

Halton Borough Council

St Lukes Care Home

Inspection report

Palacefields Avenue
Palacefields
Runcorn
Cheshire
WA7 2SU

Tel: 01928791552

Date of inspection visit:
10 May 2023
12 June 2023

Date of publication:
07 August 2023

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 Lukes Care Home provides accommodation and nursing/personal care to up to 56 older people across 4 units; some of whom were living with dementia. There were 42 people living in the home at the time of our inspection.

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

Risks to people's health, safety and well-being had been assessed and staff mostly had access to relevant information and guidance to support people safely. However, some care plans lacked detailed and person-centred information about people's identified risks and needs. Some charts used to monitor people's identified risks and needs, such as food and drink and hygiene charts, had not been completed consistently and some lacked detailed information to evidence the support people received.

Whilst quality assurance systems were in place, they had not always been effective at identifying issues and driving improvements to the overall quality and safety of the service.

We received mixed feedback about the staffing levels within the home. People and family members told us staff were often rushed, and that at times there were not enough staff available to support with tasks such as meals in a timely manner. We have made a recommendation regarding staffing levels.

Medicines were managed safely. People told us staff gave them their medicines when needed and family members told us they were kept informed of any changes or updates to medicines. However, records relating to the administration of topical creams, fluid thickeners and medicines used to reduce anxiety had not always been completed accurately. We have made a recommendation regarding this.

Accident, incidents and safeguarding concerns were recorded and acted upon appropriately by staff. Records showed that where needed, appropriate referrals were completed to health and social care professionals. However, we identified a lack of managerial and provider oversight of accidents and incidents. This meant there could be missed opportunities to learn from incidents and prevent them occurring in the future.

People told us they felt safe living at St Lukes and all family members we spoke with told us they were confident their relatives were safe and well looked after. One family member said, "[Relative] is safe here. He was wandering day and night and now I can sleep peacefully. They [staff] work so hard. They are always kind and patient no matter how busy they are." Another told us, "It's absolutely brilliant, couldn't have been better. It's the care, the staff never seem to get flustered about anything, they are always on it."

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.

The new manager demonstrated a thorough understanding of their role and responsibilities and provided evidence of changes they planned to make to improve the overall quality and safety of the service. Staff and family members spoke positively about the manager; they told us the manager was approachable, supportive and not afraid to challenge issues where needed. One staff member said, "[Manager] is better equipped and prepared to guide staff in the right direction."

The overall feedback about the service and staff was positive from all people and family members we spoke with. They told us; "The atmosphere is always pleasant and staff are always so welcoming. I would recommend this home to anyone, they [staff] love [relative] and he loves them," "It's like a little family to my day in St Lukes. The staff have comforted me" and "The care workers are caring and know each person personally. They are aware of people's needs."

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

Rating at last inspection

The last rating for this service was good (published 4 February 2022).

Why we inspected

This inspection was prompted in part due to concerns received about falls management, personal hygiene and the overall quality of care people received. In addition, we received notification of an incident following which a person sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risks associated with falls. As a result we undertook a focused inspection to review the key questions of Safe and Well-led only.

The overall rating for the service has changed from good to requires improvement based on the findings from this inspection.

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.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement and recommendations

We have identified breaches in relation to records and quality assurance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Lukes 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 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

This inspection was completed by 2 inspectors, a medicines inspector, a nurse specialist advisor and 2 Experts 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 Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Lukes Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had recently been recruited and was in the process of completing their application to become registered with CQC.

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 work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 16 family members to gather their views about the service provided. We spoke with 6 care staff, 3 nurses, the manager and clinical development lead. We also spoke with the designated GP for the service.

We looked at care records for 12 people and medicine administration records for 11 people. We looked at 4 staff files in relation to recruitment and a range of other records associated with the overall management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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 to people's health, safety and well-being had been assessed and staff mostly had access to detailed information about how to support people safely. However, we identified some improvements needed to people's care plans and other records associated with risk management.
- Some care plans lacked detailed and accurate information about how to support people safely; for example 1 person's diabetes care plan lacked information about how to identify if they were experiencing a drop or increase in blood sugar or what action staff should take if they became unwell.
- Some risk assessments and care plans had not been regularly reviewed by staff to ensure the information recorded was accurate and up-to-date.
- Charts used to monitor risks and support needs associated with food and drink intake and personal hygiene were not always completed consistently or in detail to show what support people had been offered or received.

The provider had failed to ensure consistent and detailed records were maintained in relation to the monitoring and management of people's identified risks and needs. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with knew people well and were able to demonstrate what action they would take if people became unwell or were exposed to risk or avoidable harm.
- People told us, and family members confirmed, that staff knew them well and how to support them. Comments included; "My [relative] is safe. He is non-verbal but the staff know him so well. They know his needs. We have no worries about leaving him" and "[Relative] has had no bed sores even though they are bed bound."
- People and family members told us staff were quick to respond to any concerns about people's health and ensured they had access to relevant healthcare support. One person said; "There is a doctor that visits every week but if I need to see one they sort it straight away."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Whilst observations during inspection showed there were enough staff on duty to keep people safe, we have made a recommendation regarding staffing levels within the home based on some feedback we received from staff and family members.
- Staff told us they often felt rushed and unable to provide the person-centred care that people needed. One staff said, "There are usually only 3 care staff and 1 nurse on this unit. We have about 7 people that need support with their meals. It can sometimes take a while to give people their meals."
- We received mixed feedback from people and family members about the staffing levels. Comments included; "There's only 3 staff on and when 2 are attending to a person we [relatives] feel obliged to help," "If I ask for help, I can wait a long time" and "If I need help, I never wait, the staff come quickly."
- We identified through a review of care records that there were a number of people on 1 unit who were known to display behaviours that may challenge and required 2 or more staff to support them when agitated or anxious. Whilst no incidents occurred during our inspection, we could not always be certain the current staff numbers would be enough to keep them and others safe if incidents occurred.

We recommend the provider reviews systems in place to determine staffing levels to ensure enough staff are deployed to keep people safe and provide person-centred care.

- Safe recruitment processes were in place. Relevant checks were completed on new applicants to check their suitability to work for the service.

Using medicines safely

- Medicines were managed safely by staff who had received training in medicines administration and had their competency levels regularly assessed. However, we identified some improvements needed to some medicines administration records.
- Charts used to show the administration of topical creams and fluid thickeners were not always completed accurately. This meant we could not be certain they were administered in line with prescriber instructions.
- For 1 person prescribed as required medicines to help reduce anxiety, staff had not completed records accurately to show that other methods had been explored to help reduce anxiety prior to administering this medicine.

We recommend the provider reviews and improves their processes for checking medicines records to help make sure they are completed accurately.

- Medicines that were being given covertly (hidden in food or drink) were being managed safely and administered in line with pharmaceutical guidelines.
- People and family members told us medicines were managed well by staff. Comments included; "If I have any aches and pains, I am given tablets right away" and "Staff discuss [relative's] medication on a regular basis as he is on insulin and it can alter, it is well managed."

Learning lessons when things go wrong

- We were not always assured that learning was taken from accidents and incidents that occurred within the home.
- Accidents and incidents were recorded and acted upon appropriately by staff. However, there was limited managerial and provider oversight which meant there were missed opportunities to prevent them occurring again. We have reported on this further within the well-led key question of this report.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. However, improvements were needed to some records related to quality checks completed on equipment used by people; for example, mattress checks.
- We identified some chairs in communal lounges that were in poor condition and could present an infection control risk. The manager was already aware of these issues and provided evidence of an improvement plan currently in place.
- Staff had access to appropriate levels of PPE and were observed to use this in line with guidance.
- The home was clean and hygienic. One person told us, "My room is always clean. Staff are always in here giving it a good clean and tidy."
- Visits to the home were permitted in line with current visiting guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were able to demonstrate what action they would take if they had any concerns.
- Safeguarding concerns were recorded and acted upon appropriately; this included referrals to relevant health or social care professionals.
- Where appropriate, concerns were investigated by the provider and the local authority and recommendations were given to staff to help them prevent similar incidents occurring in the future.
- People told us they felt safe living at St Lukes, and family members were confident their relatives were well looked after. Comments included; "I feel safe with all the staff around and they are all excellent, couldn't be better," "I am safe and well looked after" and "They [staff] are absolutely brilliant. I don't need to worry about my dad, the carers know him, he's put on weight and we know he is safe."

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Continuous learning and improving care

- Quality assurance systems were not always effective at driving improvements to the overall quality and safety of the service.
- Audits and checks completed by managers and the provider had not identified all of the issues we found during this inspection in relation to; care records, monitoring charts, falls oversight and medicines management.
- There was limited evidence of managerial oversight of accidents and incidents since our last inspection. Whilst a system had been implemented since January 2023, there had been nothing in place prior to that. This meant there could be missed opportunities to learn from incidents and prevent them occurring again.

The provider had failed to maintain robust quality assurance systems and processes to drive continuous improvement. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager shared with us their current action plan which detailed all the areas they had identified as needing improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new manager had been appointed shortly before our inspection had commenced. They demonstrated a knowledge and understanding of their role and responsibilities and provided evidence of how they planned to improve the service.
- Staff spoke positively about the manager and how the service was run. Comments included; "[Manager] is very capable. They engage fully the needs of the people and staff and are willing to listen" and "[Manager] is firm but fair. She expects good standards but in return will go the extra mile."
- Not all family members we spoke with knew who the new manager was. However, those that did gave positive feedback. They told us; "I have spoken to [manager] several times. She is very approachable and seems very enthusiastic about getting things in order. I think if I had any concerns, she would address them as soon as possible. I have no concerns" and "It's changed [the service]. It's better managed and better staffed. Now less agency."
- All family members were confident that if they had any concerns, they could speak with staff and their issues would be addressed. One family member said, "If I had any concerns I would speak with any staff as they are all lovely."

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

- The manager was keen to promote a person-centred culture and provided examples of how they planned to do this; including improvements to people's care records to ensure they contained individualised information and guidance for staff.
- People and family members spoke positively about the service and the standard of care staff provided. Comments included; "The atmosphere is always pleasant, and we have a good laugh. I would recommend this place [St Lukes] to anyone; it's my home and I love living here" and "I love the atmosphere, it is pleasant and friendly, and I feel like part of a big family. I would recommend this home because of the staff; they are so good and go above and beyond what they need to do."
- Observations during the inspection and conversations with staff clearly evidenced that staff knew people well and had developed positive relationships. One staff member said; "I love them [people]. I love caring for them and I think we [staff team] do the best we can. The new manager is good, she seems really keen to make this place better and give them [people] the best care."

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

- Family members gave mixed feedback about the level of communication and engagement about any changes or updates regarding the service. Comments included; "They [St Lukes] used to have a chap on reception and he gave us information. But there's nobody on reception now" and "There's no family meetings, no questionnaires. But they do keep us updated over the phone".
- The new manager had recently commenced family meetings and was working on improving the level of communication to ensure all family members had access to important information about the service.
- Regular staff meetings were held to provide updates and give staff the opportunity to share their views. One staff told us, "The communication is much better now than it was. I feel I can have a say and I'm listened to."

Working in partnership with others

- The service worked with external health and social care professionals to support people to achieve good outcomes.
- Records showed evidence of staff completing referrals to external health professionals within a timely manner.
- We received positive feedback from professionals regarding the staff at St Lukes. One professional told us; "The staff are amazing. I have full confidence in them."

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 and provider demonstrated a knowledge and understanding of their duty of candour roles and responsibilities. A policy and procedure was in place for staff to access should they need it.
- The provider had correctly followed relevant guidance and regulation in relation to notifying CQC of incidents and events that occurred within the service.
- Family members told us they were always contacted by staff when incidents occurred involving their relative. One family member told us; "My [relative] had had a few falls but it's because he never sits still. They [staff] always phone me and notify me straight away."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to the monitoring and management of people's identified risks were not always completed in detail or regularly reviewed.</p> <p>Governance systems were not always effective at identifying issues and driving necessary improvements to the safety and quality of the service.</p>