

Review of compliance

Little Sisters of the Poor St Peter's Residence

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Region:	London
Location address:	St Peters Residence 2a Meadow Road London SW8 1QH
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	The service St Peter's Residence is registered to provide the following regulated activities, Accomodation for persons that require nursing or personal care, Treatment for disease and disorder, Diagnostics and screening. It is purpose built and accomodates a maximum of 56 people. The service is wheelchair accessible.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

St Peter's Residence was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 29 December 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People living at St Peter's and their visitors shared with us their experiences. The comments received during our visit reflected the confidence and the high regard people have for the home and for the staff that care for them.

People using the service find that their spiritual, physical and social care needs are met, they are not restricted by disabilities, but are given opportunities to exercise and maintain daily life skills.

People find that their healthcare is promoted, conditions are monitored and appropriate action is taken to respond to issues and concerns that arise.

A good wholesome and varied diet is enjoyed by all, people are involved in planning the menus according to preferences and cultural and dietary needs.

A number of couples have lived at the home. They said how much they appreciated the fact that they were able to be suitably accommodated, cared for appropriately and remain together as they become increasingly frail.

We heard about the dedication and commitment of the sisters and carers at the home, "
"The sisters know the importance of promoting dignity, individuals matter here, this is
reflected in how they lead and guide the care staff by example and good practice" were the
comments received from two family members.

Those that wish to can take take treasured items of furniture for their rooms to make them personal. The environment overall is maintained to a high standard with a variety of pleasantly furnished lounges and quiet rooms for people to use and entertain their visitors. One of the people living at the home for some years said, "We realize that we are

fortunate to live in such a beautiful home where the caring ethos is palpable, we feel valued and priveleged".

People said that the lifestyles experienced was meeting their expectations and contributing to a fulfilling lifestyle. One of the people spoken to said, "You can join in as many activities as you like, there is so much to choose from, but I like to go out in the mini bus to the local shops every week".

Another person told us of the tranquil environment that he enjoyed, he was able to pursue his passion for reading and said "you need never be lonely here with so much going on every week".

Two of the visitors spoken to said, "We would love to see all frail older people experience the same quality of care that people receive at this home".

What we found about the standards we reviewed and how well St Peter's Residence was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People using this service are treated with respect and their right to privacy is upheld. Support is delivered in a way that promotes individual's independence.

Overall, we found that St Peter's Residence was meeting this essential outcome area.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People can be confident that their care and support needs are provided for. Care and support is planned and organised, reflecting individual needs, values and diversity. People using the service receive safe and effective care as risk management balance safety and effectiveness with individuals rights and capacities to make choices.

Overall, we found that St Peter's Residence was meeting this essential outcome area.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service are protected from the risk and likelyhood of abuse as the home implements safeguarding protocols. The staff team are trained and competent at following safeguarding procedures.

Overall, we found that St Peter's Residence was meeting this essential outcome area.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Staffing arrangements are appropriate and adjusted to respond to the physical and social care needs of people in the home.

Overall, we found that St Peter's Residence was meeting this essential outcome area..

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People who live at the home benefit from the systems used for monitoring quality. The home responds positively to any issues identified.

Overall, we found that St Peter's Residence was meeting this essential outcome area.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about* compliance: Essential standards of quality and safety

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Individuals told us that their needs were considered prior to admission, and that the home made appropriate arrangements to meet their spiritual, physical and emotional care needs. We saw that a number of people choose to attend and participate daily religious services in the chapel in the home.

All the comments received during our visit were positive about the service experienced. On of the people spoken to said, "Myself and my wife needed help as we got older as our health started to deteriorate. We were pleased to be able to remain together and are glad that we moved to such a caring environment".

" A home that could meet our spiritual needs was a very important consideration in making our choice of home" were the comments received from a person who lived at the home a number of years. She had selected this home with her husband, and both moved there together. She said that staff provided for the care and comfort he needed, it was sensitively delivered. Her husband was able to spend his final days at the home, free from pain and surrounded by his close relatives and caring staff. She said that his his spiritual needs and rites were observed. Since being widowed she has found that care staff and the people present in the home have helped her deal with the void left by the loss in her life.

We heard from people using the service that they are able to express their views and that regular meetings are held for them to put forward their suggestions and views.

Other evidence

We found that the ethos of valuing and respecting people was demonstrated in staff practice. Privacy and dignity was promoted at all times during our visit with particular regard to staff entering bedrooms, giving personal care including supporting people using the toilet or using hoisting equipment. People were assisted and supported with particular attention to dress and grooming. Two of the visitors we met commented on the high standards of the care and support experienced. "Our relatives have taken more interest in their appearance since they moved to the home, they get the help they need that helps them maintain their self esteem", another visitor said, "My mother is inspired and encouraged by staff and enjoyed having their hair done and dressing in their favourite clothes".

There was warm interaction observed between the people living in the home and carers. Staff addressed people by their preferred names and engaged them in discussions. We found that the tone of voice used by carers was adjusted accordingly in order promote the welfare of those needing more encouragement.

We saw that many of the people living in the home had taken their own treasured pieces of furniture and pictures that gave enabled them feel at home in their new surroundings. A large number of people had their own telephones and said that they kept in touch with relatives and friends. There were a number of visitors at the home over the day of our visit. Communication with relatives was promoted we heard from people visiting. A special dinner was taking place on the evening of our visit, relatives from across the country were invited to share this with heir loved ones at the home.

Call bells were placed conveniently for those restricted by mobility or receiving bedcare. Regular monitoring took place of people receiving bedcare. We found that staff considered their needs and had their favourite music tapes playing. Small kitchen areas were available for those that wished to prepare snacks for themselves in between mealtimes. The home encourages independence, we saw that some people enjoyed doing their own light laundry chores, and setting table places in dining rooms.

Care staff spoken to told of the induction received. During the induction programme staff were instructed on how to treat people with respect at all times and develop an awareness of spiritual and cultural needs. We found that the diversity of the staff team reflects that of the resident population and that of the local community.

Our judgement

People using this service are treated with respect and their right to privacy is upheld. Support is delivered in a way that promotes individual's independence.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People spoken with told us that they had confidence in the service. The reason they said was because they got the care and treatment they required. They said that staff were responsive, and that their healthcare needs were promoted as staff closely monitored their progress, were vigilant and got other professionals involved when this was required.

People said that they found that the care was centred on them as individuals, and that they received the treatment they require to promote good health.

One of the people told us that she was regularly seen by the visiting GP, and that she got the medication prescribed to treat her condition. We heard that her health had improved as she took her medicines regularly and had good healthy diet.

Another person spoken to was pleased with the support he got as his mobility deteriorated. When we spoke to him he had completed his exercise progamme that day with the physiotherapist. He said that he undertook this three times a week and was able to walk independently for a short distance which he considered good progress. People said that the lifestyles experienced was meeting expectations, one of the people spoken to said, "You can join in as many activities as you like here as there is so much to choose from, but I like to go out in the mini bus to the local shops every week".

Another person told us of the tranquil environment she enjoyed, and that there were no irritating loud noises from radios and televisions.

We observed that people made good use of the range of small lounges and were participating in games, discussions, and listening to music of their choice. Some were seen enjoying afternoon tea and cake, visitors too were included. We spoke to a person involved in volunteering and organising entertainment at the home. Some had recently been to se the Christmas lights.

We heard too of the valuable work done by volunteers that enhanced the service provided. They organised many of the activity sessions and had suitable stimulating activities for people with dementia or mentally frail.

The home was observed to respect choice, some of the people spoken to were reading in quiet areas or in their own rooms. A number were seen walking about and exercising in the spacious corridors.

Other evidence

On our visit we examined care pathways and care arrangements in the home. We found that each person had a care and support plan that detailed all areas where care and support was needed, what individuals could do for themselves and where they needed to intervene. Plans also recorded individual preferences and life histories, as well as medical care needs and prescribed medication. Reports received from social care professionals were complimentary about the service delivered at this home. Records too confirmed that professional help was sought if there were concerns about individual's progress or state of health. Daily progress notes detailed how individuals were monitored and supported with prescribed treatment.

During our visit we heard from the manager, and we saw evidence too that the care plans were being updated by senior staff. A new format was being introduced so that more detailed information could be recorded for care planning.

We saw that areas of risk to people were assessed, identified and that appropriate risk management plans were developed to ensure that people were safe in their daily lives. These had been developed with the person and frequently included a relative. There were cot side assessments in place for those at risk of falling out of bed, these were reviewed on a regular basis.

We heard from the manager of the falls project underway at the home. They are working on this together with graduates on a university research programme. So far this had been useful in identifying and managing the associated risk factors for people experiencing falls as well as minimising the risk of injury. We found people were not restricted by the likelihood of falls and could lead meaningful lives, they were enabled to mobilise freely with suitable equipment. People also spoke of the floor coverings present and found them to be more appropriate for those with mobility difficulties. We heard too from the physiotherapist employed by the home. Thee hours allocated for this were increased recently to respond to the changing needs of the people living at the home. We saw too at first hand the benefits experienced as a result of the exercise, and the progress by a person as a result of the regular exercise programme. From using a wheelchair he had now progressed to walking short distance. People using the service are enabled to access statutory and voluntary services. They have their eyes attended to and have spectacles renewed following eyesight tests.

Our judgement

where necessary.

People can be confident that their care and support needs are provided for. Care and

hearing, dental and footcare is provided for, with people taken out to appointments

support is planned and organised, reflecting individual needs, values and diversity. People using the service receive safe and effective care as risk management balance safety and effectiveness with individuals rights and capacities to make choices.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service told us that they feel safe living at this home. They feel that they can talk to the manager, and any member staff about things that bother them. People said that the nursing sisters are vigilant, and observe the behaviours and attitudes of the staff team. All of those spoken with, both people using the service and their visitors complimented the caring attitude of care staff.

Other evidence

Our records reflect that no safeguarding incidents have occurred at the service during the period since our last review. Social care professionals spoken to spoke of the confidence he had in the service and how it managed to care and support older people appropriately.

Our findings were that risks associated with people using the service were assessed prior to moving to the home. We found that these assessments were kept under review and that changes in health conditions and to risk assessments were responded to appropriately, and that the necessary intervention was undertaken. All accidents and incidents were recorded and reported to relevant bodies in accordance with reporting procedures.

We heard from care staff that they received training on safeguarding procedures as part of their induction. During our discussions they demonstrated a good knowledge of recognising indicators of abuse or neglect and making referrals when necessary. Care staff told us that all mandatory training as up to date, records and training matrix

supplied by the manager confirm that all care staff were updated on safeguarding training in the past twelve months.

Our judgement

People who use the service are protected from the risk and likelyhood of abuse as the home implements safeguarding protocols. The staff team are trained and competent at following safeguarding procedures.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People said that they found that staffing levels were satisfactory, and that requests for help were responded to promptly.

Other evidence

We spoke to care staff on duty about staffing levels and support arrangements. They found them to be appropriate. We also heard from the physiotherapist about her work in providing physiotherapy for people and developing exercise programme.

On each floor were two units, there was a nursing sister that lead and supervised the staff team on the units. Changes had taken place to the unit leaders on some units shortly before we visited the service.

The number of carers available were appropriate and reflected the level of need of the people on the units.

Care staff told us that at busier times on some units additional carers were available. They said that on certain units that the dependency levels were higher and that an additional carer was assigned for this period.

We viewed the staffing rotas for day and night time, four members of care staff were on duty at night to cover the two floors, during the day the numbers ranged from three to four carers on each shift.

In addition to these numbers we heard that two qualified nurses were employed to oversee medication procedures, and arrange appointments with health professionals and to organise the weekly GP surgery.

We also heard that the nursing sisters assisted at night and sat with people that were unwell and needing one to one support.

Our judgement

Staffing arrangements are appropriate and adjusted to respond to the physical and social care needs of people in the home.

Outcome 16:

Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People living at the home said that they had regular in house meetings. We heard too that the manager welcomed people's views on an informal basis.

Other evidence

It was observed that the manager had an open approach to people living in the home. Our findings based on our observations and discussions with individuals using the service and visitors was, that the home was run in the best interests of people that use the service.

We found that attention was given to the detail in the home, the interior was attractively presented and well cared for, a high standard of hygiene was observed. The festive decorations were tastefully complimenting the well kept environment.

The home uses a quality assurance system to get the views of people this includes surveys. We saw that the ongoing refurbishment and maintenance programmes were in place.

We found that regular meetings took place to discuss menus, and to plan activities and raise issues. The outcome of meetings with people living in the home were also used as part of the quality assurance systems.

Our judgement

People who live at the home benefit from the systems used for monitoring quality. The

home responds positively to any issues identified.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety.*

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

<u>Improvement actions</u>: These are actions a provider should take so that they <u>maintain</u> continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

<u>Compliance actions</u>: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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