Care Quality Commission

Eldercare (Halifax) Limited

St Lukes Care Home

Inspection report

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Leeds
West Yorkshire
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected the service on 1 May 2015. The visit was unannounced. Our last inspection took place on 10 June 2013 and at that time we found the service was meeting the regulations.

St Lukes Care Home provides accommodation for up to 34 people. The home is on one level and provides 26 single bedrooms and six double bedrooms. The home had a registered manager. 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.

When we looked in one person's care records we found a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) document in place which had been signed by the person's GP. We were concerned as the document

Summary of findings

contained conflicting information about the person to what we saw in their care records. The home manager and regional manager took immediate action to resolve this issue.

We looked at the arrangements in place for the storage, administration, ordering and disposal of medicines and found these to be safe. Medicines were administered to people by trained care staff.

People received sufficient amounts to eat and drink. We found the dining experience throughout the home was good.

Robust recruitment processes were in place which ensured staff were suitable to work with vulnerable adults.

We found areas of the home were not clean. This included people's bedrooms, bathrooms and items of equipment such as commodes and bath chairs. We looked at the homes cleaning schedules and found they were not signed and did not indicate clearly which cleaning tasks had been completed.

The home was in need of redecoration and refurbishment. The registered manager told us this had been identified through an internal audit and we saw the provider had plans in place to carry out the necessary improvements.

The local authority had limited the amount of deprivation of liberty applications they would accept from the home at any one time however, the registered manager had taken steps to identify people who were potentially at risk of having their liberty deprived and prioritised these applications.

A programme of activities was in place however, we saw it was care staff who were tasked to deliver this.

Staff received regular supervision and annual appraisals. This gave staff the opportunity to discuss their training needs and requirements.

People using the service and their relative had opportunity to give their views and opinions on the service provision. There were regular resident and relative meetings and satisfaction surveys were also distributed to people using the service on an annual basis.

Staff demonstrated a good understanding of how to protect vulnerable adults. They told us they had attended safeguarding training and were aware of the policies in place regarding reporting concerns.

Care plans were person centred and individually tailored to meet people's needs.

We found a number of issues which the provider had failed to identify through an effective system of quality assurance. This meant the system was not robust.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe

We found the home had arrangements in place which ensured people's medicines were managed safely.

People were not cared for in a clean environment. Some areas of the home including bathrooms and people's bedrooms were found to be dirty. This included furniture, equipment and carpeting.

There were sufficient numbers of staff on duty to ensure people's safety. However, people told us they had to wait for staff to respond especially at night.

Is the service effective?

Good

The service was effective.

People's nutritional needs were met.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's health care needs were being met in the home by visits from their local GP and chiropodist.

Is the service caring?

Good

The service was caring.

Staff engaged with people in a warm manner and were aware of the needs of people who used the service. Throughout our inspection we observed people being treated with dignity and respect.

All of the staff we observed offering people support demonstrated a caring attitude.

People told us the staff they had were kind and caring. People who used the service looked well cared for.

Is the service responsive?

Good

The service was responsive.

A programme of activities was in place for people. We saw this was delivered by care staff.

Care and support plans were written with a person centred approach and ensured staff had clear guidance on how best to meet people's needs.

Complaints and concerns were dealt with appropriately and as per the policy in place.

Summary of findings

Is the service well-led?

The service was not always well-led.

There was a registered manager in post. Staff we spoke with told us they felt the management in place at the home were approachable and supportive.

The home had mechanisms in place which allowed people using the service and their relatives to provide feedback on the service provision.

The provider had a quality assurance system in place to monitor the service provision. However, we found issues relating to cleanliness of the environment and documentation in place relating to emergency care which the quality assurance system had failed to identify.

Requires improvement

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor with a background in nursing care and an expert by experience with experience of care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 27 people living at the home. During our visit we spoke with seven people who used the service, six members of staff, the deputy manager, the regional manager and the registered manager. We spent some time looking at documents and records related to people's care and the management of the service. We looked at people's care records. We also spent time observing care in the communal areas of the home on two of the four units which included lounge and dining room areas to help us understand the experience of people living at the home. We looked at all areas of the home including the kitchen, people's bedrooms and communal bathrooms.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service.

Requires improvement

Is the service safe?

Our findings

We spoke to seven people using the service and five people's relatives regarding the safety measures in place within the home. We asked if people felt safe. One service user told us "I certainly feel safe. All the doors are locked when they should be and all people are vetted." One person's relative said, "Yes, my relative is safe here."

All of the staff we spoke with told us they felt the home had enough staff on duty to keep people safe and meet their needs. We spoke with three staff who all told us they enjoyed working at the service; they told us they felt staff worked as a team and always in the best interests of people using the service. They felt that the home was staffed appropriately for the amount of people using the service but if the home became full they may need more staff.

We received feedback from people using the service and their relatives which was conflicting. One person told us, "I feel guilty ringing the buzzer (to go to the toilet) at night; I try not to be a nuisance because there is not enough staff on and they have to deal with some who have greater needs. They don't like you ringing either." We asked how the person knew this and they told us, "They (the staff) moan between themselves that they are too busy; I can hear them." We asked the person if they thought there were enough staff on duty at night and they said "No, nowhere near, otherwise they wouldn't moan as much to each other." Another person told us, "There are not always enough staff. I sometimes have to wait to use the commode; it needs two to help me." Another person told us, "I think they are short staffed. They can take 10 minutes to answer bells (at night) and I can hear them going past to see to others."

During the inspection we saw that staff carried out their duties in a calm and unhurried manner. They responded to people's requests for support in a timely manner and we did not observe any requests for assistance such as use of the call bell being responded to promptly by staff. We spoke with the deputy manager who told us, "I think we have enough staff on duty to meet people's needs. We are able to respond to people's needs quickly and make sure people are getting what they need."

We looked at the way staffing levels were determined for the service. The registered manager told us they used a dependency tool. They said they spoke with the nursing staff and looked at people's care records on monthly basis to gather information about people's needs. They would then determine the level of staffing needed within the home. We looked at the information the registered manager collated for the completion of the dependency tool and saw it reflected people's care needs accurately. This showed staffing levels were arranged according to the needs of people using the service.

Information provided in the provider information return stated the service had 24 people with Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents in place. We reviewed three of these when we reviewed peoples care records. We found one person had a recently completed DNAR form in place in the front of their care record. This had been completed and signed by the person's GP who indicated (tick box) that the person lacked capacity, and that this issue had been discussed with the home manager. The registered manager disputed this saying this had not been discussed with them. Further on in the care records we saw evidence which clearly indicated that the person had capacity as they had an assessment of their mental capacity in place stating they did not lack capacity and further entries 'I am able to express my choice' and 'I am able to give choice and communicate my needs.' There were also contradictory entries in the care records, regarding whether the issue has been clearly discussed with the person.

This issue was brought immediately to the attention of the registered manager and the regional manager who initiated an immediate review of all DNACPR records, and contacted the person's GP to correct the anomalies. The registered manager told us they had found two other DNACPR documents which stated the person lacked capacity when this was clearly not the case. They told us these were removed from people's care records until the GP had visited the home and responded to these issues. We were concerned that the systems in place for the audit and review of people's care records had not highlighted these issues. This meant the system was not robust.

We looked around the home which included communal areas, a number of bedrooms, bathrooms, toilets and the kitchen. We saw there was adequate provision of suitable hand washing and drying facilities in all areas of the home such as communal bathrooms, kitchen and laundry. Staff said they were supplied with personal protective

Requires improvement

Is the service safe?

equipment and that they had been trained in infection prevention and control. We saw staff wearing aprons and gloves when required however; we found the home was not clean in all areas we looked. In some of the bedrooms we found the carpeting was stained and worn. In two people's bedrooms we noted there was trodden in faeces in the carpet. The registered manager told us they would have these two carpets shampooed immediately.

In one person's bedroom they had an upholstered high backed chair which had food encrusted on the arms and under the cushion we found a rusty nail. We saw bathrooms had dirty light pull cords and air vents in the ceiling which were thick with dust. We saw toilet rolls were dusty and stacked on top of each other on the waste pipe of the toilet. We saw the floors were dirty in communal toilets and toilets seats which did not fit. We found cobwebs on the ceiling with insects in them. We found items of equipment used for assisting people with their mobility needs were dirty and there were no checks in place to ensure these were cleaned. We looked at the cleaning schedules in place which showed a plan was in place to ensure all area of the home were cleaned weekly. These documents had been ticked to show cleaning had taken place however, our observations were that this was not been done.

We found the home had a maintenance person employed who was in the process of carrying out redecoration around the home however; we found some areas of the home were not in a good state of repair. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there was a robust recruitment policy in place. Staff we spoke with told us they had filled in an application form, attended an interview and were unable to begin employment until their Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. We looked at four staff personnel files which showed detail of the person's application, interview and references which had been sought. This showed that staff was being properly checked to make sure they were suitable to work with vulnerable adults.

We asked staff about the home's safeguarding procedures. They told us the procedures were very clear and they would without a doubt use them if they thought there was anyone at risk of abuse. One staff member said, "I have never seen anyone being abuse here or any staff member doing anything they shouldn't, but if I did I would report it to the manager straight away."

All of the staff we spoke with told us they understood that part of their role was to ensure the safety of all the service users. All staff spoken with also showed confidence in the process to follow should they suspect actual/potential harm to a service user. Staff training records showed all of the staff who worked at the home had received training in safeguarding adults.

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to mobility, nutrition and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

We looked at the systems in place at the home for accident and incident monitoring and we saw this was carried out as part of the monthly quality assurance system by the registered manager. We spoke with the registered manager who told us there had been a number of referrals made to the falls team. They said some people now had sensors in place in their rooms which would alert staff to their movements.

We looked at the arrangements in place for the storage, administration, ordering and disposal of medicines and found these to be safe. Medicines were administered to people by trained care staff. We saw that most medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system.

We inspected medication storage and administration procedures in the home. We found that medicine trolleys and storage cupboards were secure, clean and well organised. We saw that the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator and room temperatures were checked and recorded to ensure medicines were being stored at the required temperatures.

Requires improvement

Is the service safe?

We carried out a random sample of supplied medicines dispensed in individual boxes. We found that on all occasions the stock levels of the medicines concurred with amounts recorded on the MAR sheet. We examined records of medicines no longer required and found the procedures to be robust and well managed. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Good

Is the service effective?

Our findings

Staff were able to describe clearly the needs of the people they supported and knew how these needs should be met. We saw there was a detailed induction, training and development programme in place at the service. The training matrix showed the training staff had completed and identified when updates were required. Staff had received core training in subjects such as first aid, infection control, fire safety, food hygiene, medication, moving and handling, palliative care, nutrition and hydration, equality and diversity and safeguarding. This showed staff had the appropriate skills to perform their job roles.

We looked at staff files which showed us they received regular training and support they required to carry out their roles. We saw that they received regular bi monthly supervisions and annual appraisals and this was evidenced in the staff records we reviewed. We saw that staff meetings were held six times per year. We looked at the most recent minutes and saw items for discussion were residents, training, concerns, incidents and accidents. The staff also discussed feedback from families.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager told us they had made one deprivation of liberty application to the local authority. They also told us they had prioritised one other person who they thought would need an application to be made in the near future. We looked at evidence which showed the registered manager had liaised with the local authority regarding future applications.

The Mental Capacity Act 2005 covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. We spoke with two staff about their understanding of the Mental Capacity Act 2005 and they were able to talk confidently about how it impacted on the way they cared for people. One member of staff said, "It's all about helping people to make their own decisions where possible." Another member of staff said, "If someone lacks capacity to make one decision it doesn't mean they can't make any decisions at all. It's up to us to know what people are able to decide for themselves and do our best for them when they can't."

Staff told us people had regular access to other health professionals, for example chiropodists, dentists and opticians. The care records we reviewed showed people using the service received additional support when required for meeting their care and treatment needs.

We saw that people using the service had enough to eat and drink. Throughout the morning and afternoon of our inspection we saw that hot and cold drinks were offered to people as well as at lunch time. We observed the lunch time meal being served and spoke with two people who used the service who told us, "We are all friends here; there is always someone to talk to." There was a relaxed atmosphere and the tables were set with clothes and cutlery. We saw there did not appear to be enough tables for people to sit at with each other. We saw that not everyone could get to the table due to their mobility needs so they were brought small tables which staff placed in front of them. We saw people sitting at the tables chatted to each other and the atmosphere was relaxed. We saw that staff were patient when supporting people to the table. The menu had three courses with an option for the main course. We observed some people receiving assistance from staff with their meal. The staff member sat with her throughout the course of the meal.

During lunchtime, we saw that staff were polite to people using the service and they had a good rapport with many. They were joking but in a kind way and they seemed to know the individual characters well. Staff asked people whether or not they wanted to wear a clothes protector (a kind of bib), rather than putting them on people without first asking.

We saw that some people could not leave their rooms for lunch and we saw that these received assistance from staff to eat their meal. We saw the staff member placed themselves at the level of the person and appeared to be kind and attentive to the person throughout. The staff member talked to the person whilst helping them to eat.

We spoke with one person who told us they were not happy with the food on offer at the home. They told us, "I think it's disgusting. It's always the same; roast beef always. I can't chew, I have false teeth." We asked whether the person was given a choice of softer food because of their teeth and they said "Yes, they give you (meaning everyone generally) a choice, but no, not for me." We observed staff come in at lunchtime and asked the person what they wanted for lunch. Both choices were meat based. The person told the

Good

Is the service effective?

staff member they could not chew and they were not happy with the meal choice. We spoke to the registered manager about this and they told us everyone using the service was given a choice at mealtimes whether they were on a soft diet or not. They told us they would speak to staff to ensure this issue was resolved.

Good

Is the service caring?

Our findings

During the inspection, interactions between staff (care and ancillary) were discreetly observed in several locations, and were noted to be appropriate and informal. Staff also made efforts to talk to people by bending down, or squatting on the floor to talk at the same level to people in chairs. There were no missed opportunities by staff to engage people in conversation. We saw that when personal care was taking place explanations were given, and interventions were unhurried. Staff respected privacy by knocking on people's doors before entering rooms and closing doors on toilets and bathrooms when people were in.

On the day of inspection a masseuse was visiting and was giving hand massages to people using the service, which they appeared to enjoy. Again in this situation conversation was initiated and maintained with the person throughout. We spoke with the masseuse who told us "This is one of the nicest homes I have ever worked in, it actually feels like home. Staff are genuinely kind here. It's always a pleasure to come to this home, I can't praise them enough. Even people in bed; they are always bobbing in. It's not the poshest home, but the care is really good. I get to talk to a lot of residents in their rooms where they could tell me anything in private and no-one has ever said anything negative to me."

We spoke with relatives of people using the service and asked if they thought the service was caring. One relative told us, "I'm so glad Mum is here. The staff are friendly and approachable. I lost my Dad and they are empathetic; they really care. They give emotionally as well as physically. Staff even watch a film with Mum; they really understand her."

We observed that all service users appeared to be appropriately dressed and groomed. Throughout our inspection we observed people being treated with dignity and respect. It was clear from our observations that staff knew people well and people who used the service responded positively to staff.

When we looked around the home we saw people's bedrooms had been personalised and contained items such as family photographs and ornaments. We saw people looked well dressed and cared for. For example, people were wearing jewellery and had their hair combed. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

We looked at the care records of three people and found evidence to show the involvement of the person concerned. We saw that where documents required signing by the person this had been done. People we spoke with told us they knew they had records which the home kept about their care and two had been involved in developing care plans, the third person's care records stated they did not want to be involved. We spoke with people's relatives and asked if they felt they were involved in their relative's care. One relative told us, "I get involved a lot, I always have done. They are very responsive, they sort problems out and they leave no stone unturned. They are open and they listen to me." This meant that people, or where appropriate their relatives, had been involved in their care planning.

Good

Is the service responsive?

Our findings

People told us they felt they had choices in how they spent their day at the home. We spoke with one person who said, "I can choose when I want to go to bed and when I get up. I like to stay up late and get up at 6am. Me and a pal who lives here, we like to watch TV together." Another person told us, "I come and go as I please. I'm a member of a couple of clubs and I go to them as regular as I always did." Another person told us, "We get things regularly, usually one a week; a singer, an entertainer. Quite a few come. A lady's daughter comes and plays the guitar for us when she comes up (from the south)." Another person told us, "Yes, I go to bed when I want to. I stay up later with (another group of residents) and we have a glass of sherry. We can have anything we like."

We saw there was a programme of activities in place for people using the service. These included visits from entertainers and therapists to provide activities. The registered manager told us the home provided 10 hours of activities for people in the afternoon. This was facilitated by care staff who worked at the home. Discussion with staff suggested that more hours could be allocated to this role, over 7 days per week. It was also suggested, that is should be a specific role, and not a variation of a care assistant role in the afternoons. We observed activities taking place during the inspection. We saw there was an organised colouring activity in the dining/communal area and several people were sat around a table and taking part. This showed the service was meeting people's social needs.

We looked at the care records of three people. We saw people had their needs assessed before they moved into the home. This ensured the home considered how they were able to meet the needs of people they were planning to admit to the home.

We saw each of the care records contained a range of assessments and support plans which included daily living, personal care, night time support, communication, health/ medical, medication and eating and drinking. All the assessments and care plans reviewed were personalised and first person specific, for example, 'I am able to express my choices' 'I am able to give choice, and communicate my needs' 'I get muddled at times' 'I get confused when I am tired.' All of the care plans we looked at were written in a person centred way which provided staff with clear guidance on how to meet the person's needs. For example, 'I need two carers to help me use the toilet. I also need two staff when I get a bath. I can be left alone in the bath but I need help with drying my back when I'm out.' This showed people's care planning was individually tailored to meet their needs.

We saw each of the care records we looked at contained life history documents. These were for the purpose of gathering information about the person and their life before they moved into the home. A life history document enables staff to understand and have insight into a person's background and experiences. We saw these had been fully completed in all three care records. This helped care staff to know what was important to the people they cared for.

We looked at the way the home responded to concerns and complaints. We found the service had an up to date complaints policy and procedure in place which gave clear timescales for dealing with complaints We looked at the complaints folder and saw the home had received one complaint in the last 12 months. We saw the registered manager had responded to this in line with the provider's complaint policy and resolved the issue for the complainant to their satisfaction. This showed the complaints people made were responded to appropriately.

Requires improvement

Is the service well-led?

Our findings

The home had a registered manager. We spoke with staff about the management of the home. Staff said they felt supported by the registered manager. All of the staff we spoke with told us they thought the registered manager was approachable. One staff member said, "The manager here is very good. She has a good understanding of people's needs and she's very approachable. No complaints from me, I've worked here a long time and I would say it's a good place to live and work. Another staff member said, "I love working here, but we are getting busy now."

Staff told us there was regular staff meetings held at the home which gave them the opportunity to give their opinions and feedback on the service. We saw minutes which showed bimonthly meetings had been held with all staff working at the home. This showed staff was appropriately supported in relation to their caring responsibilities and was regularly updated about any changes in the service.

We saw there were systems in place to enable people living at the home to comment on the service provision. We saw that regular residents meetings were held every two months at the home. We looked at the minutes of the most recent meeting which showed a good level of attendance by people using the service. The registered manager told us they experienced a good level of attendance from people's relatives. This showed that people's views and opinions were taken into account in the way the service was provided.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a monthly basis by the registered manager. This included audits of accidents, falls, bed rail usage, complaints monitoring, pressure sore, weight loss action plan, medication, infection control, catering, care plans, satisfaction surveys, CQC/safeguarding notifications and the dependency tool. This was then checked by the provider when the regional manager carried out a monthly visit to the home. We saw that where issues were identified action plans had been put in place. For example, we saw that where issues relating to redecorating and refurbishment of the environment had been highlighted on the monthly visits. We saw evidence which showed quotes were being gathered for the works to be carried out and any items of equipment needed. This included achievable timescales to ensure issues were planned to be resolved in a timely manner.

During the inspection we identified a number of concerns in relation to the cleanliness of the environment and information within care records. These failings had not been identified through the system of quality assurance. This meant the system was not robust.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment 15.—(1) All premises and equipment used by the service provider must be— (a) clean, (c) suitable for the purpose for which they are being used, (e) properly maintained