehabilitation.
- The service had good links with the local community. People visited a local reminiscence café and went to church. Local schools and a childcare group were regular visitors to the home.
- The service held a 'blue light breakfast' once per month for people from the emergency services. The service had invited community nurses to attend their Christmas lunch.
- Staff raised money for charity and the home's residents' fund. They took part in sponsored events such as

walks, themed dressing up days and a Boxing Day dip. The service had taken part in dementia action week and care home open day.