

Northbrook Homes Limited

St Lukes Care Home

Inspection report

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Date of inspection visit:
23 August 2021

Date of publication:
07 September 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Lukes Care Home is a care home registered to accommodate and support up to five people with learning disabilities. At the time of the inspection, five people were living at the home. The service is a two-floor building. Each floor has separate adapted facilities.

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service

Risk assessments were not completed for people with certain health conditions to ensure they were safe at all times. Medicines were not always being managed safely. Controlled drugs were not being stored securely and for medicines as needed (PRN), protocols were not in place to ensure they were administered safely.

Quality assurance systems were not robust to identify the shortfalls we found with risk assessments and medicine management. We made a recommendation in this area.

Pre-employment checks had been carried out to ensure staff were suitable to support people. People told us they felt safe at the home and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Systems were in place to prevent and minimise the spread of infections.

Staff had completed essential training to perform their roles effectively and felt supported in their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had choices during mealtimes and had access to healthcare services.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person centred care. Care plans had been reviewed regularly to ensure they were accurate. People participated in activities to support them to develop and maintain relationships to avoid social isolation.

Feedback was sought from people and relatives and this was used to make improvements to the home.

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

Rating at last inspection

This service was registered with us on 1 February 2020 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to risk assessments, medicine management and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Lukes Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Lukes Care Home is a care home providing care and support to people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had two registered managers. One of the registered managers was a Director of the provider organisation and the other registered manager was the home manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included registration information and

notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with two people who lived at the home, both the registered managers and two care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a range of policies. We also spoke to two relatives by telephone and contacted professionals for feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were not in place to ensure people were safe at all times.
- Risk assessments had not been completed in relation to people's health conditions. For example, we found people were at risk of diabetes and stroke and another person's health condition meant they may pose a risk to other people living at the house. Risk assessments had not been completed to ensure risks associated with aforementioned health conditions were mitigated.
- Failure to complete risk assessments in these areas meant that there was a risk people may not receive safe care at all times.
- We fed this back to both the registered managers who told us that they would ensure risk assessments were put in place immediately. We received confirmation that risk assessments in these areas had been completed.
- Positive behaviour plans were in place and included risk assessment for people that may demonstrate behaviours that may challenge, which included triggers and de-escalation techniques. There were also risk assessments for people at risk of leaving without support required to keep them safe when out in the community, and nutrition.

Using medicines safely

- Medicines were not always being managed safely.
- PRN medicines, which are medicines to be given when needed were administered as required. However, we found that there were no PRN protocols in place to ensure they were administered safely. Protocols should include when to administer PRN medicines, alternative support and dosage instructions.
- Controlled drugs, which are certain medicines that require strict legal controls were not being stored securely. They should be stored in a controlled drugs cupboard and not stored with other medicines. We found controlled drugs were not stored in line with guidance and as securely as they should be. We fed this back to the registered managers and a controlled drugs cupboard was ordered promptly. We checked the controlled drugs register and found they were administered as prescribed and recorded appropriately.
- Medicine Administration Records (MAR) showed that medicines were administered as prescribed.
- We observed that staff gave people their medicines safely, asking for the person's consent and ensuring the person took their medicine safely. Once the medicine was administered, this was recorded on the MAR.
- Staff had been trained in medicines management and had received a competency assessment to check their understanding of medicine.

We found no evidence people had been harmed however, risk assessments were not completed in full to

demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Medicines were not being managed safely to ensure people received their medicines safely at all times. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Learning lessons when things go wrong

- There was a system to learn lessons following incidents.
- The management team were aware of how to manage accidents and incidents and told us these would always be investigated and analysed to learn from lessons to minimise the risk of re-occurrence.
- An accidents and incident policy was in place and we were shown a template that would be used to record accident and incidents.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us, "I like it here. Extra love here. Everything is good." A relative commented, "Yes, [person] is safe."
- There were processes in place to minimise the risk of abuse and incidents. Staff had been trained in safeguarding and understood how to safeguard people from harm. A safeguarding and whistleblowing policy was in place.

Staffing and recruitment

- There were enough staff to support people safely. A staff member told us, "We always have more staff than less." We observed staff were available when people wanted them and they responded to people's requests promptly. Staff spent time with people engaging in personal conversations and activities.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had completed mandatory training and refresher courses to perform their roles effectively. A training matrix was in place, which ensured the management team had oversight of training and when refreshers were due. A staff member told us, "I get very good training here. All the training I have has been very good." A relative commented, "[Person] is getting the right support and care."
- Regular supervisions and appraisals had been carried out. These focused on objectives, performance and training and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "[Registered manager] is very friendly, they ask everyday if we are ok. They always ask if residents are ok. We are supported well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Regular reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- People were given choices with meals and were encouraged to eat healthy meals. A staff member told us, "There is a lot of choices here. For food, we always cook fresh food so it is tasty. We cater for people's preferences." One person told us, "The food is good."
- Care plans included the level of support people required with meals or drinks and their likes and dislikes. People's weights were also monitored to ensure they were in good health.
- We observed that people were able to eat together and were supported by staff when needed. One person wanted takeaway food and this was catered for.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns

about a person's health. Staff knew when people were not well and what action to take.

- There was a hospital passport and health action plan in place, which included information on people's background and care needs and access to health services. Records showed that people had been supported to access a number health of services and had annual health reviews to ensure they were in good health.
- People also had access to dental services. An oral health care plan was in place on how to support people with oral health. Staff had also been trained on oral healthcare.
- The management team gave us examples on how people's general wellbeing and health has improved since moving into the home. A relative told us, "Since [person] has moved to St Lukes, [person] is very happy there and their health has improved. [Person] is doing a lot more."

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had received training on the MCA and were aware of the principles of the act. DoLS applications had been made for people whose liberty was being deprived to ensure their safety.
- Staff told us that they always requested people's consent before doing any tasks. We observed that staff asked for people's consent before supporting them, such as with medicines.

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

- The home was adapted and designed to meet peoples needs.
- People had their own rooms. We observed people's rooms were decorated with their preferences. This meant that people's preferences were taken into account and their needs were being met.
- There was a communal and dining area for people to spend time with each other and staff. We observed that people were able to go out on the garden area for fresh air. We saw that people felt at home and had a good relationship with each other and staff. The home was located in a residential area with access to shops and community services.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were treated with kindness and respect. A person told us, "I like the staff." A relative told us, "Staff are friendly." A compliment from a professional included, "Whenever I visit, I am struck by the friendly and homely atmosphere at St. Lukes. I have observed that the staff are helpful and supportive to residents even when situations are extremely challenging."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.
- People's religious beliefs, interests and preferences were included in their care plans. The registered manager told us that people were supported to worship according to their religious beliefs and we observed that one person's religious preferences with meals were catered for. A person told us, "I pray lots here."

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

- People and relatives were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "I always give people choices, I never force anything. Even on food, I give them choices. We make sure they are involved in decision making."
- We observed that people had choices with meals and activities. This was reflected in their care plans, which included their preferences and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed that people were able to spend time in their room without being disturbed and staff knocked on people's doors before entering. We did not see anything that would have impacted on a person's dignity negatively.
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when supporting with personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. We observed people carried out tasks independently such as tidying up their home. A staff member told us, "I like to make sure if I can see people can do something by themselves, I will allow them to do it but observe to see if they need help. We try to make sure independence is promoted because it helps you morally."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans were person centred and included information on how to support people. People were involved with planning their care and this was reviewed monthly. A staff member told us, "Care Plan here they are good and straightforward and tells you relevant information you need to support people."
- Care plans included information on people's background. People's daily routines were also included to ensure staff were aware on how people liked to live their life.
- We observed that staff regularly spent time with people engaging in conversation and joining them in activities such as music and dance. A staff member commented, "It's all positive here, we are all happy and we like coming to work. We have a good liaison between staff and management and we also try to create a positive environment for our residents also."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with activities. A relative told us, "From what I understand, [person] is doing a lot of activities. [Person] goes out, cooks and paints." A compliment from a professional included, "The residents are always doing some activity with staff."
- People were able to meet and maintain contact with family and friends either through face time, telephone calls or going outside to cafes or parks. The home also arranged activities such as going to the seaside with residents of another care home owned by the provider.
- Care plans included people's interests and what they enjoyed doing. We observed that people went out and also participated in individual activities such as drawing. There was a weekly activity planner displayed in the communal area and staff told us that they had recently visited the seaside, which people thoroughly enjoyed. A staff member told us, "We have an activity chart, we do activities on a regular basis. They like to go out to shops and we have games inside like board games and listen to music and movie nights and bingo nights." This meant people were supported to avoid social isolation, develop relationships and follow hobbies that meant something to them.

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.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. Information was available in easy read formats with use of pictures. Materials such as communications cards were available and used when needed to communicate with people. We observed that staff knew people well and communicated with them in a way that was respectful and met their communication needs.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told that no complaints had been received since the home registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- The home did not support people with end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Robust quality assurance systems were not in place.
- Monthly audits were carried out on all aspects of the services, which included care plans, risk assessments and medicines. A quality report was then generated and sent to the provider. The provider also carried out random audits of the home and actions were discussed with the registered manager. However, the audits had not identified the shortfalls we found with risk assessments and medicine management.
- Although the management team took prompt action to address the shortfalls identified, they told us they would take action to ensure audit systems were more robust to ensure shortfalls were identified and take prompt action. One of these actions included more frequent provider audits.

This meant the service had failed to ensure that adequate quality assurance and systems were in place to identify shortfalls and take prompt action to ensure people received safe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- Peoples cultural and religious beliefs were recorded and staff were aware of how to support people considering their equality characteristics.
- The management team told us they also obtained feedback from relatives and people about the service and performance of people, relatives and staff through surveys. The results were positive.
- Resident's meetings were also held and records of minutes showed that people discussed their preferences with activities, their ideas for their home and meals. A staff member told us, "We also have weekly resident's meetings so residents can freely express their preferences and opinions to us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- The management team were clear about their role and understood risks and regulatory requirements. They told us once staff were employed, training and induction would ensure staff were clear about their roles and regulatory requirements to deliver quality in their performance. We were informed that risk assessments would be made robust and this would be communicated to staff to ensure they were aware of risks and how to provide safe high-quality care at all times.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "I started in August last year and the level of support from provider and manager is incredible. They have supported me with any issues. They are very good managers. They are well-led. I can go to them anytime, if I am not sure of anything." Another staff member told us, "It is fantastic here, every work is hard but we work like a team. We are supported well. So overall its good."
- People and relatives were positive about the service. A person told us, "I like it here." A relative told us, "[Registered manager] is good, they are always keeping me informed. As a manager, they are very efficient."

Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- The provider told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. We saw records that showed people have access to a number of health services to ensure they were in the best of health. A relative told us, "[Person] is doing well there. They look well."
- We saw a compliment from a professional, this included, "I enjoy joint working with you [registered manager] and your team. You provide prompt feedback regarding [person's] progress and this is always crucial in reviewing [person's] treatment and care. The excellent work you do has contributed immensely to [person's] progress so far."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>The registered person was not providing care in a safe way as they were not managing medicines safely.</p> <p>Regulation 12(1)(2)(a)(b)(g).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p>