

Gem Care 6 Limited

St Peter's Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

St Peter's Care Home is a residential care home providing personal care to 18 older people and people living with dementia. The service accommodates people over four floors in one adapted building with a lift. The service can support up to 43 people.

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

The quality of service people received had improved since our last inspection. People told us that they felt safe and they received the care and support that they needed.

Management of the service had improved significantly. Since the last inspection a new manager had been appointed and had since registered with Care Quality Commission (CQC). The registered manager had oversight and scrutiny of the service and was receiving support from the provider and an external consultancy agency. People, their relatives and staff spoke highly of the registered manager. They were described as 'getting everything sorted out' and 'approachable'. The registered manager told us they had worked hard to address the breaches and shortfalls identified at the last inspection. They had worked through a comprehensive action plan.

People were protected from the risk of avoidable harm. When concerns were identified about people's safety, information was shared with appropriate stakeholders so investigations could be conducted.

Risk to people health and safety where identified. The registered manager had ensured all risks associated with people and the service had been assessed. However, some guidance on what action to take if the risk occurred was not consistently recorded. Staff did know what action to take. People were supported with their health needs. The registered manager had oversight of incidents and accidents and lessons had been learnt when things went wrong.

There was a clear vision and open culture. A governance framework was in place which covered all aspects of the service and the care delivered. Numerous quality assurance audits had been completed. When shortfalls had been identified, plans were in place to continue with the improvements. We will check that improvements have continued and sustained at the next inspection. People, relatives and staff were engaged in the service. Their views were listened to and acted on.

The management of medicines had improved. Medicines were stored safely and people received their prescribed medicines when they needed them. The service worked in partnership with other professionals, and the community when able to do so.

The registered manager and staff promoted and encouraged person centred care to ensure people were treated as individuals. Staff knew how people preferred to receive their care and support. There were enough staff available to make sure people received the personal care and support that they needed.

People's needs had been assessed and assessments had been used to plan staffing level.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely. Safety checks had been completed before staff started working with people. People were safeguarded from the risk of abuse and received person-centred care that promoted their dignity and independence. When there were any incidents and accidents these were recorded, and steps were taken to prevent any re-occurrence. Staff understood how to prevent infection and wore protective equipment when necessary.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 24 June 2021). The service was rated Inadequate in the domains safe and well led and was placed in special measures. We took enforcement action and placed a restriction on the provider's registration so that they could not admit any people to the service without prior written consent from the CQC. We also required the provider to tell us how they had mitigated risks to people. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

This service has been in Special Measures since 24 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 13 May 2021. Breaches of legal requirements were found. We undertook this focused inspection to check the provider had taken action and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

St Peter's Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was completed by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with three relatives who were visiting, eight members of staff including the registered manager, deputy manager, care workers, the cleaner and the administrator. We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to ensure that risks to people were sufficiently monitored, and that action was taken to reduce risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks were not identified, managed or mitigated.

At this inspection improvements had been made and the service was no longer in breach of regulation, however, there were still areas that needed to improve.

- Risks to people, including risks from the environment were assessed, monitored and recorded. Action was taken to reduce the risks. However, some risk assessments did not include full guidance for staff on what action to take if the risks occurred.
- One person was living with diabetes. Risk assessments did not contain the signs and symptoms they would display if they were unwell and the action staff should take. Another person was at risk of developing pressure sores. There was clear guidance for staff to observe for redness or skin breaks. However, there was no guidance on what action to take if these occurred. Staff were able to explain what action they would take if these risks occurred. The registered manager addressed the shortfalls during the inspection. We will check this has been sustained at our next inspection.
- Other risk assessments gave clear guidance to staff on how to support people safely, including medicines and moving and handling. Staff confirmed the care plans gave them enough information for them to support people safely. People told us they always felt safe with the staff. A relative said, "I trust all the staff. They look after (my relative). I don't have to worry."

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to protect people from abuse and improper treatment is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. People were not protected from the risk of avoidable harm.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- People were protected from the risk of avoidable harm. When reportable incidences had occurred, safeguarding protocols and procedures had been followed. Incidences had been reported to any outside agencies such as the Care Quality Commission (CQC) or the local authority. Agencies were then able to

assess if the service has taken adequate measures to keep people safe and act if the service had not.

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident that the registered manager would take action.
- The registered manager had discussed with the local safeguarding authority any concerns they may have. We reviewed records of safeguarding concerns that had been raised and the registered manager had taken appropriate action.

Staffing and recruitment

At the last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not have the skills and competencies to care for people safely.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- There was enough staff on duty throughout the day and night to make sure people received the care and support they needed in a timely manner. Staff told us that there had been some shortfalls in the staffing levels previously, but these had now been resolved.
- Staffing levels were calculated according to people's individual needs. When possible, existing staff covered any shortfalls. New staff had recently been recruited and they were undergoing induction training to make sure they were familiar with the service. They were getting to know people and how they preferred to be supported and cared for.
- During the inspection when people needed support staff responded quickly. Calls bells were answered promptly. People told us when they called for assistance staff came as quickly as they could. One person said, "I don't need much help but if I ring my bell they come quickly".
- Staff had received the training they needed to support people with their specific health needs like diabetes. Staff had received mandatory training such moving and handling, fire safety and safeguarding people. Staff told us they felt confident they could safely put this training into practise. Staff competencies were checked, and they received regular supervision.

At the last inspection the provider had failed to ensure that staff had been safely recruited and had not ensured recruitment procedures were operated effectively. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Staff were not recruited safely.

At this inspection improvements had been made and the service was no longer in breach of the regulation.

- Staff were recruited safely. Full employment histories had been obtained. Gaps in employment history were explored and two references were obtained before staff started work at the service.
- Proof of identification was checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people.
- There were systems in place to ensure oversight of recruitment was robust.

At the last inspection care and treatment was not provided in a safe way. The provider had failed to assess risks and did not do all that was reasonably practicable to mitigate any such risks. Medicines and Infection control was not effectively managed leaving people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not always managed or stored safely. People were not fully protected against the risk of infection and lessons had not been learnt when things went wrong.

At this inspection improvements had been made and the service was no longer in breach of the regulation.

Using medicines safely

- Medicines were managed and stored safely at the right temperature. People received their medicines consistently and safely.
- People told us they received their medicines on time and when they needed them. Medicines that needed special storage and monitoring were managed appropriately.
- Some people were prescribed medicines 'when required', such as medicines for symptom relief. Since our last inspection, guidance had been put in place about how and when people needed the medicine and how often it could be taken. The time people had taken 'when required' medicines had been recorded, so staff knew when it was safe to administer a further doses.
- Some people were supported to take their own medicines on a daily basis. This had been risk assessed and checks were in place to make sure this was done safely. Staff had received training on how to administer medicines safely. They had regular refresher training and their competencies were checked by a senior member of staff.
- Regular medicine audits were completed to ensure people received their medicines safely. If any errors or mistakes were identified or reported then action was taken by the registered manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons had been learnt since the last inspection. Action had been taken to improve the service to make sure people received safe, effective care that met their individual needs.
- There were systems in place to monitor and analyse accidents and incidents to prevent them happening again. There was oversight and analysis of falls. The number of falls had significantly reduced since the last inspection. When people had experienced falls, lessons were learnt, and action taken to prevent further falls.
- When people were at risk of developing pressure sores action had been taken to prevent this from

happening.

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 Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of leadership and oversight at the service. There was no evidence of continuous learning. The provider did not carry out robust auditing or checks of the service.

At this inspection improvements had been made and the service was no longer in breach of the regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection a new registered manager had been appointed to improve and lead the service. The registered manager was approachable and understood people's needs as individuals. They were committed to providing good quality care and promoted a person-centred culture. People told us, "We are just getting to know the new manager. I feel confident that they are doing all the right things. It seems more organised." Staff said, the new registered manager was 'getting things done' and 'we want to more things forward.'
- Staff and people had confidence in the registered manager. Staff told us communication had improved and they felt supported, valued and listened to. There were regular staff meetings and staff were informed and kept up to date on any changes. Staff said the moral had improved. The registered manager was keen to develop the skills and knowledge of the staff. so, they in turn would deliver a high standard of care to people receiving the service.
- People's needs were continually assessed to ensure their support needs could be met. If assessments indicated the service could no-longer meet people's needs, action was taken to find them a more suitable care environment. The staff were able to describe the support people needed to ensure they were they were happy and safe at St Peter's Care Home.

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

- The registered manager was leading the service and was supported by a deputy manager. Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. There was a plan in place to ensure all staff received regular supervisions and competencies checks. Some staff had been given more responsibilities and told us they now felt trusted to support people and the extra responsibilities made their role more interesting and fulfilling.

- The registered manager completed checks and audits on all areas of the service, which included areas such as infection control, environmental safety checks, medicines, care plans and risk assessments. When short falls were identified action was taken. For example, the infection control audit highlighted the need to change some bins to pedal bins to aid infection control and this action was completed. A medicines audit had identified an error in the recording of medicines. This audit had identified that a person had not received their prescribed injection. Action was taken to ensure this was rectified.
- There was continuous learning which improved the standard of care people were receiving. Incidents that occurred were analysed. The registered manager had a good understanding of the risks at the service and understood why it was important to analyse incidents to prevent repeated occurrences
- Local healthcare professionals visited the service to support people with some of their health needs. Referrals were made when there were concerns about people's safety. For example, when people were at risk of choking, they had been referred to the Speech and language Therapist (SALT) for advice and guidance. The provider had sourced the service of an external company to check that shortfalls were identified, and improvements made.

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

- People were asked for their views and feedback about the service so that improvements could be made. There were regular meetings for people and staff.
- People had raised concerns about the food and the standard of cooking. The registered manager had asked for ideas and action had been taken to provide people with the type of meals they wanted. One person had asked for a specific type of plate for their food to be served on. Staff made sure the person received their meals on the plate they wanted. One relative said, "They make sure [my relative] gets what they want when they want. Nothing is too much trouble."
- The registered manager had not yet sent out formal surveys to people, relatives and staff as they had only been at the service for a few months. They planned to do this in the near future.

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; Working in partnership with others

- The duty of candour is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. The registered manager had been open and honest in line with their legal responsibilities. When people had been harmed or allegations of abuse were made the registered manager had shared this information openly with stakeholders.
- We had been informed of significant events that had occurred at the service. The provider had conspicuously displayed the CQC quality rating in the entrance hallway, so people, visitors and those seeking information about the service were informed of our judgments.
- When things had gone wrong the registered manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence. Relatives told us if there were any concerns or incidences that involved their loved one, they were contacted by staff to keep them up to date.
- The registered manager and staff worked effectively with partner agencies. They had developed working relationships with local health and social care professionals. People were referred to specialist professionals when they needed support and guidance.