

Carecall Limited

St Luke's Nursing Home

Inspection report

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Scothern
Lincoln
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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

We inspected this service on 14 November 2018. St Luke's Nursing Home is a 'care home' situated in the village of Scothern, five miles north of Lincoln. It provides accommodation for up to 32 older people or people living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs and that staff had received training to ensure they had the knowledge to protect people whilst providing care.

People were protected from the risks of infection as the service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

St Luke's Nursing 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, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 14 November 2018; this was an unannounced comprehensive inspection. The inspection team consisted of one inspector, a bank inspector and an expert by experience. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received since our last inspection and any statutory notifications from the provider. A notification is information about important events, which the provider is required to send us by law. We contacted local authority care commissioners (who fund the care for some people who use the service) and asked them for their views about the service.

We asked the provider to send us their provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. We also offered the provider the opportunity to share any other information they felt was relevant to their service, for this inspection.

During our inspection we spoke with six people who were using the service and two relatives. We also spoke with three members of care staff, the registered manager, deputy manager and a kitchen assistant. We looked at the care plans of four people and any associated daily records such as, the daily log and medicine administration records. We also looked at a range of records relating to the management and running of the service such as staff training records and quality audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at St Luke's Nursing Home, and that staff promoted and protected their safety. One person told us "I feel safe because if I need help there is someone there. The home is secure as no one can get in and out of the door unless the staff are there". A second person added, "I feel safe living here as the staff support you to carry on with life as normal."

People were protected from the risk of abuse and avoidable harm. Staff were aware of their role in protecting people from harm and had received regular safeguarding training for the protection of vulnerable adults. The provider had clear procedures in place to enable staff to raise a concern if they needed to. Staff were able to explain their role and gave informed examples of signs of abuse they would look for and how they would raise a concern.

People were further protected from avoidable harm as assessment of risks of injury or harm were included in all care records and regularly reviewed. We observed that measures identified to reduce risk were followed by care staff. For example, one person's care record included an assessment of the person's risk of falls due to their reduced mobility. This included initial guidance for staff to follow when they provided care, to help reduce that risk and a referral to the local community health providers, falls management team for their assessment and advice. Staff we spoke with were aware of the guidance and records showed this was followed.

The registered manager had measures in place to manage environmental risks to people, for example staff showed a good knowledge of managing people's safety should there be a fire at the premises. Personal emergency evacuation profiles (PEEP)'s were in place for people to assist staff and the fire service, should people need evacuating in the event of an emergency.

People and staff gave us mixed feedback regarding whether sufficient numbers of suitably qualified and experienced staff were deployed, to safely meet people's needs. One person told us, "Most of the time there are enough staff on duty. Occasionally I sit here in the lounge and think, where are they? I know they are busy, but sometimes I need to get up and go and find them". A second person said, "They [staff] really do have their hands full, but nothing is too much trouble when they do get to you". A relative told us, "Most of the time there are enough staff, but I feel that there should be a member of staff in the lounge at all times. I have noticed one of the residents trying to get up and she is unsafe. Often one of the other residents will intervene, which can't be right".

We observed two occasions where one service user required support but staff were not available. In discussion with the Deputy manager we identified this person's health had deteriorated in the two days prior to our inspection and as a result their care needs had increased. We saw records of visits from health professionals including GP and district nurse which confirmed this. The deputy manager showed us evidence that additional staff were requested from the provider to meet the person's increased needs safely and that this was approved and was being arranged.

Other than these two occasions, we observed staff were generally able to respond to people's requests for assistance in a timely manner and had the opportunity to sit with people to talk and support them with activities. We saw that people had access to call buzzers to alert staff to requests for assistance and care staff told us they had enough time and support from colleagues to safely meet people's care needs.

People were supported by staff who had been recruited safely. The registered manager looked at potential staff's work history and obtained references from their previous employer. They also used the Disclosure and Barring Service (DBS) to check if potential staff had a criminal record which would preclude them from working with vulnerable people. This helped to protect people from the risk of unsuitable staff.

People received their medicines as prescribed and at the correct time. We saw that all the people at the service had been assessed as needing assistance with their medication. We observed a medication round and saw that staff were knowledgeable and administered medicine as prescribed.

We found that people were protected from the risk and spread of an acquired health infection. People told us, "I am very comfortable in my room. The staff clean and dust it every day, they keep it nice for me" and relative told us, "My relative's room is kept very clean". Staff we spoke with showed a good understanding of protecting people from the risk of infection. Personal protective equipment (PPE), such as disposable gloves, was in place, and staff were seen using this appropriately when required. The provider employed a dedicated cleaning team who had access to sufficient cleaning materials, guidance and PPE to maintain a clean environment.

We found that the provider had systems in place to monitor and review any health incidents, accidents and complaints and that any learning from these was shared with staff. For example, the provider submitted timely notifications to CQC regarding any incidents at the service and carried out regular analysis of these. Any changes that needed to be made to people's care as a result, in order to keep them safe, were discussed at staff meetings and individual supervisions.

Is the service effective?

Our findings

People's care needs were assessed using evidence based assessment tools to ensure care was appropriate to their needs, (including monitoring diet and weight). Staff supported people to make decisions and choices in relation to their care and were aware of the characteristics of the Equality Act which helped ensure people's diverse, cultural and spiritual needs could be met. We witnessed staff asking people questions in several different ways and sitting with people to give them time they needed to understand and respond.

People received a detailed assessment of their needs prior to admission to the service and these were reviewed regularly. We saw that where possible, people and their relatives were involved in the design and review of their care.

People were cared for by a staff who received training to help them meet people's needs, and felt well supported. One person told us, "The staff seem to know what they are doing. Whenever I ask them anything they know straight away, they don't need to stop and think and that's good. They don't put you off in anyway." A relative added, "The nursing care is very good; some staff are excellent."

The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. The provider's training matrix confirmed staff had received relevant recent training that would help them meet people's needs including, safeguarding, moving and handling and food safety. The deputy manager told us that they and the registered nurses at the service received ongoing training and support which helped them maintain their professional registrations.

Staff received regular one to one supervision with their line manager to assess their performance and allow them to raise any issues. Although the timing of these meetings was ad hoc, staff told us they found these meetings helpful and felt able to be open and honest. Staff said they felt confident that issues raised during these meetings would be addressed. A staff member told us, "The manager is brilliant, very supportive". People were supported to maintain good nutrition and hydration as they received sufficient amounts to eat and drink. People we spoke with told us they enjoyed the food provided. One person said, "The food here is marvellous and we chose what we would like for lunch in the morning. There are usually two choices on the menu, but you can ask for something different if you want to" Another person said, "The food is good and the best thing about it is that I don't have to cook it; it is done for me." We observed the lunchtime meal and noted people were sat together conversing and appearing to enjoy the food offered which looked appetising and plentiful.

People had access to healthcare support and advice when required. We saw that staff and the registered manager supported people to attend medical appointments and appropriate referrals were made to health professionals including, a dietician, district nurse and diabetic nurse. One person told us, "I am registered with the local GP and I know that the staff would call the doctor if I needed one." A relative told us, "The home has been very good at getting a doctor in to see my relative"

Staff told us they worked as a key worker for each person using the service so they could identify their needs

and monitor their health. This enabled them to support people to healthcare appointments and arrange appointments or request advice for all people using the service.

Throughout our inspection we observed staff treated people with dignity and respect and ensure they gained people's consent when they provided care. People's and their relatives we spoke with confirmed staff always respected people's wishes and informed people and asked consent before delivering care and support. Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests, should the person not be able to make the decision for themselves.

All communal areas of the service were situated on the ground floor. A lift was available to provide access for people from the first floor and all floors were level access. We noted ramps were used in place of stairs across communal areas to improve access for peoples with reduced mobility. One wing of the ground floor consisted of a self - contained square of corridors, looking onto a paved garden area, which was used by all people using the service. We observed that people living with dementia, who wished to be more active were able to safely follow the route of the corridors without fear of harm or disorientation.

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 with appropriate legal authority. 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 and found these were in place.

Is the service caring?

Our findings

There was a positive and caring attitude among staff at the service, and people and their relatives told us staff were kind in their approach. One person told us, "The staff are kind and caring and there is no argument about that." A second person said, "This home is very good, I would never want to leave here." We observed positive interactions between people and care staff throughout our inspection and staff told us that caring for and supporting people was the most enjoyable aspect of their role. A staff member told us the best part of their job was, "Knowing I've done something to make someone else's life a bit easier".

During our visit, we observed a warm, pleasant, family orientated and relaxed atmosphere. We observed positive, caring and friendly interactions between staff and people. One person said, "When I first came into the home, I was dreading it, but I have settled really well, and I have made a lot of friends. The staff are lovely and have helped me so much."

Staff respected the choices people made and clearly understood the importance of doing so. For example, one person had expressed a preference to only receive personal care and support from female staff, which we observed was respected and recorded in their care plan. People's care plans provided information about their likes, dislikes and their life history which helped staff to better understand the person and their needs. Where possible, people had been involved in providing information for their care plan about the way in which their care should be delivered.

People's religious and cultural needs were assessed on admission and provided for, although we noted at the time of our inspection that none of the people living at the service accessed any religious services or requested culturally specific meals. We noted that people were provided with meals they were familiar with and enjoyed, and that religious services were provided. For example, a service to mark remembrance day was held on the day of our inspection. No one using the service used an independent advocate although they were informed that the provider had access to such if required. An advocate is an independent trained professional who supports people to speak up for themselves.

People and their relatives told us they were treated with dignity and respect by staff. One person said, "When the staff help me to have a wash, they know that I am old fashioned and cover me up to make sure things are private for me." We observed that staff were polite and respectful when speaking with people and gave them space when it was apparent they wished to be left alone. The staff we spoke with clearly described the ways in which they would ensure a person's privacy was maintained whilst carrying out any personal care. One member of staff told us, "I always make sure I knock before I enter the room and ensure [people] are covered if I'm doing personal care." Where necessary, there was clear information in people's care plans about any personal care to be carried out and how this should be done. This took into account people's wishes and preferences.

The provider had effective systems in place to ensure people's personal data was protected and their confidentiality was maintained at all times and people were encouraged and supported to maintain independence.

Peoples relatives told us they could visit without restriction and were always made to feel welcome. We saw that people and their visitors could have privacy if requested.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care they received and that it was responsive and personalised to their or their family member's needs.

People's care and support needs were recorded in care plans including clear guidance to allow staff to meet these safely and effectively. Daily records confirmed the care and support was provided to people as per their agreed care plan. The care plans we reviewed were detailed and very person centred giving the reader a detailed understanding not only of the person's care and support needs, but also their likes and dislikes and life and family history. We found the care plans offered guidance to staff on supporting the person to live a fulfilled life as well as meeting their support needs in the way people chose.

We found that care plans were regularly reviewed with the involvement of people and their relatives and care information was presented in an accessible format. People's relatives we spoke with confirmed they were involved in reviews of the care and support of their loved one. One person's relative told us, "I have had several discussions with the staff about my relative's needs and have been involved in my relative's care planning." This was echoed by a second relative who said, "When my relative was admitted they assessed all of [their] needs and they seem to understand what they are doing." Staff told us they found the care plans very helpful in ensuring they provided care that was responsive and met people's individual needs and wishes.

There were a range of activities available for people who used the service. We observed staff assisting people to participate in activities including card games. A dedicated activities coordinator was employed who provided a range of activities including, reminiscence, quizzes, Christmas and other seasonal parties and had produced a monthly newsletter with the help of people using the service. People told us they enjoyed the activities on offer. People commented, "The activities lady is very good, she comes around and talks to us," and, "Sometimes we have a little get together and the staff encourage us to join in and they understand if we can't be bothered." People's relatives we spoke with told us they thought their loved ones enjoyed joining in the different activities offered. One person's relative said, "The activities person has made a difference as she comes into my relatives' room and has a chat." However, one person's relative felt their loved one would prefer more activities offered. We gave this feedback to the registered manager who informed us they would discuss the concerns with the relative.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager told us they were able to provide documentation in alternative languages or larger print for people who needed them, ensuring that the AIS was met.

There was a visible complaints procedure in place and the people and relatives we spoke with knew how to make a complaint if they needed to. People told us, "If I was worried about something I would speak to my daughter or I think I would ask one of the staff and maybe speak to the manager ." One person's relative said, "A member of the family raised a concern with the deputy manager. We felt the concern was listened to and acted upon. The deputy manager made a point of coming back to us to tell us how she had managed

the issue." Staff were aware of the complaints procedure and how to support people to raise an issue if required.

Everyone we spoke with told us they could and would go to a member of the management team or senior staff if necessary. People and their relatives were provided with a copy of the complaints procedure when they first started to use the service and it was also displayed in a prominent place in the home.

Where people had agreed, their preferences about how they wished to be supported at the end of their life were documented in their care plans. We saw that staff had received training on how to support people at the end of their life. Staff we spoke with told us they worked with people, their families and relevant health professionals to make sure people were supported to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

The service had a registered manager in place which met the providers registration requirements. The registered manager was clear about their responsibilities, they had notified us of significant events when they occurred at the service, and the last CQC inspection rating was displayed in the service. It is a legal requirement that the latest CQC inspection report is prominently displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The people and relatives we spoke with felt the management team and staff were approachable and that they listened to people. The registered manager was responsible for two services, so spent time between both locations. People and their relatives told us they spoke most often with the deputy manager. One person's relative said, "It is nearly always the deputy manager who is around. The manager comes in from time to time and I would say she is approachable."

Staff we spoke with felt the service was well led and told us the registered manager and senior staff were visible and approachable. They said there was a clear management structure in place when the registered manager was not on duty which ensured clear lines of accountability and management were in place at all times.

Staff we spoke with understood their roles and responsibilities and told us the management team led by example. They felt supported, and the registered manager and deputy manager listened to their views and ideas. Staff told us they received individual supervision and found this very helpful. They were aware of the whistle blowing policy at the service, and would feel confident to use this should they need to. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The management team also carried out a series of audits on a regular basis to assure themselves of the quality and safety of the service. We noted that care plans were audited every month or when a person's needs changed. The provider also carried out regular audits of staff medicines competency, health and safety, infection prevention and control and staff files. This shows the registered manager continually worked to reduce the risks to people and improve the quality of the service.

The registered manager or deputy manager ensured that regular staff meetings were held. We saw records of these which showed staff could be open and raise issues for discussion and these were acted on. All staff told us that they had raised issues directly with the registered manager in the past and these had been addressed.

The registered manager developed a satisfaction survey which was sent to all people and their relatives. The feedback from this was overwhelmingly positive with people expressing their satisfaction with the service. We saw the last survey was completed in October 2018, although some relatives we spoke with were unaware of the survey and felt they had not had opportunity to feedback. We saw that the activities coordinator had supported a number of people using the service to complete the survey and we raised

these concerns with the registered manager during feedback. The registered manager told us they would work with people and their relatives to ensure all were able to contribute to the survey if they wished to.

Effective systems were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks, legionella monitoring and gas and electrical safety checks.