

Halton Borough Council

St Lukes Care Home

Inspection report

Palacefields Avenue
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Runcorn
Cheshire
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Tel: 01928791552

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

St Lukes Care Home is a residential and nursing care home in Runcorn. The service is registered to accommodate up to 60 older people, including those living with dementia. At the time of inspection 40 people lived at the service.

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

The majority of relatives were very positive about the service and shared their praise and thanks to the staff for keeping their family members safe. There was a process to respond to complaints with detailed audits and oversight in place to review ongoing feedback with concerns raised.

We observed positive care practices between the staff and people at the service. Staff spoke quietly and respectfully and had positive effects on each person. People looked relaxed and were smiling in the company of staff supporting them.

People were supported to eat and drink where need. Staff had been trained, supervised and appraised in line with the policy of the organisation. Recent training had been developed and inclusive of all staff.

Support plans were person centred and reflected the needs of each person. Choices were discussed with relatives and they had been involved in completing plans. Relatives confirmed communication from staff was good, and staff supported people to make healthcare appointments where needed.

Records for the administration of medicines were person centred, up to date and safely managed.

There were detailed audits and quality checks in place covering all aspects of the service, complete with action plans when improvement was identified.

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

Additional cleaning procedures had been introduced and cleaning audits were in use to monitor standards. The service was working closely with local infection control leads to implement best practice. Vaccinations against COVID-19 had provided to all residents and staff.

We were assured that this service met good infection prevention and control guidelines

Some areas of the environment were more well maintained than other areas but kept clean, tidy and safe. Each unit was welcoming.

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

This service was registered with us on 18/11/2019. This is the first full inspection to be rated.

The last rating for the service under the previous provider was rated good, published on 3/11/2018.

Why we inspected

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below

St Lukes Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

The inspection was carried out by one inspector, a medicines team inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

St Lukes 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with six people who used the service and spoke via the telephone to 11 relatives about their experience of the care provided. We spoke with seven members of staff including the manager, care workers and nurses. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records including multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at more training data and quality assurance records. We received positive feedback from a visiting health professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff in post to provide a safe and consistent service.
- Relatives were positive about the staff team. Comments included, "I feel a lot better now. There are always enough staff and if I phone between 9.00 a.m. and 12.00 p.m. and avoid dinner time the phone is answered quickly. Staff member on reception is lovely", "Staff are available in the lounge when needed" and "Seem quite a few staff. Agency staff are lovely too."
- The service used a high number of agency staff due to a movement of staff from the previous provider being transferred over to the service. This process took a long time so the service booked the same staff members from agencies to help with consistency. They was in the process of being able to recruit staff to permanent posts now this process had been completed.
- Staff said they had good communication and support from the manager.

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

- People told us they were happy the necessary measures were put in place to reduce risks
- The manager had detailed and clear risk assessments for each person with regular oversight to check and reduce risks to people.
- There were clear processes to learn from any accidents and incidents.

Using medicines safely

- Medicines were safely managed. Medicines were stored in line with regulations.
- Staff administering medicines completed their medicines training using a computer system and had been assessed as competent to do so. Work was ongoing for agency staff also to complete this.
- Records for the administration of medicines were person centred and complete.

Systems and processes to safeguard people from the risk of abuse

- People's needs were safely managed. Safeguarding referrals had been appropriately made by the manager and investigated where required.
- All of the staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

Preventing and controlling infection

- Infection control procedures were well managed.
- Relatives shared positive feedback about their experiences of how the service managed infection control. One person told us, "All PPE is worn and I am happy with visiting arrangements. I need to make an

appointment in advance."

- A visiting health professional shared their praise as to how the staff managed to keep people safe through the pandemic.
- Staff received training around COVID-19 as well as additional preventing and controlling infection training and had access to relevant guidance and information.
- Staff were well organised in managing regular, sometimes daily testing for COVID-19 and were all vaccinated.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well trained and completed training courses to enable them to fulfil their role.
- The completion of training was monitored by the manager using a matrix, and staff were booked onto refreshers when needed.

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

- People's needs were being met.
- Relatives shared their positive experiences of how family members were supported with different diets and assessments to help improve swallowing and risks of choking.
- Care records showed how support was provided to safely manage people's needs and choices with meals and fluids.

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

- We received positive feedback from two health care professionals who regularly visited the service. They told us staff managed people's needs very well.
- People were supported by staff to access healthcare services and supported in getting the right care and specialist support where needed such as dietician and hospital support.

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

- The building was purpose built and each unit was welcoming to visitors. Adaptions were in place such as assisted bathrooms and the décor had been designed to meet the needs of people living with dementia.
- The use of plain colours and large picture signs helped people to find their way around the environment. They had a large open plan cinema set up to replicate older movies which people had enjoyed the day before as an activity.
- Some areas were more well maintained than others such as scrapes seen to some walls and doors frames. The provider advised they had plans in place to develop the service further.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager demonstrated appropriate management of people's deprivation on their liberty. They knew how to assess people's capacity to help them make decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented in people's support plans. This included what choices they could make, and where they required additional support.

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

- People's needs and choices were well assessed and choice and support preferences were reflected in the records we viewed.
- There was pre-assessment information available in people's support plans to determine their care and support needs.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Relatives were very positive and shared examples and comments such as, "Staff are caring and respectful and have tried to reassure (family member)" and "Staff are always supportive. When (family member) is upset one nurse in particular will kneel to talk to her and calm her straight away."
- Support plans were written in a way which highly respected the person and their medical or psychological needs.
- We observed some lovely interactions between staff and the people they supported, they were knowledgeable of each person. People were comfortable in their company.

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

- Care plans reflected people's choices and their diverse needs.
- Family members made the following comments about the caring nature of the staff, "Staff are courteous and caring to people. When I visited a carer told me she was going to log on to her Netflix account and put a war film on for the men. I thought that was very thoughtful" and "Staff talk to (relative) in a lovely manner and have got lots of time for them, staff are respectful."
- Despite the restrictions of the pandemic staff had tried to support people to still stay in touch with people from their local churches so they could still practice their faith.

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

- Relatives told us they were kept fully up to date and could contact the staff at any time. They were assured the care was appropriate to their family members needs and requests.
- For some people, family has signed support plans on their behalf if they were legally allowed to do so.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Complaints were well managed and accessible to everyone.
- Relatives told us they had no complaints although would know how to make a complaint. One person told us, "I have no outstanding concerns, they make sure he is dressed well. He seems happy now." We received one complaint following our inspection and submitted this to the local authority for their review.
- Complaints records showed appropriate review and responses showing that people were listened to. There was a learning analysis so improvements to the service could be implemented after a complaint.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them, Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to contact their relatives and friends especially during the pandemic.
- Relatives told us staff happily supported their family members with appointments.
- The service had two activity organisers who managed a programme of events for people to take part in. The cinema was used for an event the day before the inspection where people watched an old movie reminiscence of their time growing up.
- Each person's support plan was written in a way which was meaningful for them and showed they were respected as an individual, setting out how they liked to be supported.

End of life care and support

- Staff had undergone appropriate training in end of life care. The service had a detailed contract for support from the local trust to help with clinical input for end of life care.
- People's preferences regarding end of life wishes were recorded within their support plan. There was no one being supported with end of life care at the time of our inspection.

Meeting people's communication needs

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

- Information, such as the service user guide, was available in different formats to support people's understanding.
- People's support plans were also written in a way which they could understand. Plans gave good detail regarding how they respectfully communicated with everyone especially people who had non-verbal ways to communicate.

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.

This is the first inspection for this newly registered service. This key question has been rated good, this meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People confirmed they knew who the manager was, and felt the service was well led. We received positive feedback from ten relatives and two healthcare professionals. One complaint was referred to the local authority to review.
- Relatives shared positive feedback about the management of the service and said, "I have spoken to the manager who was nice and friendly", "If I call in the office I feel quite comfortable and welcome" and "The manager introduced herself to me. The home seems well managed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care, Working in partnership with others

- The service had a registered manager who was absent but the current manager had advised they would be applying for the permanent post.
- Managers were clear of their roles and responsibilities in accordance with reporting notifiable incidents to CQC.
- The service had a variety of audits and checks in place. The manager and the registered provider showed good oversight and good management in developing the service.
- Incidents and accidents had been promptly reported to CQC, and we could see that actions were taken to help mitigate re-occurrence and how learning had been shared in the service.
- The provider was committed to ongoing investment to achieve continual improvement.
- The service worked in partnership with local health professionals to ensure people's support needs were met.

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

- The manager was aware of their responsibilities around Duty of Candour legislation. There had been no specific incidents which required them to act on that duty.