

Colleycare Limited

St Lukes and The Oaks Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 13 and 14 September 2016 and was unannounced. We last inspected the service in March 2014. At that inspection we found the service was compliant with the essential standards we inspected.

St Lukes and The Oaks Care Home is a care home without nursing that provides a service to up to 78 older people, some of whom may be living with dementia. The accommodation is arranged over three units, with all rooms having ensuite toilet facilities. At the time of our inspection there were 71 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during this inspection.

People felt safe living at the service and were protected from abuse and risks relating to their care and welfare.

People were protected by recruitment processes and staff were well trained. Staff had the tools they needed to do their work and provide good quality care. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk. People's medicines were stored and administered safely.

People received effective care and support from staff who knew them well. Staff training was up to date and staff felt they received the training they needed to carry out their work safely and effectively. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans were reviewed six monthly or as changes occurred.

People received effective health care and support. They saw their GP and other health professionals when needed. Medicines were stored and handled correctly and safely. People's rights to make their own decisions, where possible, were protected. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Meals were nutritious and varied. People told us they enjoyed the meals at the service and confirmed they were given choices.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People and their relatives were aware of how to make a complaint and told us they would speak to the registered manager or one of the staff. They told us they could approach management and staff with any concerns and felt the management would listen and take action. People benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

People were protected against environmental risks to their safety. Premises risk assessments and health and safety audits were carried out and issues identified dealt with quickly. Furniture and fixtures were of good quality and well maintained. The premises were well maintained with dementia friendly adaptations.

People and their relatives and visitors felt there was a good atmosphere and thought the service provided a comfortable, calm and homely atmosphere. Staff felt the service was well-managed. They told us the management was open with them and communicated what was happening at the service and with the people living there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Robust recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met. The premises were bright and homely. The environment was dementia friendly and enabled people to find their way around the units independently where possible.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and

preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was continually reviewed and improved in response to people's changing needs.

The registered manager and staff helped people maintain relationships with those important to them.

People were able to enjoy a number of activities, based on their known likes and preferences. People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

St Lukes and The Oaks 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.

The inspection took place on 13 and 14 September 2016 and was unannounced. The inspector was assisted by an expert 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.

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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 20 people who use the service, seven of them in private, and three relatives. We spoke with the registered manager, one of the three deputy managers and six care staff. We also spoke with the chef and the maintenance person. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing activities and lunch in the dining room. As part of the inspection we requested feedback from 12 health and social care professionals and received responses from four.

We looked at six people's care plans, monitoring records and medication sheets, six staff recruitment files, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For

example, the electrical equipment safety check certificates, equipment service records, the legionella risk assessment, the fire risk assessment and the complaints and incidents records.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse. They knew what actions to take if they felt people were at risk and were aware of the local authority safeguarding procedure. Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management if they did so. Relatives said they were confident that staff understood peoples' needs and knew how to support people safely. People felt safe living at the service. One person told us, "It is so very safe, very nice." Another person said they were, "Very happy and safe."

People were protected from risks relating to their care and welfare. Care plans included in-depth risk assessments related to all areas of their care and support. Guidance to staff on risk areas within the care plans was good. Where indicated, the risk reduction measures incorporated guidance from health care professionals. For example, GPs, consultants, community nurses, tissue viability nurses, specialist nurses and the community psychiatric nurses. Health and social care professionals felt the service, and risks to individuals, were managed so that people were protected. One professional told us, "They always seek the best for their residents and do their best to protect them from abuse. To achieve this goal they have trained their staff on protecting vulnerable adults."

People were protected against environmental risks to their safety and welfare. Staff monitored general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. Appropriate measures were in place regarding infection control. The provider monitored other risks and we saw an up to date portable electrical equipment safety test log, fire risk assessment and legionella risk assessment. Other household equipment and furniture was seen to be in good condition and well maintained. Emergency plans were in place, for example, evacuation plans in case of emergencies.

There were sufficient numbers of staff deployed to ensure people's needs were met. Care staffing levels at the time of our inspection were two team leaders or seniors and 11 care assistants during the 8am to 2pm shift and two team leaders or seniors plus eight care assistants from 2pm to 8pm. The registered manager explained that additional staff would be rostered depending on the needs of people living at the service. Overnight there were six care staff on duty, with a member of the management team on call if needed. Staff we spoke with said there were usually enough staff for them to do their job safely and efficiently.

People and their relatives told us there were enough staff around to support them safely. They told us staff generally arrived quickly if they used their call bells but went on to say that they did experience the occasional wait during busy times. One person told us staff came, "as soon as they can, sometimes have a bit of a wait." Another person commented, "You get attention when you want it." and another said, "There is usually somebody about when you need them. There is always someone here."

During our observations in the dining rooms at lunchtime there were ample staff available to assist people eating their meal, where needed. Care staff were cheerful and supportive and demonstrated good caring attitudes as they went about their work. Call bells were answered quickly and staff had time to sit and chat

with people as well as providing their care.

Accidents and incidents were reported to and investigated by the registered manager. Records were clear and included actions taken to reduce the risk of recurrence. The registered manager had recently been working with the local falls team in a bid to reduce the amount of falls people at the service had. As part of this project two members of staff had been named 'fall's champions' and had attended specially designed falls prevention training. An audit was carried out on the number of falls from January to March 2016, before the new training and preventative measures were put in place. A second audit showed the measures were having a positive effect, with the amount of falls from April to June 2016 reducing by 36%. The registered manager told us the work was ongoing with plans to introduce the Care Home Support team's falls care planning paperwork and risk assessments where applicable.

People were protected by robust recruitment processes. Staff files included the recruitment information required in the regulations. For example, full employment histories, proof of identity, criminal record checks, and evidence of their conduct in previous employments. This ensured, as far as possible, that people were protected from staff, who were not suitable, being employed.

People's medicines were stored and administered safely. Training records showed that only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right dosage of the right drug at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. We saw good interaction between staff and people living at the service. Staff were alert and ready to help if people needed support. If a person became restless, irritated with another resident or upset, staff spoke to them calmly and used distraction techniques successfully to diffuse the situation. People told us staff knew what they were doing when they provided support. One person said they thought the staff knew what they were doing and added, "The staff are skilled, caring and friendly." Relatives felt the staff had the training and skills they needed when looking after their family members. One relative told us, "Staff are brilliant, very skilled." Health and social care professionals felt the service provided effective care from staff who had the knowledge and skills they needed to carry out their role. One professional told us, "The care provided is person centred and staff consider individual's needs, preferences etc."

New staff were provided with induction training which followed the Skills for Care care certificate. Ongoing staff training was overseen by the registered manager. The provider had a number of mandatory training topics that staff had to have updated on a regular basis. For example, training in fire safety, moving and handling, first aid, food hygiene and safeguarding adults training. Other mandatory training included health and safety and infection control. Additional training was provided relating to the specific needs of the people living at the service. For example, training in dementia care. Training records showed staff were up to date with their training. Dates were booked for staff who were due their refresher training. The registered manager had arranged a visit to the service of the mobile Virtual Dementia Tour (VDT) and staff had been able to take part in the experiential training. The VDT is a sensitivity training program, designed to give individuals, staff and organisations a greater understanding of what it is like to live with dementia. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service. All staff mentioned how useful the VDT training had been and how it had helped them when working with people at the service who were living with dementia.

Staff were supported to gain additional qualifications to help them deliver care to a high standard. Some care staff had National Vocational Qualifications (NVQ), or equivalent, in care. Of the 53 care staff, 21 held an NVQ level 2 and 13 held an NVQ level 3. A further 17 care staff were enrolled on NVQ, or equivalent, courses in care. The provider also had a "Management Development Pathway" scheme for staff wishing to develop their career within the organisation and become managers.

People benefitted from staff who were well supervised. Staff told us one to one meetings (supervision) took place with their line manager. In those meetings staff were able to discuss their work, training and other issues relevant to their work. The company policy was for those meetings to take place six times a year. The registered manager told us the meetings had fallen behind due to senior staff changes but that all staff had been scheduled a supervision meeting within the next few weeks. Staff told us they were always able to speak with the registered manager or one of the deputy or assistant managers, if they had something they needed to discuss. Records showed all staff had yearly performance appraisals of their work carried out with their manager.

People told us staff asked their consent to the care and treatment they received. One person told us, "They always ask." During our inspection we saw staff asking consent from people before offering any help or support. People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the staff were working within the MCA and the requirements of the DoLS were being met. The registered manager had made appropriate DoLS applications to people's funding authorities (the supervisory body) as and when necessary to ensure people were not being deprived of their liberty unlawfully.

The environment at the service was suitable for the people living there. Wide doorways, level floors and strategically placed lifts supported people who used wheelchairs and walking aids to move around independently in a safe environment. The garden areas had level pathways and was designed to enable people to move freely and safely. The premises were dementia friendly. Adaptations and surroundings had been adapted in the three units dependant on the level of dementia people had. Pictorial signage on bathroom/toilet areas and clearly named room doors helped people to find their way around independently.

Throughout the buildings there was natural daylight in all areas, aiding people to orient to the time of day or night. Various aids and adaptations were present to enable people to mobilise safely and independently where possible. For example, corridors were wide, flooring was non-slip and not overly patterned. Handrails were along each corridor, in a contrasting colour to the walls so they could be easily identified. There were numerous small seating areas along the corridors so people could stop and rest or watch what was happening. We saw many occasions where people were sitting chatting together, or stopped to chat to someone on their way past. There were points of interest around the service, for example photographs, art works and paintings. Around the unit for people living with higher levels of dementia there were small areas where people could be engaged in a meaningful way. For example one area had a 1950's dressing table with associated items on it. Another area had a number of hats on the wall that people could try on and wear. The registered manager told us this was an ongoing area of improvement. In order to add to people's variety of experiences on this unit, the registered manager was hoping to set up some period shops in the courtyard.

People were able to choose their meals from menus provided the day before. In addition, staff verified with people they still wanted what had been chosen when serving the meals. Where people were not able to understand the choices or were unclear, staff showed them the meals so they could choose what they wanted at the time. We saw some people had meals that were not on the menus. People told us they could always have something different if they wanted. They said there were always alternatives available on the day if people did not want what had been planned. People we spoke with at lunchtime told us they were enjoying their meals. The atmosphere in the dining rooms was cheerful with people chatting as they ate. Staff were available to provide assistance quietly and respectfully where needed.

People were weighed monthly. Staff made referrals to the GP where there was a concern that someone was losing weight, or were putting on too much weight. Where nutrition was a concern, food and fluid intake was recorded and the care plans showed staff were working with dietitians and speech and language therapists where indicated.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. The service also worked closely with the local community mental health team. Health and social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional told us, "The staff are very responsive to health needs and provide comprehensive handovers to us when we visit residents. They listen to our recommendations and act upon them."

Is the service caring?

Our findings

People were treated with care and kindness. People told us that the service was a caring place because the majority of staff understood individuals' needs and were friendly and supportive.

Relatives and people told us they had good care. People said they knew their care staff and that made them feel secure. People confirmed staff were caring, knew how they liked things done and did them that way. Comments made by people when asked if staff were caring included, "They are very thoughtful and caring. They know me well.", "They are caring kind people. Very friendly from the word go." and "Nice happy bunch. They are very good carers, part of the family. We are well looked after."

During our inspection the atmosphere at the service was calm and happy and the care staff were chatting and laughing with people. We saw staff were skilled in communicating with people, always using the person's known preferred way of communicating. Health and social care professionals thought the service was successful in developing positive caring relationships with people living at the service. Comments received from professionals included, "The staff appear to have good relationships with the residents in their care. They know individual's likes and dislikes and are prepared to be flexible in their approach to meet people's needs.", "I have had most experience in the Oaks, which is a dementia unit. There is always a good atmosphere and staff in general are cheerful in their approach." and "They are committed to a holistic approach to care with a strong sense of establishing a good rapport with the residents and their relatives, not forgetting the other care providers."

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were aware of people's abilities and their care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and support people's independence. People told us they were encouraged to be independent. One person was an artist and had been given space in the activities room to carry out their interests. They had also been able to share their interest with other people living at the service and often ran a small art group for them. People were involved in the day to day life of the service and information was available so people knew what was happening. The notice board contained information for the day. For example, the day of the week and date as well as what activities had been planned. People were also supported with their spiritual needs. There were regular communion services, a bible study group and visiting ministers/lay preachers. Where they wished to, people were able to attend the church of their choice.

People's wellbeing was protected and interactions observed between staff and people living at the service were respectful and friendly. When asked if the staff treated them with respect and preserved their dignity, people confirmed they did. One person added, "They speak to me nicely and listen to what I say." Health and social care professionals felt the service promoted and respected people's privacy and dignity. One professional added, "The staff always treat people with dignity, respect and maintain confidentiality at all times."

People's right to confidentiality was protected. All personal records were kept securely. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected

people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Care was planned and delivered in a person-centred way. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment of needs. There was clear evidence in the care plans of pre-admission assessments, carried out by senior staff, to ensure the service could meet the person's needs. The care plans showed that people, their relatives and health and social care professionals had been involved in the assessment process prior to a person moving to the service.

The care plans showed people were involved and consulted in their ongoing care and treatment and the six monthly and other reviews that took place. External health care professionals were involved as needed and their involvement fully documented. People's needs, wants and wishes were recorded and appropriate activities were in place, including cultural, religious and spiritual support as required.

People said there was enough to do and they enjoyed participating in a range of activities. The activity coordinator was on leave at the time of our inspection and staff were supporting the programme of events. The internal activity programme was supported by outside singers, entertainers and dancers. A relative regularly brought in a pet therapy dog. During our inspection people were occupied with activities that were meaningful to them. Some people were sitting chatting, others were walking and engaging with items of interest along their route. Other activities taking place during our inspection included: card games, a quiz, drawing, painting and chair football. The service had a bar which opened in the late morning. People were in the bar and some were dancing to the music that was playing with other people or staff, others were laughing and chatting. Trips were organised and we saw photographs of people out on trips and enjoying what they were doing. The service had access to a vehicle when needed.

Equipment was in place, serviced and well maintained to meet specialist needs. The daily reporting information from all staff was up to date and reflected the care given. Health and social care professionals felt the service provided personalised care that was responsive to people's needs. One professional told us, "The staff are quick to spot changes in a resident's wellbeing which may indicate an issue that could lead to hospital admission. They promptly refer to my service and we are able to visit to assess in a timely manner to prevent an admission to hospital." Other comments included, "The approach is personalised and the home provides activities and items that meet an individual's needs." and, "Their care plans are tailored to their individual problems and their care needs."

People knew what to do and who they would talk to if they had any concerns. Relatives we spoke with knew what to do if they had concerns and were sure they would be listened to and taken seriously if the situation arose. Comments received from people included, "I would speak to any of the carers.", "I am happy, they do everything well so no concerns." and, "You feel you could ask anyone if you were having problems."

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

People benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work. Staff told us they enjoyed working at the service. People felt staff were happy and that they got on well with each other. One person said, "They seem happy, never miserable. They get on well with each other." Another person said, "Happy staff, they are always happy with us anyway." Relatives felt there was a good atmosphere at the service. One relative told us, "There is a really good vibe. We can come in at any time." Another relative said, "There is a nice pleasant atmosphere. All staff say hello."

Staff told us managers were open with them and with the people living there and communicated what was happening at the service. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff told us they got on well together and that management worked with them as a team. Comments received from staff were positive and included, "I love my job. There is good team work and a nice atmosphere." and "It's a beautiful place, like one big family."

Various meetings were held in order to share information and enable people who use the service, their relatives and staff to be involved in what happened at the service. Those meetings included: monthly residents and relatives meetings, weekly senior meetings, weekly managers meetings, three monthly staff meetings and daily handover meetings. We sampled the minutes and saw the meetings were well documented and included actions to be taken.

The provider had a number of quality assurance and health and safety audits in place. The on-site maintenance person dealt with those related to the premises, utilities and equipment. The registered manager, deputy managers and team leaders monitored care plans and related documentation. The registered manager and deputies also oversaw staff supervision and annual staff appraisals and staff training. The managers carried out monthly observational audits of staff providing personal care such as helping people eat, brushing teeth, helping people get up and go to bed. This was so the service could be sure people were continuing to receive care of a high standard. Food safety and kitchen checks were carried out by the chef and kitchen staff. The service was awarded a food hygiene rating of 5 (very good) by Reading Borough Council on 3 June 2016.

Health and social care professionals said the service demonstrated good management and leadership and worked in partnership with other agencies. Comments received from professionals included, "They work well with the community mental health team.", "They work well with other care providers like myself.", "The leadership and management of the home are skilled and well informed. They communicate well with the staff, residents, relatives, the front line care givers and the rest of the team. The quality of care at the home is

fantastic.", "The manager is always receptive to suggestions and welcomes our service to the home." and, "The residents in this home appear to be well cared for in an atmosphere that is cheerful and safe."