

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: 10 December 2013

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2014

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

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ 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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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

We spoke with more than thirty of the people using the service, and with ten people who were visiting their relatives on the day of the inspection. We also spoke with two volunteers present.

People living in the home were complimentary of the service and expressed their satisfaction with the quality of care, they told us they were happy and felt privileged to be at this home.

A person said, "Caring and compassionate staff, we are well looked after and people feel safe, everyone knows you cannot find a more caring home."

People told of a lifestyle that offered solace and fulfilment to people in their advancing years. One person told of the wide range of activities provided in the home, from daily worship and family entertainment to visiting the Christmas Lights in London's Oxford Street.

Another person said "there is never a dull moment here we have plenty of worthwhile things to do, some of us may be old but we still enjoy sewing and crafts, and helping to prepare the vestments for the chapel."

A relative visiting told us "Mum settled in and adapted to her new home very quickly, staff reassured her and made her feel at home, she loves the spiritual side of the home, and this is most important to her."

Staff told of their satisfaction from working in this home, they spoke of the caring culture that was fostered, and felt that there was clear guidance and support on providing "a good quality of care."

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or support. People using the service told us they received the information they needed about the services. People praised the variety and quality of the services available and said they were "well informed" with literature and in the way information was shared by staff. One person told us, "it's a wonderful place, everything about it is first class."

A person recently admitted told us they had a welcome card placed on their door when they arrived and were given a news bulletin that summarised the services available. This had helped them adjust to their new surroundings. We observed how the service helped to create an open environment by welcoming people and introducing them to their neighbours when they moved in. A person told us that they did volunteering and often visited the home before they became more frail themselves, they told of their "delight to be in safe home where they felt valued as an elderly person."

People were supported in promoting their independence. The service has continued to develop services in the home that enables people to improve their mobility and reduce the likelihood of falls. The home had a suitably equipped physiotherapy room where there was a physiotherapist employed and two volunteers assisting, they ran an exercise class for people several times a week. We observed a falls prevention class in progress, eight people were engaging in the exercise session and following the instructions of a physiotherapist. Afterwards two of the people participating told us this of the benefits of the exercises, they felt more confident as they found the exercise had increased their stability when walking.

People were supported in promoting their community involvement. The home had a minibus and supported people out to local supermarkets and shopping centres. Two of the people going out told us they continued to enjoy doing tasks they were familiar with prior to coming to live in the home. Most people we spoke with said they were aware of the

activities available and there was information on "what was happening at St Peter's". One person described the programme planned for Christmas period with a "family tea" for relatives, and trips to see the Oxford Street lights.

People told us their privacy was promoted and their dignity respected. All of the people who used the service had their own private rooms and doors were shut when personal care was being provided. A light unit outside the door was activated to ensure nobody entered when care of a personal nature was delivered. We observed staff practice of knocking on doors on every occasion and waiting for a response before entering.

One person told us "We're well cared for, we can receive services in the privacy of our own rooms and have a choice of where we eat our meals". We observed the layout of the communal areas complemented individual bedroom space, with numerous lounges areas, dining rooms, craft and sewing rooms, a shop, tea bars and a chapel. We saw that all communal facilities were in use, five people were seated in a breakfast bar for mid-morning coffee and biscuits. They told us this was "a popular time to catch up and chat with their friends". A person returning from morning worship told us the chapel was open to people of all denominations. There was a loop facility in the chapel to enable people who were hard of hearing to participate in the services. Two people told us their relatives from abroad came to visit and stayed in the guest room available at the home. There was a wide range of activities available to people from which they could choose those they wanted to get involved with. The weekly timetable showed the variety available for people over seven days a week. One person told us they enjoyed going out weekly in the mini bus to a supermarket to get shopping. We saw the home had singing and music sessions known as "Sonas". Staff told us this was particularly enjoyed by people with dementia.

Some of the people we spoke with told of staff asking them for information about lifestyles and interests, this helped ensure they could organise meaningful activities. The relatives of a person visiting said they were involved in keeping staff updated on their parent's lives. They said when their parents needed more support staff arranged for them to be accommodated together in a large double room in the home where they spent many happy years. They said "following the death of one parent sisters and staff continued to provide the compassion and care to my remaining parent which had helped greatly."

People's diversity, values and human rights were respected. Staff we spoke with told of the importance of treating people with respect and dignity. Staff told us that during their induction they were given training on the values of the organisation, and on the codes of conduct and standards expected from staff members. A person living in the home told of their confidence in sisters (nuns of the religious order) and staff. They said "sisters lead by example and show staff the correct way to care for people."

We observed the environment throughout the home was tranquil with music and televisions at a volume people said "felt comfortable". We noted the interaction was positive between staff and people using the service, and verbal exchanges from staff were made in a calm and respectful manner. Staff offered support in a caring and compassionate manner. We observed that staff supported people to transfer from chairs or beds in a way that maintained their dignity. Care staff had a variety of language skills. A person whose first language was not English was assisted by a carer who knew their language to attend an appointment with the visiting dentist.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Before a person moved to the home their needs were assessed by a manager or unit sister to ensure the service was appropriate and able to meet their needs. We looked at the records held for six people, and one of these people was recently admitted. The service used an assessment tool to determine and assess people's care needs and risks. These included their needs relating to personal care and hygiene, pressure care, nutrition and diabetic needs, moving and handling, communication and medical needs. This helped staff to provide appropriate care for people. People were registered with a GP, and had a home visit from a chiropodist, the dentist and the optician. Those able to attend appointments in the community were helped to do so.

We found when speaking with staff they were knowledgeable on the needs of people and informed on each person's condition and wellbeing. For example a person with diabetes received daily medication and their blood sugar was checked frequently by the district nurse. We saw staff had alerted the GP to the person's increased appetite and they took the advice given to reduce the food intake. The person's condition had since stabilised. However the provider might like to note that although staff were vigilant about the person's condition, and had taken the appropriate action, not all the information was noted in the correct care record.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that information on each of the assessments was used to create a care plan, this was reviewed at least monthly to ensure that changes in people's condition and needs were reflected in the care provided.

Plans were in place to manage appropriately and minimise risks, this helped reduce the risk of people having accidents. A person admitted some days before our visit told us they came to live at St Peter's Residence because they were unsafe in their own home and had frequent falls. They were aware of the programme that could help, they said a carer told them of the falls prevention clinic. They were looking forward to becoming involved in exercise that would help them improve their stability. We observed a carer remind the person to use their walking aid to help them remain safe when walking.

We saw that staff involved other important people such as relatives when appropriate and they contributed to the care planning. Visitors told us that they discussed their relative's needs with the manager and staff, they told us they "were always informed if there were any concerns" and were satisfied with the care provided. Two siblings visiting said: "They are looking after our mother so well, staff are so kind and caring we don't have to worry at all."

We looked at care records of a person who recently arrived in the home. We found that their needs had been assessed. The person told us staff understood their needs even though they had known them for only a short time. This person said that staff asked them how they like to be cared for and the staff listened and respected their wishes.

People's nutritional needs were assessed. The nutritional screening was completed at frequent intervals, and people's weights were monitored. People at risk of poor nutrition were identified and fortified meals or supplements were provided when appropriate. We saw referrals made to dieticians for people requiring specialist advice on nutritional intake and the response from staff in following the recommendations made. We saw how staff supported and encouraged people with their meals. We observed a people in bed being assisted with their lunch, they encouraged them in an unhurried manner as they ate. We observed that the person enjoyed their meal and acknowledged this by smiling in response to questions. A relative who came later told us "carers are experienced and have the ability to coax people with small meals".

We saw that staff followed guidelines to assist a person who needed assistance from staff to move safely and identified the equipment needed. We saw too that risk assessments had been carried out to make sure that people were safe when bed rails were used. Records we saw confirmed that moving and handling equipment, including wheelchairs, hoists, pressure mattresses was checked frequently, serviced and maintained safely. A social care professional who had carried out reviews of the care provided to persons using the services said "I am confident in the quality of care provided."

People's care and treatment reflected relevant guidance. The GP visited people in the home weekly. We saw the GP completed regular medication reviews. We found that guidance provided by health care professionals such as the GP and speech and language therapists was included in the care plans. This ensured that staff assisting people had information they needed to help them. We saw evidence that professional recommendations were followed, daily notes confirmed these.

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 told us they felt safe in the home. They said the home was a welcoming and a safe place to be, and they knew how to report any concerns. A person spoke of the culture of the home, they said "as well as caring staff people who lived there were kind to one another." People spoke of seeing the manager most days and said they would share with her if they were worried about anything. A person using the service told of their confidence in the sisters who worked in the service, they said "we all have trust in the service, the sisters keep a close eye on things and make sure people are safe and we get care to their standard, they are observant and nothing can go unnoticed." A relative told us they observed good teamwork in the home whenever they visited.

People in the home had information about how to raise concerns. A safeguarding adults policy and procedure was in place and staff said they knew how to implement the procedure.

We saw that staff maintained a record of people's personal possessions in an inventory kept in their care files when they moved to live at St Peter's Residence. There were also systems for people to have their money looked after by the office administrator.

In the reception area a person was present to answer calls and greet people visiting. Visitors were required to sign in to the home so that a record was available of who had been to visit the home.

People who used 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. Staff at all levels were up to date in training in safeguarding issues and demonstrated clearly in our discussions about their responsibility to report abusive behaviour. A member of staff told us: "If I was concerned in anyway about people living in the home I know exactly what to do and how to report it. I have never had to do this though."

A relative told us: "I have witnessed professional and caring culture where people give 100

% commitment in their role, I have never seen or heard anything to undermine a person or make them feel undervalued."

We heard from external health and social care professionals the provider had worked closely with statutory bodies and responded appropriately when they were investigating any concerns. Notifications were made as relevant to safeguarding authorities and to the Care Quality Commission.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We met with the person responsible for organising training, she showed us the induction programme and informed us all staff were required to complete mandatory induction training in their first weeks of employment. The mandatory training included caring for people with dementia. Care staff on each floor were spoken with, they said they found the induction and training to be relevant and helpful in supporting them to carry out their role.

This induction as well as shadowing senior experienced staff ensured staff received a good foundation and knowledge and skills in all essential areas before they worked alone. We saw that when a new carer was not assessed as ready, additional training and an extended induction was given. A senior member of staff was the manual handling trainer and provided in house training to staff.

The service had developed a training and development programme for all staff relevant to their role. Some of this training was provided through e-learning packages. The training manager told us that training was delivered so all staff could attend. All staff shifts were covered which enabled staff to attend and complete their training. We saw that mandatory training such as first aid was provided for and attended by staff. A notice board on each unit office contained details of training and so as to enable staff to register their interest. The training provided covered areas such as infection control, moving and handling, medication and health and safety and safeguarding vulnerable people. The service has participated in an End of Life Care programme for people needing advanced care in residential care. Staff engaged in the training to equip them with skills to care for people needing advanced care at the end of their lives. Attendance at the training courses was monitored.

Staff we spoke with said they felt well supported by their unit manager and they had supervision and an annual appraisal. Care staff told us of daily handover meetings which the manager attended. They said the meetings were thorough and relevant. Staff were alerted to each person's condition, and of any changes to individual's care needs. There were also team meetings to discuss developments.

We saw a record of completed one to one supervision meetings between a carer and their line manager. The frequency of these meetings varied between staff depending on their role. The provider may find it useful to note that we were only able to see a small selection of written records of the supervision meetings and there were no copies of any of the annual appraisals available to see on the day of the inspection.

Staff were able, from time to time, to obtain further relevant qualifications. The majority of care staff had completed National Vocational Qualifications to Level 2 in Care or equivalent.

In addition to the staff team a number of volunteers provided valuable assistance in the service ranging from help with activities to assisting in the dining rooms during meals. A volunteer we spoke with described "how impressed they were with staff practice", this had inspired them in their role as volunteer.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There were monthly meetings held at the home for people using the service and minutes of these were made. A person told us they were able to raise issues freely about the service and how in house meetings were useful for people to collectively make suggestions, they said "but we have nothing to grumble about." People were also asked to complete quality surveys which were used for evaluating the quality of the service. The quality of the care was kept under review. We looked at the most recent report completed in November 2013, this concluded "resident care was to a high standard".

The provider had a range of policies and procedures to promote the health and safety of people using the service and of staff. We saw evidence of environmental risk assessments and a programme of maintenance in place, reviewed and updated as required. Monthly checks were made of a range of health and safety matters such as water temperatures and fire equipment. The service vehicles were serviced and checked to ensure people were transported safely when using these in the community. These actions helped to promote safety of people using the service.

We saw how the annual maintenance programme ensured internal refurbishment and redecoration took place in a timely manner. Two of the people living at St Peter's Residence said "all areas of the environment are maintained to a high standard and fit for a King." According to staff and people using the service repairs and maintenance issues were responded to promptly. Recently the kitchen was fully refurbished, and a new nurse call system was installed.

Visits to the service were made monthly by the person assigned this role by the provider and the reports showed that they considered a number of essential audits at each visit. We were informed of the number of unannounced visits made to the home at night by the management team to check and monitor staff practice.

Care plans were well maintained but at the last audit of care records some minor shortfalls

were identified. Staff had been asked to address these and confirm when they had done so. These developments were in progress during this inspection visit.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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