

# SLH Ventures Limited St Luke's Care

## 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	

### Overall summary

We carried out this announced 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

St Luke's Care provides domiciliary care services to adults of all ages within the Plymouth and South West Devon

area. St Luke's Care provides a home care service to meet people's needs including physical disability, sensory impairments and mental health needs including people living with dementia. St Luke's Care's aim is to promote independence and maintain people's quality of life. St Luke's Care is part of a trading company established by St Luke's hospice and is therefore governed by a board of directors of St Luke's Ventures Ltd.

St Luke's Care provides domiciliary care for 16 people at present and has a registered manager in place. A

# Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

On the day of the inspection staff within the office were relaxed and there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly and records were clear, easy to follow and comprehensive.

People who used the service all spoke positively about the service they received, one person said “I sometimes think I don’t deserve how nice my carers are, if I could find a fault I would but I can’t.” Another stated: “I have been with a few care agencies around this area and St Luke’s is top of the tree, I feel very fortunate.”

People had their mental health and physical needs monitored. New care records had been designed and were in place. These were person centred and sought to give people who used the service a voice. Records were regularly reviewed to help the service respond quickly to people’s change in needs.

Staff described the management to be very open, supportive and approachable. Staff talked about their jobs in a strong positive manner. Comments included: “You can say anything you want to the management and

be confident they will address it.”; “I get praised a lot and told how well I’m doing.”; “If I ever had to leave my job I would be very sad, I’m very proud to work for this company.” and “It’s amazing, I love it here, I have never worked in a place like it.”

New staff received a comprehensive induction programme. There were sufficient staff to meet needs and there was an emphasis on training to make sure their staff had the correct skills to carry out their roles effectively and efficiently.

All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated and the registered manager confirmed this. Staff and people who use the service all told us they felt safe whilst care was being delivered.

There were effective quality assurance systems in place. St Luke’s Care encouraged feedback from people, those who acted on their behalf and staff. A care satisfaction survey is conducted six monthly. This is used to help make improvements and ensure positive progress is made in the service they provide.

# 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?

The service was safe. There were enough skilled and experienced staff to support people.

Staff had a good understanding of the Mental Capacity Act 2005, which had been followed in practice.

Staff we spoke with had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs.

Staff had the knowledge and the skills to carry out their role effectively.

People were advised to contact health and social care professionals when needed, to make sure they received appropriate care and treatment.

Good



### Is the service caring?

The service was caring. People were supported by kind staff who respected their dignity and maintained their privacy.

Staff knew people well and positive relationships had been formed.

People were involved in decisions about their care and support.

People were involved in how they wished their needs to be met and were empowered to make decisions about their care.

Good



### Is the service responsive?

The service was responsive. Care was personalised and met people's needs

People knew how to make complaints and raise concerns. Complaints were taken seriously and thorough investigations took place.

Good



### Is the service well-led?

The service was well led by a clearly structured management team.

Staff were motivated and inspired to develop and drive improvement of the service.

Quality assurance systems drove improvements and raised standards of care.

Good



# St Luke's Care

## Detailed findings

### Background to this inspection

The inspection was carried out by one inspector. We visited the service's office on 16 July 2014 and contacted five people who used the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider and contained some key information about the service. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. At our last inspection in February 2014 we did not identify any concerns.

During the inspection we spoke with five people who used the service, three relatives, the registered manager and six members of staff, which included two team leaders. We also contacted one social worker and one district nurse who had supported people who used the service.

We looked at records which related to people's individual care needs, this comprised of seven office held files and three files brought in from people's homes. We reviewed three staff files and looked at the policies and procedures associated with the running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the MCA was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People told us: “No question, they really keep me safe.”; “The carers make me feel safe, they are all so lovely.” and “It frightened me when I knew I needed care, but with the care I get, I haven’t had a minutes worry.” One relative said: “I feel my wife is safe in their care and that comforts me.” Another stated “I used to visit my Mum every day because I was so worried. I now have so much faith in the carers and I know my Mum is safe, I can stay away for a couple of days and feel at ease.”

Staff demonstrated a good knowledge of being able to recognise signs of potential abuse, confirmed they had received safeguarding training and fully explained the process to follow if they had concerns. Staff felt confident that any concerns raised would be fully investigated. One staff member said: “There was one incident that was reported and I was fully supported throughout the investigation, the support from the management was brilliant.”

The registered manager had carried out a thorough investigation in response to an allegation of abuse. The local authority safeguarding team had been informed, interviews with staff had been conducted promptly, learning from mistakes had been evidenced and a full written report produced with action points attached to ensure people were protected. Actions noted had been fully delivered. The CQC had not initially been informed of this incident, but had been made aware of the allegation through the PIR we received. This demonstrated the service had an open approach, took allegations seriously and was proactive in maintaining people’s safety.

There were enough skilled and competent staff to ensure the safety of people who used the service. The provider had a system in place to enable them to respond to unforeseen circumstances. The two team leaders were not included on the staffing rota, which provided flexibility and enabled them to cover any absence that arose. The registered manager confirmed that the service would not be supporting any new people until the end of August 2014 when holiday leave had been taken and new staff had been recruited and fully inducted. This would ensure people’s needs could be met. One staff member told us: “We have

the right amount of experienced staff to meet people’s needs.” One relative said: “All staff I have met are competent in their role.” Another stated: “The carers are all good at their job, I would recommend them to anyone.”

Staff recruitment records showed that appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed that these checks had been applied for and obtained before they started work. One staff member commented, “I am still waiting for my DBS check to come back, so I am not currently able to support people.” This showed the service had a robust system in place to keep people safe by only recruiting staff that were of good character, fit and suitable for their role.

Before St Luke’s Care provided support to people, a comprehensive initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working, This helped to ensure staff were protected. For example, environmental risk assessments indicated where risk could occur. One highlighted the benefit of moving a phone closer to where a person sat, in order to minimise the risk of them falling. The matter was discussed by all parties and a signed agreement was given before the phone was located to a safer place. This ensured the person was involved in any decisions they made about any risks they took and enabled them to maintain their freedom, choice and control.

Daily notes showed how a risk assessment was carried out by care staff on a daily basis. For example, one person needed oxygen throughout most of 24 hour period. Care staff discussed with the person whether a shower, or strip wash would be the best form of having their needs met based on their health needs and levels of oxygen required at that precise time. The person told us “The carers assess how my breathing is, they ask me how I feel and discuss how I would like my needs met, they do everything I ask.” This demonstrated people were kept safe by appropriate decisions being made about people’s individual needs.

Initial care assessments were carried out following referral to the service, these captured people’s consent to care and treatment, looked at the issue of capacity and identified people’s choice over how they would like their care to be delivered. This was regularly reviewed. Where people were unable to consent, this was appropriately recorded and the service followed the requirements of the Mental

## Is the service safe?

Capacity Act 2005 (MCA). As a result family, friends and health and social care professionals were involved as necessary. Staff showed a good understanding of this and gave examples of how they ensured they sought consent when delivering care. Comments included: "I always ask for

people's consent, always."; "I talk people through the care I am going to provide and ask them if that is ok." and "I make sure people are involved in all the decisions about the care they receive, that is so important."

# Is the service effective?

## Our findings

People commented: “All the carers are excellent, well trained and very capable.”; “The carers really know their stuff and are skilled at what they do.” and “I was a nurse for several years, no question the carers are good at their jobs.” One relative said: “The carers are so knowledgeable, communication is great and the support they gave me really helped me at a difficult time.” All the staff said they received excellent support, comments included: “There isn’t one member of the management team you can’t go to at any time, the support is really good.”; “Management is great so supportive and I feel so motivated.” and “I’ve never known management like it, you can go to them with anything and the support you get is amazing.”

The registered manager talked to us about the recently implemented new induction course and the on going commitment to training. The staff training record showed all staff were up to date with their mandatory training and staff confirmed this fact. One staff member said: “I am up to date with all my training such as, Mental Capacity Act, safeguarding, vulnerable adults training, they (the service) make sure of that, and I feel confident in my caring role as a result.” Another stated, “The induction was great, I felt it enabled me to give the best care in the safest possible way.”

Support and resources were available to enable and empower staff to develop. For example, one staff member felt they had limited knowledge in dementia care, they requested additional training and was granted it immediately. The staff member said: “I felt my knowledge was lacking, I asked for training and I got it, no questions asked.” This showed staff were promoted to drive their own continuous improvement and were supported to do so.

Care records showed health and social care professional advice had been obtained about specific guidance on the delivery of certain aspects of care. For example, staff sought

advice and liaised with a stoma nurse around how best to deal with a person’s stoma care. A district nurse had been contacted when a continence issue arose and a social worker was asked to be involved in a best interest decision. MCA states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person’s behalf must do this in the person’s best interests. A district nurse confirmed advice was often requested from the agency, their recommendations were acted upon, communication was good and instructions were closely followed and managed well. A social worker felt the agency followed the agreed plan and reviewed it as necessary and would not hesitate to use the service again..

Staff we spoke with all knew the importance of people having sufficient amounts to eat and drink. Staff comments included: “I never make assumptions just because I know what people always have, I still always ask and give people choice.”; “I know how important having the right food can be, particularly with somebody who has something like diabetes.” and “Somebody’s diet is really important, it can make such a difference in maintaining their health.” Care records highlighted where risks with eating and drinking could occur. For example, one person had been identified as being at risk of choking and specialist advice had been obtained and followed. This showed the service helped to support people with their nutritional needs.

Records showed how staff either made a referral or advised people who used the service to seek relevant healthcare services when changes to health or wellbeing had been identified. For example, communication sheets evidenced where GP’s had been contacted when people had expressed feelings of being unwell or a change in a person’s physical appearance had been noticed. For example swelling to people’s legs. This meant the service supported people to maintain good health and get the additional support they needed when required.

# Is the service caring?

## Our findings

People told us: “I can’t speak too highly of them (the carers), they are all so kind and caring.”; “The carers are all very caring, marvellous, I couldn’t wish for better.” and “My carers go over the top with their kindness, nothing is too much trouble for them.” One relative said: “Carers are just genuinely caring, it’s what you want from an agency, really pleased.”

The service supported people to express their views and actively involved people in decisions about their care. People told us: “The carers ask me what I want and what my needs are and they do everything I ask.”; “I’m involved in my day to day care, I helped write my care plan and that’s how I want it.” and “The carers and everyone involved in the agency ask my thoughts, they have from the very beginning, It’s always been about what I want.” One relative told us, “they (the carers) respected my Mum’s wishes about wanting to have a shower, they listened, got the time of the visit increased so her choice was realised.”

St Luke’s care provided a communication book in each person’s home to empower them to express their views. Comments made by people included how they would like their care to be delivered. For example, one person requested staff to wear casual dress and not a uniform when providing enabling visits within the community. This was actioned and recorded in the file. Staff confirmed they always wore casual dress when supporting this person in the community. The person told us, “The carers are very respectful of what I ask, they are obliging and wonderful, they help with anything.” This showed arrangements are in place to involve people where they are able to, in planning their own care.

Spot checks, supervision and team meetings were used by the service to ensure staff understood the importance of caring for people within their day to day role. Staff expressed the importance of respecting people’s privacy and maintaining people’s dignity. Comments included: “When I support people with very personal care, I always talk with them, ask them if they are comfortable and try to let them be as independent as possible with their personal areas as I turn my head.”, “I close doors, curtains, place towels over private areas, I do everything I can to respect a person’s privacy and dignity.” and “I complete spot checks on staff and across the board staff are respecting people’s privacy and treating them with dignity.” People told us: “The carers respect my dignity and make me feel at ease.” and “I don’t get embarrassed at all, the carers make me feel comfortable, it’s not nice losing your independence but they make me feel good.” One relative stated: “The main thing for me is how they respect my wife’s dignity, they deal with very intimate areas and my wife is very comfortable and happy with this.” This demonstrated the service and staff understood and promoted respectful and compassionate behaviour.

The service obtained feedback from people who used the service so they could make sure staff were adhering to their policies around respecting people’s dignity and maintaining people’s privacy. A satisfaction survey carried out by St Luke’s Care between April and May 2014, showed that out of the nine questionnaires returned, all nine stated they either agreed or strongly agreed that they had been treated with dignity and respect.



# Is the service responsive?

## Our findings

People and where necessary those acting on their behalf told us they were fully involved in making the decisions about their support. Comments included: “I’m really involved in my care, which I like, I feel like I get the care I want.”, “I am always involved in my care planning, I’m really happy” and “We all sat down, my wife, the carers and discussed how I would like to be cared for and how my needs could be best met, the way I wanted them met.” Staff told us, “We take a very personal approach to care, we take time to talk to people, really find out what the individual wants and needs from us.” “We give people choice and control over the care they receive, that is so important.” And “Initial care assessments and reviews are person centred and conducted face to face or over the phone if that is their preference. They also involve whoever the individual wants to be present.” This showed the service had systems in place to enable people to contribute to the assessment and planning of their care.

Care records captured details of people’s likes, dislikes, interests and hobbies. They also contained details of people that were important to them and social activities they would like to partake in, such as going to church or shopping. This provided staff with important information about individual’s preferences and enabled staff to encourage and support people more effectively. Staff were very clear about the person being at the heart of the service they provided, with choice, control and independence to be promoted at all times. Staff commented: “I get to know people, it’s a two way conversation process, we have time to listen to people.” and “Knowing what people like helps me suggest things to do and offer choice of what people may wish to do.” This showed the service focused on a person’s whole life when planning care.

All staff had a good knowledge of the people they cared for. They were able to tell us about people’s histories, interests and goals and how they supported them to try and accomplish them. For example, one person’s record stated they would like to keep their independence as much as possible and regain the use of their arm. Daily notes evidenced where staff had promoted independence and encouraged exercises to improve muscle strength. Care staff we talked to smiled as they explained the progress the person had made. The relative of the person told us: “They are all so good, one carer even helps with the exercises in

their own time, the care they provide has helped my husband gain more independence, we may not even need them soon.” and “My husband has improved so much and has developed a good relationship with the carers.”

Staff listened and responded to people’s needs and reviewed arrangements accordingly. For example, on review of someone’s care needs, it was noted the length of visit was not long enough to meet one person preference in how they wished to have their care delivered. A staff member liaised with the family at the individual’s request, noted their comments and informed the management team. The local authority was contacted, discussions took place and the time allocated was increased. This meant the person was given control and was able to maintain the quality of the life they desired. The relative of the person commented: “St Luke’s were so supportive in responding to my Mum’s needs and speaking with social services, they listen and take time to hear what you say.”

Care records held in people’s homes contained details of how to raise concerns and complaints. The complaints policy had been updated by the registered manager in January 2014. People or their relatives all knew how to make a complaint or raise a concern, comments included: “I’ve never had to make a complaint, but if there was something, I would know how to.”; “I would call the office to complain, but I don’t have a reason to, you can’t complain about things that are marvellous.” One relative said, “If I wasn’t happy I would be the first to complain, but I am happy, my wife is happy and that’s what’s important.”

We checked the complaints record held in the office. This contained one complaint. We discussed the complaint with the registered manager. The complaint had been responded to in time and thoroughly investigated in line with St Luke’s Care’s own policy. Appropriate action had been taken and the outcome had been recorded and fed back. The service demonstrated how it used complaints to proactively learn from them and adapt the way they deliver care, treatment and support too people.

The registered manager took account of incidents and accidents to influence practice and ensure people’s needs were met. For example, the incident log highlighted where some missed visits had taken place. The registered manager investigated this thoroughly, why it had occurred and the impact on the people who used the service. A new scheduling system had been purchased and installed since June 2014 to address and action the outcome of the

## Is the service responsive?

investigation, prevent missed visits and ensure people's safety. It was evidenced at the time of the inspection no further incidents of missed visits had occurred. This demonstrated how learning from incidents occurred and quality of care had been protected as a result.

The satisfaction survey sent to people who used the service and people acting on their behalf recorded that, 100% of surveys returned either agreed or strongly agreed, that their views and wishes were taken into account and they knew who to contact to raise a concern or make a complaint.

# Is the service well-led?

## Our findings

There were clear lines of responsibility and accountability within the management structure. The registered manager and team leaders had an active part in the running of the service and had good knowledge of the staff and people who used the service. They interacted very positively with staff, conversation with staff seemed open and the atmosphere felt very relaxed. Staff told us “There is a really clear structure of management, I know who to go to for whatever issue I have.” and “Management are so open and caring, they keep their promises and talk to you respectfully.”

The provider promoted an open culture, supported staff to question practice and aid the development of the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. Staff meetings took place on a monthly basis and staff confirmed they received the minutes. Staff told us they could contact the office to raise concerns, and highlight any issues they felt impacted on the way care was delivered. All staff had received supervision and told us they were encouraged to make suggestions that could improve the service. Staff told us “Supervision is a good opportunity to share my views, however I know I can pop into the office any time and discuss anything.” and “We have staff meetings all the time and they are really worthwhile, I wanted to be challenged more which I’m being supported to do.”

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Comments included: “Management is great, I feel so motivated.”; “I love my job and feel really proud to work for this company, I need to be flexible, but they are too, they understand my situation and vice versa.” and “I absolutely adore working here, the management is

wonderful and part of why the agency is so good, they make me feel confident, appreciated and I’m motivated to do well.” This demonstrated the service ensured staff were accountable and inspired staff to provide a quality service.

People and their relatives all told us the service was always accessible to them. People felt listened to and able to voice their opinions. Comments included: “The management run the service really well, excellent communication, I cannot emphasise enough how good the management are.”; “The office are so prompt, they always call me back when they say they will.” “The whole service is run so well from top to bottom.” and “I’m in constant touch with the office, they always say call anytime, nothing is too much trouble.” This indicated that the service had a very open culture and used good communication to support this.

Health and social care professionals that had commissioned services from St Luke’s Care, confirmed to us communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A district nurse said, “The service is very well managed, communication is good and actions are followed through.” This demonstrated the service worked in partnership with key organisations to support care provision.

There was an effective quality assurance system in place to drive continuous improvement of the service. “Mock unannounced inspections” took place that followed the Care Quality Commission (CQC) regulations and guidance. These were conducted by the provider’s Director of Clinical Services and quality and compliance manager. They identified actions and made recommendations to improve practice. Where shortfalls in the service had been highlighted, we saw action had been taken to resolve the issues. For example, one area for improvement highlighted, was for 100% of staff to have completed mandatory training by July 2014. Staff training records evidenced this had been completed.