

Community Integrated Care

St Lukes Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 11 & 18 July 2016 and was unannounced.

The home was last inspected on 19 May 2014 and required improvement under staffing. At this visit we found improvements had been made.

St Luke's nursing home provides nursing care for older people who have Alzheimer's disease or other forms of dementia. The service is owned by (CIC) Community Integrated Care. St Luke's is located in Runcorn close to local amenities. It is a two storey purpose built property comprising of 56 single bedrooms. It has a range of communal spaces including: lounges; dining rooms; sitting areas and a courtyard garden. They have a large car park provided for visitors. During our visit there were 54 people living in the home.

The home did not have a registered manager who had been assessed by the Care Quality Commission as fit to manage the service. There was a manager who was in the process of applying to register with the Care Quality Commission. 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.

We identified two breaches of the relevant legislation, in respect of accuracy of care records and effectiveness of monitoring and auditing. You can see what action we told the provider to take at the back of the full version of the report.

We found that the storage arrangements for medicines and health care products were limited.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's needs were assessed and care plans identified people's needs whilst fostering and maintaining independence where possible. We found three care records when needs had not been updated following changes to their condition.

Staff were knowledgeable about the risks of abuse and the reporting processes.

The organisation had thorough recruitment practices so that suitable staff were employed.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the manager. This meant people were being cared for by suitably qualified, supported and

trained staff.

People's health care needs were met and their medicines were administered appropriately.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There were systems and processes in place to monitor the quality of the service and to address any shortfalls however these were not always effective.

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.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Staff were aware of how to report concerns regarding poor practice.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Care plans were not always updated in line with monthly reviews when changes had occurred.

Audits had been ineffective in addressing changes to nutritional assessments.

Audits had been ineffective in addressing shortfalls in staff supervision, appraisal and training.

All staff and management need an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring.

People were treated with respect by staff who were kind and compassionate.

The staff knew the care and support needs of individuals well and took an interest in people and their families in order to provide person-centred care.

Relatives told us that the staff were caring and supportive.

Is the service responsive?

Good ●

The service was responsive.

Complaints were taken seriously, monitored and action taken when required.

Risks were assessed and measures in place to support people in the least restrictive way.

People were encouraged to maintain relationships that were important to them.

Is the service well-led?

Requires Improvement ●

The service was not well led.

The home did not have a manager registered with CQC

A newly appointed manager not yet registered with CQC, has not been in post sufficient time to assess her effectiveness.

Shortfalls in quality and auditing have not yet been fully implemented.

The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

St Lukes 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.

This inspection took place on the 11 and 18 July 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. On this occasion we did not request the provider complete the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service. We contacted the local authority contracts quality assurance team to seek their views and we spoke with the local authority safeguarding team.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We reviewed seven care records and spoke with ten people living in the home and five relatives. We examined the staff training records, looked at six staff recruitment files and interviewed ten staff, including the manager, the maintenance person, the activities coordinator and care staff.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us because they were living with dementia.

We saw a selection of records relating to the management of the service such as policies procedures and complaints.

Is the service safe?

Our findings

People who lived at the home and the relatives we spoke with told us they felt the care was safe. Two relatives told us that they had previously had concerns, we discussed these with the manager of the home and found that they were being investigated by senior staff nominated by the provider.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed the training records and by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where they could find the relevant guidance. We also checked the records relating to allegations of abuse and saw that action had been taken in line with company procedures.

We saw that the provider had a whistleblowing policy in place. We spoke with staff who said they would report any concerns regarding poor practice they had to the manager. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that staff acted in an appropriate manner and that people were comfortable with staff.

There were arrangements in place to help protect people from financial abuse. We saw that policies and procedures were in place and accurate records were maintained.

During our inspection we observed a senior carer administer medication to people. This was done safely. We looked at the storage and medication records for people whose records we inspected; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. They also underwent regular competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely. We also looked at the medication storage facilities for controlled drugs (CDs) and the relevant records, these were managed appropriately. (CDs are classified (by law) based on their benefit when used in medical treatment and their harm if misused.) We found that medication trolleys were secured in offices and not in the treatment room due to inadequate space. We discussed solutions to storage arrangements with the manager and any effects this may have on their registration by decommissioning rooms. We also asked that a regular record of the temperatures be maintained to identify that medicines are stored correctly as the offices were often very warm, this was implemented at the time of our visit.

The proposed registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked six staff files, which confirmed that all the necessary checks had been implemented before they had commenced working in the home. This helped to reduce the risk of unsuitable staff being employed.

We looked at the maintenance records. Regular environment and equipment safety checks were carried out, which included fire and water safety, environment audits, hoists and wheelchairs. Any issues regarding equipment safety were reported to the management, who arranged for a suitable contractor to visit the site.

Staff received fire instruction on their induction and had fire safety training. Fire drills were carried out monthly. There were personal evacuation plans in the event of an emergency for all of the people who used the service.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

Our observations were that staff responded promptly to call bells and requests for support. Staffing duty rosters identified that four nurses and 20 carers were on duty during the day, with two nurses and ten carers during the night. In addition to this we saw that the home employed, an activities coordinator a chef and ancillary staff responsible for kitchen support, laundry and housekeeping.

Is the service effective?

Our findings

Some people told us that they enjoyed the food and they got plenty to eat. We observed lunch and evening meal on both days and saw that people were offered choices and were supported to have sufficient amounts to eat and drink. We saw that a number of people due to their conditions needed support from staff to eat and we observed this. Staff sat and engaged with those people during meal times. Others were offered finger food and given encouraged to be self sufficient.

Anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss had their diet and fluid intake monitored and recorded through the completion of the relevant monitoring charts. Monitoring charts did not provide sufficiently clear information about the portions size the individual had eaten. We found that a fortified diet was provided when it was not appropriate due to a gain in weight and the food presented to this person appeared unappetising. A relative told us that they had sampled the dish but could not tell what it was. In another instance we found that a person's nutritional assessment was misleading as it stated "eats and drinks well". We found that the person often skipped meals and opted to have meal supplement drinks. The person told us this was what they preferred, records need to reflect this. The organisation had recently made the decision to implement individual meal planning for people living in the home. This will be provided by Apetito, the catering system delivers meals relevant to people's likes/dislikes and nutritional needs for example calorific value and portion size.

Everyone was encouraged to have their weight recorded at least monthly and those identified at an increased risk of malnutrition were encouraged to have their weights recorded fortnightly. The manager completed a weights audit monthly to ensure all actions had been completed and the appropriate professional involvement arranged when necessary. This audit had not been effective in picking up increase in weights and changes to dietary needs.

This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always ensure accurate records were maintained and monitoring was not always effective.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. We saw records that showed refresher training had been booked for staff relating to safeguarding during September and October. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At the time of the inspection only senior staff had received training in respect of MCA.

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 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 that people in the home were subject to DoLS applications and we were able to view the paperwork in relation to these. The manager had a system to record the dates DoLS had been applied for, date of authorisation, any conditions and expiry date.

During our visit we saw that staff obtained people's consent before providing them with support.

Records showed that people received support with their health care. People had access to GPs, dentists, opticians and chiropodists. Referrals were also made to other health care professionals, such as physiotherapist or speech and language therapist, as required. People living in the home had regular access to specialist support from The Brooker Centre.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Some of the staff had worked at the home for some time and had got to know people's needs well.

We found that daily care records reflected individuals needs and staff knew what support they needed to provide, however we found that monthly reviews did not always trigger a review of the risk associated with the care provided, for example three people had become immobile and their mobility assessments still identified they were at risk of falling.

We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. The manager new in post had identified some staff needed refresher training in certain topics and this was being scheduled.

The manager had identified that staff had not received regular supervision or appraisal and had begun to address this by organising team meetings and scheduling one-to-one meetings.

Staff who spoke with us told us that morale had been very low in the home, they told us that they had felt unsupported and undervalued. At the time of the inspection the new manager had been in post approximately six weeks, staff told us that they felt she was approachable and things had started to improve and be organised. Staff told us that they felt able to contribute to the running of the home and that the manager was open to new ideas and innovative ideas from the staff team and those living in the home. At the time of the inspection each unit at the home had been charged with the task of developing a individualised garden space in the centre of the home, we saw that the people living at St Lukes and the staff had engaged with this process.

The home was divided into four units, Laurel, Aspen, Willow and Rowan each unit was self contained and had communal areas including themed areas. A secure garden was available in the central courtyard of the home. During our visit we spoke with the facilities manager as three of the eight bathing facilities were out of order. This matter was being addressed as a priority. We have spoken with the manager since the visit to the home and have been informed that work is due to start.

During the inspection we found the home fresh and clean.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with were complimentary about the staff.

Comments included: "More than happy with my relatives care"; "They do look after me here".

There were a number of thank you cards that included comments such as: "Thanking everyone for the care and attention you gave to our mother" and "Thank you for the loving care given to (name) during her stay."

People told us that friends and relatives were able to visit at any time without restrictions. The relatives we spoke with confirmed this and told us they were always made to feel welcome. One relative told us that they stayed all day, another said that they came every day.

We saw that people who lived at the home and their family members were involved in planning their care. Relatives told us that they were generally kept well informed regarding her relatives well-being.

People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, either sitting and chatting or offering support and encouragement. People were comfortable and relaxed with the staff who supported them. Some people living at St Lukes have one-to-one staffing to meet their additional needs.

People's right to privacy and dignity was respected. Staff explained to people who the inspectors were and asked people's permission to enter their rooms. People were able to spend some time alone in their bedrooms.

End of life care could be provided at the service with the support of other professionals including the GP, community nurses and palliative care team. So that the people's care needs could continue to be met and dignity and comfort maintained. The home has a Gold Standard accreditation, The Gold Standards Framework (GSF) is a way of working that has been adopted by the GP practice and District Nursing team (your Primary Care team) along with thousands of others across the UK. It involves them working together as a team and with other professionals in hospitals, hospices and specialist teams to help to provide the highest standard of care possible for patients and their families.

Is the service responsive?

Our findings

We reviewed people's records and saw that they had plans specific to their needs. The care plans we inspected contained assessment documents which had been completed before the person came to the home to make sure that their needs could be met. The plans of care outlined people's abilities, identified needs, risks and action required by staff. Records had been kept under regular review and monthly records were updated, however we found that at times care plans had not been updated to reflect the changes. People and their relatives had been involved in the assessment process. A relative we spoke with confirmed this.

We saw that visitors were welcomed and staff greeted them by name. The relative we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests. People were also encouraged to visit their family members and to keep in touch.

One relative told us that they felt staff could engage in more activities with people, as they felt their relative was getting bored. We spoke with the activities coordinator and the manager we looked at activity plans. We saw that activities took place regularly but it was not always clear where the activity would be. We found records of who attended activities were incomplete as various forms of records were being maintained. We suggested that all activities both group and individual schedules be formally established and displayed so that care staff have direction and could support the role of the coordinator effectively.

People were encouraged to maintain and develop friendships, it was noted that not all relationships were positive and when this occurred referrals were made to the local authority safeguarding team.

The staff we spoke with were familiar with people's needs and could appropriately describe how to support people we asked about. Staff maintained records of the support that people received each day. Any changes or updates were shared at a shift handover. We saw that some people had records in place to enable staff to record when support had been carried out. We reviewed two people's positioning charts and saw that staff recorded the time that they had supported the person to change their position to help in the prevention of skin damage. We saw that suitable equipment was in place to support them when they were in bed with bedrails to prevent falls and pressure relieving mattresses. We visited these two people in their rooms and they were well presented and looked comfortable, listening to music.

Those people who could tell us said that they felt able to raise any concerns with staff. They told us that they could speak to the manager if they had any complaints. One person commented "If you want to complain you can." The provider had a complaints procedure in place, which was on display in the entrance area of the home. Three complaints had been received, two had been resolved and one was in the process of being investigated.

The last resident's meeting was held in May. This was attended by people living at the home, their relatives and staff. We saw from the minutes of these meetings that people were able to raise and discuss any

concerns or ideas for improvements with the management team. We saw that suggestions were tested and implemented.

Is the service well-led?

Our findings

The home did not currently have a registered manager. A manager had been appointed, but they had not yet registered with CQC. The manager came into post on 30 May 2016. In conversation with the inspector she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as the manager. However at this point as she was new in post her leadership and effectiveness as a manager could not be measured.

A positive culture was evident in the service where people who used the service came first. Staff told us that staff morale had improved of late since the appointment of the new manager.

People's views on the quality of the service were regularly sought. The provider had tried various ways to involve relatives in discussion about the running of the home, including holding meetings and inviting them to events, but said that very few people turned up. We spoke with those living in the home and relatives on the day who knew the manager by name, relatives told us that she had an open door policy and was always available for a chat.

All care staff attended daily handovers to ensure effective communication was maintained.

The manager said she regularly walked around the service checking the environment, staff interactions and behaviours and resident care and welfare. Regular quality assurance audits were also completed to assess the safety and performance of the service; these audits included medication, care plans, training, infection control and complaints. Shortfalls identified during this process had not been fully addressed. As identified in the effective section of this report.

Accidents and incidents were audited monthly to identify any trends. Where a person who used the service had had a number of falls we could see that their falls risk assessment had been updated and a referral had been made for a health assessment.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations as well as any lifting equipment such as hoists and the lift. Regular servicing contracts were in place for emergency lighting, smoke detectors and nurse calls systems.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Halton Borough Council's contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. We spoke to the contract monitoring team prior to our inspection and they informed us that St Lukes was currently subject to an action plan.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the new

manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop. When asked whether they liked working in the home, one person said "It's great now".

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records were not maintained accurately and up to date. The provider had not ensured that the systems in place for monitoring their service were effective.