

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St Peter's Residence

St Peters Residence, 2a Meadow Road, London,
SW8 1QH

Tel: 02077350788

Date of Inspection: 03 January 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Little Sisters of the Poor |
| Registered Manager | Sister Caroline Kissane |
| Overview of the service | St Peter's Residence is a purpose built residential care home that provides care and accommodation for 56 older people. The home and the garden are wheelchair accessible. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about St Peter's Residence, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 3 January 2013. We observed how people were being cared for, checked how people were cared for at each stage of their treatment and care, talked with people who represent the interests of people who use services and talked with people who use the service. We talked with carers and / or family members and talked with staff.

we spoke with a community health professional.

What people told us and what we found

People using the service told us about the caring ethos they experienced and described the many ways that this was reflected in areas of practice.

A person living in the home for many years said, "People feel valued and safe here, the home is well run and run in the best interest of people that use the service, we can relax in the pleasant surroundings or join in the events that take place, people from all walks of life are provided for".

A person told us that staff were compassionate and supportive, they found their kind words and deeds provided emotional support that helped them get through a difficult period after losing their spouse.

A person using the service told us that at 98 years of age they were no longer able to remain independent and safe in their own home and moved to live at St Peter's. They said "I made the right decision and choose to spend the rest of my time here; I like this service and was familiar with it from my involvement with a friend who lived here happily for many years".

A relative visiting their mother told us of significant improvements to their health since they came to live at St Peter's Residence, they contributed this to the good meals and the consistently high standard of care delivered.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People told us they were asked how they liked to be cared for and their views were respected. The care records we looked at confirmed their involvement in the care planning process. Individual preferences for female only carers had been considered and the service employed female care staff only. People spoken with complimented the service on the manner in which dignity and respect was promoted by sisters and staff. A person told us they waited for some time before they accepted that they needed more care than they could have at home, they said "I choose St Peter's to spend my final years and I made the right choice, the reputation it has as an excellent caring service is richly deserved".

Records held for each person had details of the person's preferences, information about their life history, their interests and needs. Information about people's cultural backgrounds and needs were detailed along with how to meet them. This meant that personalised care was planned and the service respected people's diversity, values and human rights. The service had a chapel where people were able to worship daily. Services were conducted by retired clergy living in the home. People told us they had choices about religious worship and did not feel obliged to attend church. We found that some care staff employed spoke several languages, we observed a senior member of staff holding a conversation in French with a person who had limited command of English.

People were supported in promoting their independence and community involvement. We saw that mobility and exercise was promoted with people that received assistance with walking. A physiotherapist provided therapeutic programmes twice a week to help people rehabilitate and mobilise. Two people told us about the annual candlelight dinner event where they invited relatives to attend. The service had their own vehicle and people used this each week to access the community.

Meetings were held regularly in the home for people using the service. This gave them the opportunity for involvement and consultation about the way the home was run.

People were treated with respect. We observed staff engaged with people living in the home in an inclusive and respectful manner. A person spoken said "I love the peaceful atmosphere here; music is played to an enjoyable volume". People told us they enjoyed participating in weekly classical music sessions arranged by a person using the service.

Privacy and dignity was promoted with each person having a room of their own with an en suite. The home accommodated couples who chose to remain together sharing large double rooms. A person spoken with told us of the comfort they got since moving into the home, they were pleased their partner was present to help out with their care. We saw that people were supported to look after their appearance.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that ensured people's safety and welfare. People using the service we spoke with complimented the service and spoke of their confidence in the staff team. One person said, "Sisters guide the staff team and promote the highest standards of care, it is what every home should aim to provide". Another person said "I am pleased to live at St Peter's, the care is excellent with kind and caring staff, we are comfortable and safe". A relative spoken with supported this view. We observed staff practices and saw they cared for people safely and with sensitivity and gentleness. For example when moving and handling people from lounge chairs to wheelchairs or into bed, tasks were explained to people and they were reassured at each step to reduce any anxiety.

We looked at four care plans and found covered all aspects of care and based on assessments of need. The care plans were updated regularly. Staff spoken with demonstrated their awareness of the risk management processes. Examples were seen of pressure relieving equipment in use to minimise the risk of pressure sores developing. Nutritional needs were monitored regularly and action was taken in response to changes that arose, for example, a person who showed weight loss was referred for nutritional advice and a food supplement was supplied.

People's care and treatment reflected relevant research and guidance. The provider had made significant progress with the Gold Standard Framework (GSF), a model that enables good practice for caring for all people nearing the end of their lives, irrespective of diagnosis. Staff at the service had worked on a falls prevention programme and had implemented a weekly falls exercise programme in the home for people identified as benefiting from this. Staff said they found that this had reduced the incidents of falls within the home. The GP attended the home for weekly surgeries and responded to any emergency calls in between.

Specialist health needs such as wound care or insulin management and which cannot be met by staff were attended to by community nursing staff. At the time of our inspection none of the people using the service had pressure sores or required wound care.

The Deprivation of Liberty Safeguards was not used but the service maintained Advanced Care Directive agreements with people, these were signed appropriately to acknowledge people's consent.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There were safeguarding and whistle blowing policies and procedures in place and available for staff reference.

All eight staff we spoke with were trained in recognising abuse and what they should do if they suspected that any form of abuse was happening. All were confident in what action they would take in these circumstances and they were familiar with local authority safeguarding reporting procedures.

People told us they received information when they moved to the home about how they could raise issues or any concerns that they had. People attended regular house meetings and were enabled to raise issues and put forward their views. Relatives we spoke with told us that the sisters and staff were approachable. They felt comfortable with raising any issues if they had concerns.

The provider had responded appropriately to any allegation of abuse, or any incidents or concerns raised at the home. This has included passing on any information requested and cooperating with relevant authorities.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that was suitably designed and adequately maintained. The premises were maintained to high standard. Furnishings and fittings complimented the pleasant environment. People we spoke with told us they enjoyed living in comfortable surroundings and they enjoyed having the choice of using various quiet rooms and television lounges.

Records were seen confirming the servicing and maintenance of the premises and equipment, including fire detection equipment. Health and safety checks were completed at frequent periods to promote a safe environment. Fire evacuation procedures and fire drills took place in accordance with fire risk assessment. Records showed that staff training on health and safety and fire prevention was up to date.

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke with were complimentary of the care staff. The following comments were some examples of the responses received, "the sisters have trained successfully and supported care staff to deliver the care to high standards", "sisters in charge have shown in practice their dedication and commitment and care staff have followed their examples. The care staff at St Peter' are a credit to the home".

There were enough qualified, skilled and experienced staff to meet people's needs. Each of the four units had a care staff with a sister in charge. The sisters in charge told us the number of staff were assigned according to the needs of people. We observed staffing levels varied in each unit according to needs and numbers and we saw these were appropriate. We observed staff vigilance and how they attended appropriately and at frequent intervals to people confined to bed, They supported them with taking fluids and snacks. Staff supported people requiring repositioning at the frequency required. People requesting attention received prompt responses to their requests for assistance.

All seven staff spoken with felt that staffing levels were appropriate to the needs of the people accommodated. Staff were suitably qualified and skilled because they received regular training and had annual appraisals.

The service had a team of catering, housekeeping and reception staff in addition to carers. This arrangement enabled care staff to dedicate their time solely to focus on caring and supporting people using the service. The service also benefited from a number of volunteers.

The manager told us of arrangements in place at St Peter's to support people who choose to remain there as they approached the end of life. A group of six nursing sisters volunteered over a twenty four hour period to sit with people in their final hours of life, this was done they said to promote dignity and compassion.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. The manager has introduced improvements to care planning and associated records and we saw that these improvements have been sustained.

Records were kept securely and could be located promptly when needed. Records were well ordered and internal audits were made on a regular basis. We observed a care worker was guided by the unit sister on the importance of cross referencing information held within individual records so that there was a clear audit trail of the response to the care delivered.

Information on staff training and qualifications was accurate and current. This ensured that any shortfalls in staff training and development could be identified easily and addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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