

Carecall Services Limited

St Luke's Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Luke's Care Home is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

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

Risks associated with people's care were not always recorded consistently. Care plans were not always effectively audited. People received their prescribed medicines. However, there were some improvements required around the management of people's medicines. There were areas of the environment which required work. However, there was a plan in place to resolve this.

Staff received safeguarding training. Safe recruitment practices were being followed. There were enough staff to meet people's needs. Measures were in place to reduce the risk of infection to both people and staff. Accidents and incidents were monitored and reviewed by the provider.

The management team were complimented on how they managed the service. Staff felt supported in their role and could raise concerns where required. The provider was responsive, open and honest. The service worked in partnership with others to promote better outcomes for people.

Rating at last inspection

The last rating for this service was good (published 18 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about previous leadership and safeguarding concerns. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. However, we have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Luke'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

The inspection was carried out by two inspectors.

Service and service type

St Luke'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

We gave the service a short notice period to ensure any risks associated with COVID-19 were mitigated.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef.

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

After the inspection

We requested and reviewed further information and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has now deteriorated 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

- Risks associated with people's care had not always been mitigated and recorded accurately. Some people's care plan contained conflicting information regarding dietary requirements and mobility needs. This meant there was not always consistent information to guide staff on how to support people safely.
- One person required a modified diet due to a risk of choking. Their care plan was not clear on the type of diet which was prescribed by the Speech and Language Therapy (SALT) team. This meant not all staff had the correct knowledge of how to support this person with their nutritional needs, when we spoke with them.
- Another person had variable mobility and, depending on an assessment of mobility at the time of support, required either support from staff and a walking frame or the use of a hoist. This was not accurately recorded in the person's care plan. The information did not provide consistent guidance for staff on how to support the person to mobilise safely and to make an assessment of mobility to know the nature of support the person required at that time.
- We raised these concerns with the registered and deputy manager, who immediately took action to ensure up to date and correct information was sought and recorded regarding people's nutritional needs, where a modified diet had been prescribed. They also reviewed the person's mobility care plan to ensure it contained consistent information to ensure staff knew how to support the person safely.
- Other risks associated with people's care, for example skin damage due to pressure, had been identified and mitigated. There was clear and concise information which described the levels of support people required from staff.

Using medicines safely

- People received their prescribed medicines from trained staff. However, there were some improvements required relating to medicines practices in the service.
- Where people were prescribed 'as needed' medicines, most people had protocols in place to provide information to staff on the circumstances of the administration of the medicines. However, we found some 'as needed' medicine protocols were missing.
- Where people had not received their medicines, staff had not documented the reason for the non-administration appropriately. However, staff could explain why these medicines had not been administered.
- Medicines were audited regularly by the deputy manager and stock counts had taken place both monthly and daily to ensure potential errors were identified in a timely way.

Preventing and controlling infection

- There were areas of the home's physical environment which had been identified as requiring refurbishment. The provider sent us an information on how this would be addressed.
- 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 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and understood their responsibilities to keep people safe.
- Accidents and incidents were recorded and reviewed to ensure any follow up action required was taken to keep people safe. The provider had oversight of accidents and incidents which took place in the service and could ensure relevant authorities were notified.
- Positive measures had been implemented where people were at high risk of or experienced frequent falls. For example, sensor mats were used to alert staff people were mobilising. This meant they could support people to mobilise safely in a timely way, reducing the risk of falls.
- People told us they felt safe using the service. One person said, "Oh yes definitely, I feel safe here."

Staffing and recruitment

- The provider continued to ensure pre-employment checks were carried out for staff. This included obtaining professional and character references and checking their criminal record.
- There were enough staff to meet people's needs. Where there were planned staff shortfalls, agency staff were used to address this. We observed staff supporting people in a kind and caring way.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a quality assurance process in place. However, care plan audits and reviews carried out were not always robust enough to identify issues. This meant incorrect or inaccurate information regarding people's care was not addressed in a timely way.
- We discussed this with the provider, who immediately sought a more robust care plan audit to ensure care plans were reviewed and reflected people's needs.
- Other quality assurance audits, such as infection control and medicines, had been conducted and where improvements were identified action was taken to resolve these.
- The registered manager was clear of their role and responsibilities. They were open during our feedback, taking immediate action, mitigating risks to people and improving systems in place.

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

- Staff and people told us they felt the service was well managed.
- Staff spoke highly of the management team. One staff member told us, "[Name of registered manager] is great; I really like working for them. [Name of deputy manager] copes well. They have a lot of responsibility, but they are good at their job." Another staff member said, "[Name of deputy manager] asks us to do things in a positive way."
- People who use the service told us they felt they received good care. One person commented, "I feel safe here and very well cared for."

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 provider understood their responsibility to be open and honest.
- The provider had a complaints procedure and although the service had not received any formal complaints, the provider understood the importance of ensuring this was followed.

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

- Some staff had received supervisions and others had not. However, this had been identified by the management team and there was a plan in place to ensure all staff received a supervision three times a year.

- Staff meetings had taken place and topics such as safeguarding had been discussed. The management team had communicated to staff concerns which had been identified and their related expectations.
- Meetings had been held for people using the service to enable them to feedback their experience about food and mealtimes. The service had a 'resident of the day' system in place. This was a review which took place of people's care as part of which their feedback was sought about their care.

Working in partnership with others

- The service worked with other health professionals such as Speech and Language Therapists (SALT), district nurses and doctors.
- Staff worked with relatives of people using the service to ensure they were up to date with the latest COVID-19 national visiting guidance and to facilitate both screened and nominated visits.