

St. Luke's Oxford

St Luke's Hospital - Oxford

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Luke's Hospital is a care home. It is registered to provide personal and nursing care for up to 51 people across three separate wings, each of which has separate adapted facilities. At the time of our inspection 41 people living at the service.

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

People's care plans did not always contain accurate up to date information in relation to their medicines. Medicines management was not based on current best practice.

Risks to people were not always managed safely. The systems in place to monitor the quality of service were not always effective. Not everyone who was receiving a service had a care plan in place, care plans did not always contain up to date person centred information.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The service met the accessible information standards. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

The systems in place to monitor the quality of service were not always effective. The provider, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it. People spoke positively about the leadership team at St Luke's Hospital.

Without exception people told us they felt cared for by a staff team that were kind and considerate. People's dignity, confidentiality and privacy were respected, and their independence was promoted. Enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. The premises were clean, and staff followed infection control and prevention procedures.

People's needs were assessed, and care was delivered by staff who were knowledgeable about people's care and support needs. People were encouraged to maintain good diet and access health services when required. People had access to a wide range of activities and were supported to avoid social isolation.

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

Rating at last inspection.

Good, report published 29 December 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We identified three breaches of regulations. These were in relation to safe care and treatment, mental capacity, and good governance.

Follow up

We will request an action plan for 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 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Hospital - Oxford

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.

Inspection team:

The inspection team consisted of two inspectors and an expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

St Luke's Hospital 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:

This inspection was unannounced.

What we did before the inspection:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection we observed how staff interacted with people. We spoke with four people, four

relatives and one professional to gather their views. We looked at records, which included 10 people's care and medicines records. We checked recruitment records for four staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager, three nurses, recreational therapist and six staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. After our site visit we contacted commissioners to obtain their views about 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some care records were lacking in guidance for staff on reducing the risks associated with people's on-going health needs, pressure care and seizures. For example, three people were at risk of having seizures and were prescribed anti-seizure medication. These people did not have risk assessments or care plans in place to guide staff in the event of a seizure taking place. This is not in line with good practice and we could not be satisfied that the registered manager had not taken all necessary steps to reduce the harm associated with these people's care.
- Another person was at very high risk of falls when left unattended. The person's risk assessment stated that staff should closely monitor and carry out regular checks. However, there was no record of any checks taking place. An accident form demonstrated that the person had a further fall.

In the absence of records demonstrating that steps had been effectively implemented for this person, we could not be satisfied that all practical steps were taken to reduce the risk of falls for this person. This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded immediately during and after the inspection and took steps to address the concerns relating to people's risk assessments.

- One person was at risk of developing pressure sores. The person's risk assessment stated that the person needed 'regular rolling and monitoring of pressure areas'. This person's risk assessment did not highlight the need of pressure relieving equipment or guidance on how pressure relieving equipment should be checked to ensure that it was in good working order. We were told by staff that this person required re positioning, however there was no records in place to demonstrate that this person had been repositioned.

In the absence of accurate records, we could not be assured that the health, safety needs of this person were appropriately met. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection and took steps to address the concerns relating to poor record keeping.

Using medicines safely

- There was an absence of a recording system to ensure that medicine balances were recorded, and medicines were accounted for. In the absence of an appropriate system the service could not be certain of where medication errors had occurred, or medicines were unaccounted for.
- Two people were prescribed pain patches. However, these people's Medicine Administration Record (MAR) and care records did not give guidance or provide an accurate record of where patches had been applied to people, therefore in the absence of an effective recording system for pain patches we could not be satisfied that the appropriate rotation of patches was taking place.
- There was not a temperature recording systems in the room on floor one which was used to store medicines. We identified seven medicines for four people that required to be stored with a certain temperature. In the absence of a temperature recording system we could not be satisfied that medicines had been stored in line with the manufacturers guidance.
- One person was prescribed creams, which was not recorded in their MAR and there was no detail or guidance about this medicine in the person's care plan. Another person was using a cream which had been prescribed for another person. A third person had two creams prescribed for them, both creams were not recorded on the persons MAR. These creams had not had their opened dates recorded, so there was no way that staff could know if these creams were out of date or not. Because creams did not have open dates and the fact that people's creams were being used by others, we could not be satisfied that people were receiving creams as prescribed and in line with the manufacturer's guidance.

This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection and took steps to address the concerns relating to people's medicines. Following our inspection, the provider told us they were changing pharmacists and reviewing all aspects of their medicine administration procedures.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "Feel safe, never any unpleasantness. Nothing but good to say about the place." Another person said "'Feel safe, treat you very well. Wonderful staff, very good here".
- People were cared for by staff that knew how to raise and report safeguarding concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Staffing and recruitment

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. One person said "Definitely enough staff. Use the call bell and people come quickly".
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others. One person told us, "Its cleaned very well. Cleaners have a good chat when they are here".

- We observed staff using personal, protective clothing and equipment safely.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People were not always supported in line with the principles of the act. For example, one person's care records described a person as having limited capacity in certain decisions. Another person's care records described a person as not having capacity. However, capacity assessments had not been carried out. When we raised this with the registered manager they told us that capacity assessments were the responsibility of external healthcare professionals. This is not in line with The MCA code of practise, which highlights the responsibilities of care providers in assessing capacity.

The care and treatment of this service user was not carried out with the appropriate consent. This is a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were being deprived of their liberty, applications had been submitted to the local authority.

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff completed an induction programme when they first started work.
- Staff told us that they felt well supported. They received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements'.
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Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them using the service to ensure their needs could be met.

Assessments took account of current guidance.

- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as requiring a modified diet received their food in the correct consistency.
- We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.

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

- People were supported to eat a varied and nutritious diet. We saw that people were given a choice at lunchtime. When someone said they didn't want the offered options, they were asked what they would like, and it was provided.
- People told us they enjoyed the meals and we observed snacks were offered between meals. One person said, "Good choice. The Chef is very considerate of the individual person. The chef says put down what you like on the menu sheet". Another person said "Food good, I eat most things. Food served hot and you get a choice of three things at lunch and the same in the evening".

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

- Staff had good relationships with other professionals who had contact with the service. The registered manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.
- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Guidance and advice from healthcare professionals was incorporated into people's care plans.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.
- The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well. One person told us "'Staff very good. They are very kind people". Another person said "All positive! I find care staff to be friends".
- Staff demonstrated through talking with us that they knew people well, in particular, what was important to people.
- The diverse needs of people using the service were met. This included individual needs relating to disability, gender, ethnicity and faith. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their protected characteristics.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
- People were encouraged to be as independent as possible. A person said, "Very respectful of the choices you make. Will support you to be independent".
- We saw many complimentary cards and letters from people stating how caring the staff were. Feedback from relatives was very positive about the care they received. One relative told us "'Carers all very approachable and happy, it's a really a really good sign when they are all so happy".

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Some people we spoke with were familiar with a care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative said, "No problems, have seen the care plan and have been fully consulted, very much a two way process".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant guidance was not always available to staff to ensure people's needs were met

Meeting people's communication needs

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

- Peoples initial assessments captured people's communication and sensory difficulties.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples care records were not always personalised to ensure staff had a detailed understanding of the people they supported. For example, one person was admitted to St Luke's Hospital in June 2019, however this person did not have a care plan in place. This meant that the service did not have an up to date and accurate record of this persons care needs.

We saw no evidence that the person had been harmed. However, the persons care records did not contain enough information to enable staff to provide person centred support to this person.

This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although there were shortfalls in person centred information within care plans, staff described one example of how they had arranged for one person to visit an area where they had grown up. Staff described how this had improved the person's wellbeing.

- People had opportunities to join with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered along with external trips. We saw pictures of people enjoying activities.

- People and their relatives described how people were supported to avoid social isolation. One person told us, "We have activities most of the day. They do everything to entertain us. Not long ago we had two alpacas come in". Another person said, "I like my own company. Lots of freedom. Last night I went to the cinema in

Oxford. I go to concerts and the theatre".

Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.
- None of the people we spoke with could recall raising a complaint. A relative said, "Never had anything to complain about".

End of life care and support

- People received end of life care that was thoughtful, compassionate and respectful. For example, one person had a love for the outside, the service went to exceptional lengths to ensure the person was in this type of environment during the end of their life.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- Staff told us when needed, they would involve professionals to ensure people had a dignified and a pain free death. Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

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.

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

- The systems in place to monitor the quality of service were not always effective. For example, the concerns that we found in relation to medicines management, care records and MCA had not been identified by the registered manager or provider.

Systems were not operated effectively to ensure compliance with the regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The manager was clear about their responsibilities for reporting to the CQC. Staff were also clear about their responsibilities and the leadership structure.

- Staff were extremely positive about the skills and leadership of the provider and registered manager. A member of staff

said, "Management always happy to help. I can go to anyone and they will help. [Registered Manager] is very helpful. New matron is very positive. Has new ideas and is open to our ideas". Another member of staff said, "You can say what you want. Can go to matron anytime, always open. Will always try and resolve. Management are good".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Through our observations and speaking with staff, the registered manager, staff, nurses and provider it was clear that there was a positive culture at St Luke's Hospital.

- The manager, provider and all the staff we spoke with, demonstrated a commitment to provide a personalised service. They placed people using the service at the centre of everything they did. Several of the staff we spoke with talked about the satisfaction they gained from making a positive difference to people's lives.

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

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

- People spoke very positively about living in St Luke's Hospital. They felt that staff and people got on well together which made for a good atmosphere. People felt that managers were approachable and that there was a spirit of openness and transparency.
- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys and raise any comments via an open-door policy at any time.
- Annual surveys were given to people and their relatives to gain their feedback. The feedback seen was positive.
- Our observations and speaking with staff, the manager and provider demonstrated a commitment to providing consideration to people's protected characteristics.

Continuous learning and improving care; Working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged. The provider, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- The management team had an action plan to take forward improvements to the service. This included expanding the service, increasing people's room sizes and introducing state of the art technology to improve people's safety and quality of care.
- The service worked in partnership and collaboration with key organisations to support care provision, joined-up care and ensure service development.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent People were not always supported in line with the principles of The Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager had not taken all necessary steps to reduce the harm associated with these people's care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care records were not always up to date or complete. The systems in place to monitor the quality of service were not always effective.