

St Luke's Trust

St Lukes Lodge

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 and 30 October 2018. The inspection was announced and was carried out by one inspector. At the previous inspection, the service was rated "Outstanding".

This inspection was brought forward in response to concerns surrounding an alleged incident of serious physical abuse, the actions taken after the alleged incident and the failure to notify the Care Quality Commission (CQC) of the incident at the time. The incident itself remains subject to a criminal investigation and as a result this inspection did not examine the circumstances surrounding it. These events took place during the tenure of the previous registered manager, who was no longer in post at the time of this inspection.

The trustees of St Luke's Trust had, with support from the local authority and another registered provider, put in place suitable interim management arrangements pending recruitment of a new manager and their application for registration. A new manager had since been appointed and had applied to become registered. 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.

St Lukes Lodge provides supported living support to 10 people with moderate to severe learning difficulties. Service users reside either in the main premises, St Lukes Lodge, or if they need less intensive support, in the on-site annex, known as Lyndale House. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using St Lukes Lodge receives regulated activity. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." (Registering the Right Support CQC policy).

We found people were now provided with safe care and support. Appropriate action had been taken to address the previous issues referred to above. The new manager and the staff fully understood their responsibilities to safeguard people from harm and the action they must take if they had concerns about this.

People felt safe and well cared for by the staff and it was evident they felt at ease around all of the staff. Staff

had received nationally recognised training on how to support people whose behaviour could sometimes challenge the service.

Identified risks were assessed and action taken to mitigate them as far as possible, without restricting people's freedom of choice.

A robust recruitment process helped ensure staff recruited had the necessary skills and the right approach to provide the support people needed. Additional staff had been recruited to provide consistent care to people, going forward.

People's needs were met effectively by staff who understood how people communicated their needs and wishes and who listened to people. People's diverse needs, their rights, privacy and dignity were protected and respected by staff.

People received appropriate support with their healthcare and dietary needs. Staff consulted external healthcare specialists when necessary and advocated on behalf of people to ensure they received the healthcare they needed.

Staff were appropriately trained and supported to help them deliver effective and consistent care.

People received caring and patient support from staff who actively involved them in decision making and supported them to make meaningful daily choices about their lives.

The high level of commitment of staff to the people they supported, was very evident in their approach and the positive way they spoke about people.

People's needs and wishes were recorded clearly in detailed care plans which were subject to ongoing review and development. People and their representatives had been consulted about their wishes and needs.

People were enabled to live fulfilling lives and be involved in the local community. They had opportunities to be involved in a wide range of activities. Their views were sought and they felt listened to by the manager and staff.

Effective use was made of a range of assistive technologies to safeguard and improve people's experience. Key documents had been adapted, using images, to make them more accessible.

The service was moving forward positively under the new management. Effective monitoring and audit tools had been established to help ensure more effective governance by the trustees.

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.

Although the service had not previously responded appropriately to a safeguarding event, this had been addressed. The new management team and staff fully understood their responsibilities.

People felt safe and well cared for by the staff team. Staff had received training on supporting people to manage behaviours which could challenge the service.

Successful action had been taken to re-establish a permanent staff team, through a robust recruitment process.

Risks to people and staff were appropriately assessed and mitigated as far as possible.

People's medicines were safely managed on their behalf.

Is the service effective?

Good ●

The service was effective.

People received effective, highly individualised care and support according to their needs.

Staff knew how to communicate with individuals and involved them in their day-to-day care.

People's rights and freedom were respected by staff and their consent was sought before care was provided.

People were very effectively supported around their dietary and healthcare needs. The service liaised well with external healthcare professionals and advocated for people's needs to be met.

Staff received appropriate induction, training and ongoing support to enable them to deliver effective care.

Is the service caring?

Good ●

The service was caring.

People felt cared for by the staff and their interactions indicated they enjoyed positive relationships with them.

People were encouraged to do what they could for themselves and to be as involved in day-to-day decisions as possible.

It was evident from the way staff described their work, that all were highly committed to helping people lead fulfilling lives.

Staff supported people's privacy and dignity and respected their diverse needs in the way they worked with them.

Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes were recorded in detailed care plans and other supporting documents.

Staff responded to changes in people's needs and sought advice from external agencies when required.

People were enabled and supported to live varied and fulfilling lives and to be part of the local community. A wide range of opportunities for activities and outings had been enabled.

People knew how to complain and felt the management team listened to any concerns they had.

Good use was made of assistive technology to enhance people's daily lives and documents had been adapted to make them more accessible.

Is the service well-led?

Requires Improvement ●

The service had not always been well led since the previous inspection.

A serious safeguarding issue had not been investigated or reported as required. Actions taken at the time by the then registered manager had not been appropriate. Appropriate action was subsequently taken by the trustees with the involvement of the local authority and another registered provider who supplied significant external support to manage the service through a very challenging period. This had enabled the remaining staff to stay fully focused on meeting people's needs.

New monitoring systems were established which enabled the manager to maintain day-to-day oversight and the trustees to exercise more effective governance than in the past.

The new manager fully understood her legal responsibilities and had applied to become registered manager.

People and staff said they found the new manager approachable and felt she listened to their views.

St Lukes Lodge

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 was brought forward in response to concerns surrounding an alleged incident of serious physical abuse, the actions taken after the alleged incident and the failure to notify the Care Quality Commission of the incident at the time. The incident itself remains subject to a criminal investigation and as a result this inspection did not examine the circumstances surrounding it.

These events took place during the tenure of the previous registered manager, who was no longer in post at the time of this inspection. The trustees of St Luke's Trust had, with support from the local authority and another registered provider, put in place suitable interim management arrangements pending recruitment of a new manager and their application for registration. A new manager had since been appointed and had applied to become registered.

This inspection took place on 29 and 30 October 2018. The inspection was announced and was carried out by one inspector.

We gave the manager 2 days' notice of the inspection site visit because St Lukes Lodge provides a supported living service. We wanted to make sure the manager would be present to assist with the inspection and to provide time to prepare people for our visit.

The service had submitted a provider information return (PIR), in June 2018. 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 information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted a representative of the local authority who funded people supported by the service for

their feedback and received no concerns.

During the inspection we spoke with the registered manager, the nominated individual, and six other staff. We examined a sample of two care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including training and supervision records and medicines recording. We spoke with four people receiving support from the service to obtain their views. We also observed the care and interaction between people and the support workers on both days of the inspection.

Is the service safe?

Our findings

People told us or confirmed, when asked, that they felt safe at St Lukes Lodge. One said, "I'm safe here." Observations of people's interactions with staff suggested people felt safe and comfortable with staff and often actively sought out their company.

In the past the service had not always been managed effectively to keep people safe. One serious safeguarding incident had arisen. The management action taken immediately following the incident was not appropriate. The investigation led to the dismissal of the registered manager and a staff member and other actions outside the remit of this report. Since then, effective interim management support had helped ensure no further safeguarding issues had arisen. Appropriate retrospective actions had also been taken to address the previous issues as far as was possible. This demonstrated that although not always the case previously, more recently, lessons had been learned when things had gone wrong, to help improve the service.

Staff understood their responsibilities with regard to safeguarding people from harm and knew how to report any concerns within and outside the organisation. External local authority safeguarding team contact numbers had been provided to staff. They felt the provider would take appropriate action if concerns were reported. Low level concerns which did not meet the safeguarding threshold, were reported as required within the local authority's system.

During the last year the service experienced a period of significant staffing changes at all levels. In the past six months an interim manager had been appointed to stabilise the service after the above incident and the majority of staff vacancies had been recruited to. A new manager was appointed in July 2018 with a view to them becoming registered to take the service forward. It had been very positive that a number of permanent staff stayed in post throughout the period. This had provided consistency and continuity to help keep people safe, while permanent staffing levels were low and agency staff were employed to cover shortfalls. Staff spoke very positively about their commitment and their focus having remained on the needs of the people supported, during the unsettled period of the last year. Recruitment of new permanent staff had been successful, such that only two vacancies remained at the time of this inspection. Agency staff usage had been reduced from almost 400 hours per week to zero, since late August. Staff were very happy that a team of permanent staff was again being established.

People's needs were being met by the staffing now provided, which was based on each individual's funding, following their assessment. Where necessary, people were supported one-to-one or two-to-one to help them to remain safe. Staffing levels were kept under review.

The service had an effective recruitment process which involved carrying out the required checks of a person's suitability, conduct, identity and seeking their assurance regarding any health conditions which might require reasonable adjustments to be made. Copies of documents confirming identity were no longer retained, in line with new data protection legislation, although they were seen as part of the recruitment process.

Risks to individuals and any arising from activities or the premises were assessed and appropriate action was taken to minimise them. For example, a risk analysis had been carried out for the upcoming bonfire and firework party and appropriate national guidance had been consulted. Appropriate safety and servicing checks took place to maintain the safety of any equipment used. An annual health and safety risk assessment process was in place. Fire safety equipment was regularly serviced and tested and fire drills carried out involving people and staff.

With the exception of one person, the level of recorded incidents was low. Appropriate advice and support had been sought from external specialist agencies where necessary. The service had acted in an advocacy capacity on behalf of two people where they felt their needs were not being met properly by specialist services. Incidents and accidents were recorded and monitored to identify any potential learning.

Where people required specialist aspects of care, staff received training to equip them with the necessary knowledge and skills to provide this safely. For example, in the case of enteral feeding via tube direct to the stomach, staff had been trained and their competency assessed. The knowledge of staff was demonstrated during the inspection, with regard to their awareness of and raising a potential issue for referral to an external healthcare specialist.

Sometimes people required support to manage their behaviours to reduce the risk of harm to themselves or others. Staff had been trained in an approved system to support people, which focused primarily on preventive strategies such as de-escalation and diversion, wherever possible. Staff used these techniques effectively and were skilled at identifying when individuals might require support.

People were kept safe because the service had an effective system to manage their medicines on their behalf, where they were unable or did not wish to do so themselves. Some guidance was available for staff in people's care plans, regarding the appropriate administration of 'when required' (PRN) medicines. However, this information was not readily to hand in the medicines administration folders in people's bedrooms. The manager agreed to arrange for this guidance to be incorporated in the medicines administration folders for ready access by staff, as part of the ongoing review of medicines systems. Records showed people received the right medicines in the right dosage at the right times and showed an effective audit trail. One medicines recording error had arisen in the previous 12 months which was addressed. Staff received medicines training which was updated annually and their competency was checked before they could administer medicines.

People were kept as safe as possible from the risk of infection. Staff had been trained and had a good awareness of infection control. Personal protective equipment was provided throughout the service to reduce the risk of cross-infection and we saw this was used by staff.

Is the service effective?

Our findings

People said they got the support they needed at St Lukes Lodge and got on well with staff. One person told us they liked the staff and named individuals of whom they were especially fond. Another person said, "I am still happy here, I get on with the staff."

People's needs had been assessed and care plans were detailed and individualised. They provided staff with the information they needed to offer highly person-centred care and support. People's communication needs were very well understood and their preferred communication methods and the meanings of any non-verbal communication were documented. This helped ensure consistent and appropriate care by all staff.

People were supported by staff who all spoke about their commitment to maintaining and improving the wellbeing of the people they supported. They all spoke of having stayed in post through a very difficult period in the service over the previous year, to maintain continuity and consistency for the benefit of the people there. The commitment of staff to the people they supported had been demonstrated in a number of ways. For example, they had continued to support people when they had presented very significant challenges and needed constant support with managing their behaviours. This had been despite staff receiving significant injuries. Staff had continued to advocate for the person's best interests and for their needs to be met by appropriate external healthcare specialists.

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. Records of best interest decisions were kept within people's care files.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In supported living settings such as St Lukes Lodge, this is usually through an application to the local authority for referral to the Court of Protection for a community Deprivation of Liberty order. 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 had the appropriate legal authority and were being met. We found referrals had been made to the local authority on behalf of four people who experienced some restrictions of their freedom to safeguard them. All four referrals were still awaiting a response at the time of this inspection, but progress had been appropriately chased up by the service.

We saw staff sought consent from people before offering care support, using their chosen method of communication. Each of the people supported was able to consent and make decisions about their day-to-day care and lifestyle.

New staff completed the Care Certificate induction training as well as a service-specific induction. The Care Certificate is a set of 15 standards that new health and social care workers need to complete during their

induction period. A programme of regular mandatory training updates was provided for all staff. The records provided suggested most mandatory training had been updated recently, with the exception of refresher training about the Mental Capacity Act, which had last been provided in 2014. The staff team had a good level of professional qualifications in care. Most staff without a professional qualification were working towards this.

Staff received ongoing support through periodic one to one supervision and annual development appraisals. The new manager had set up individual staff development plans for each staff member. Monthly staff meetings were taking place and a member of senior staff was always on shift. Staff said they were well supported and that their views were now being listened to. Some felt this had not always been the case regarding the needs of some of the people supported.

People received the support they needed to help ensure they had a balanced diet. The staff encouraged healthier options but people could make unhealthy choices if they wished. A lot of fresh produce was grown in the grounds with the support and involvement of the people residing there. People were involved in shopping for and preparing meals as much as they wished to be.

People were supported to make sure their health needs were met. The service sought and acted upon external healthcare specialist advice where appropriate. Each person had an annual health review. One person told us how the staff had supported them very well through a difficult time in their life and they were now feeling much more positive. The service had worked very effectively with external specialists to achieve very positive outcomes for the person's health and self-esteem. People were supported and encouraged to make positive lifestyle choices around such things as weight-loss and smoking, whilst respecting their right to decide.

Up to seven people lived in the main house, The Lodge, and received 24-hour support to varying degrees according to their needs. Up to three people lived more independently in a separate house on site called Lyndale House. They were supported on a more limited basis within their accommodation but were also welcomed within the main house and all of the grounds and were fully involved in plans for any group outings. People living there could spend time with staff in the main house as required.

The service included extensive grounds, some of which had been utilised to grow produce for the benefit of the people supported, as part of encouraging a healthy lifestyle. People were encouraged to take part as much as they wished, in planting and tending the crops and choosing what to grow. A gardener was employed to support people in these endeavours. People could also be involved in caring for livestock within the grounds, including ducks, a chicken and a pygmy goat.

Is the service caring?

Our findings

People told us staff treated them kindly and with respect. They spoke of the staff with fondness and gave examples where they had felt particularly well supported.

Staff were all highly motivated to meet the needs of the people they supported. This was shown by the way they spoke about people, the proactive way they worked with people and their respectful communication with them. It was evident people trusted the staff and had positive relationships with them.

People were seen to actively seek out and engage with staff and they were encouraged to make decisions and choices for themselves. For example, people had been involved in decisions about what vegetables and fruit would be grown in the garden and about their involvement with tending the livestock.

Staff clearly understood people's methods of communication and supported these with sensitivity and skill to enable people to have as full an involvement in decisions about their daily lives as possible. As well as verbal speech, people used a range of non-verbal communication methods and these were recorded within care plans to help ensure consistency of approach by the staff.

More detailed individual communication profiles were being introduced and two had already been completed. These contained additional information about the interpreted meanings of people's non-verbal gestures and expressions, based on long term knowledge of the individuals and their reactions.

We saw people were treated with respect and their dignity and independence were supported. People were spoken with as adults and prompted to make decisions themselves. Each person had their own bedroom which they had been supported to personalise as they wished. As a result people's bedrooms reflected their personality and interests. Wherever possible, people were enabled to go out and about in the community without staff support.

People's care plans contained lots of information to enable care which was respectful of their individuality and referred to aspects of dignity such as those related to self-care, personal appearance, clothing and individual preferences.

People could self-administer their medicines subject to risk assessment, where they wished to do so. Two of the people supported had also taken part in the interview process for new staff. The manager was exploring ways to increase people's future involvement in the process.

People's spiritual and other diverse needs were respected and supported. People attended local places of worship if they wished. Two people opted to do so without staff support, which encouraged and respected their independence.

Is the service responsive?

Our findings

People felt staff looked after them well, listened to their wishes and responded to any health needs when they arose.

People's files contained detailed information about their needs and self-care ability. People were encouraged to carry out as much of their own self-care as they wished and were able to. Staff provided guidance and prompting and direct support when required. Staff expressed some concern that their detailed knowledge of people's individual needs had not always been listened to. They felt this was no longer the case under the current manager, who they felt valued their knowledge. Care plans reflected a good level of individual detail and were kept under review to ensure they reflected changes in people's needs. Identified risks were assessed and steps taken to mitigate them as far as possible. An effective system was used to identify where one individual was becoming anxious and identify the strategies staff should try, to support them.

One person's very high support needs meant they had been appropriately referred to a specialist provision for assessment and treatment. The ongoing commitment of staff to the person's wellbeing was demonstrated clearly through regular visits despite the associated extreme difficulties, and in the positive way they spoke about the person and their needs.

People had access to a wide range of activities and events in the community and took part in regular holidays and outings. One person was planning a trip overseas and a smaller trip had been agreed with them to help assess what support might be needed for the more extensive holiday. People visited local shops, pubs, churches and restaurants and were very much part of the local community. A bonfire and firework party was being planned and discussed with people.

On site, people had access to gardening, craft opportunities and looking after animals as well as recreational equipment. Pathways had been made more accessible in most areas so as not to exclude people using wheelchairs from accessing facilities. The employed gardener encouraged people to take an interest in horticulture and most people took some part in planting or tending the gardens. One person had a well-equipped woodworking workshop in the garden which they enjoyed and where they had produced furniture and bird houses. A sensory room was also being developed for one person. Planned further developments included a herb garden and the provision of a small home gym. This was discussed with one person during the inspection.

People told us they knew how to complain but hadn't had to. They felt the new manager was approachable and would listen to any concerns they raised. The service had an appropriate complaints procedure and versions were available in easy-read formats in case of need. Complaints and concerns were taken seriously and appropriately investigated under the current management. However, one serious matter had not been appropriately investigated under the previous management. The provider had subsequently taken action to address this.

The service complied with the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Key information was available in easy-read formats and augmented with pictures and symbols to assist staff to convey the content where necessary, although most people could read documents or understand them when they were read to them. Copies of key documents had been devised for one person, with their face included, to improve the accessibility of the information. Activity plans were supported with pictures as were the safeguarding procedure and survey formats.

Various assistive technology was provided to improve the experience and safety of people within the service. People living more independently in Lyndale House had access to an alarm button which they could use to summon staff assistance in an emergency. A strobe light, connected to the fire alarm was fitted in bedrooms where people's hearing was compromised. A spa bath, suitable for use by all of the people within the service, had been installed in a ground floor wet-room bathroom. The room also had a fully accessible shower and toilet. One person had an alarm fitted to their bedroom door to alert staff at night when they left the room, so staff could be present to support them as required.

Is the service well-led?

Our findings

At the last inspection the service was rated 'Outstanding' for the 'Well-led' domain. At the time management arrangements were appropriate and the service was well led and working highly effectively to meet the needs of the people supported.

Since the last inspection the service had been through an unsettled period around an allegation of abuse by a staff member and the subsequent departure of the previous registered manager and some staff. The management response to the alleged incident had not been appropriate and the incident had not been reported to the CQC as required. This was subsequently addressed following the departure of the previous registered manager. Appropriate interim managerial arrangements were made following the involvement of the local authority and CQC with the trustees, via support from another registered provider.

Since then a variety of management issues have been addressed successfully and a number of new staff recruited to stabilise the team. Going forward, a range of appropriate plans were in place to further develop the service. The local authority had visited to monitor the service's progress on their action plan, which was almost completed at the time of this inspection.

The service was required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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. Since the departure of the previous registered manager, an interim manager, already registered with the CQC under another provider, had provided managerial cover until the current acting manager's appointment in July 2018. The acting manager had applied to become registered manager.

People found the new manager approachable and said she listened to them. Staff felt the new manager was accessible and listened to their views and ideas. They felt supported and valued by her and that the service was now well-managed, having not always felt listened to in the past. Staff were positive about proposed future developments of the service.

Staff felt the trustees had not been sufficiently aware of the issues in the service and had very much left it in the hands of the previous registered manager. The new manager was providing monthly reports to the trustees and told us they had visited the service recently to discuss progress with her and see things for themselves. Periodic oversight of the progress made was still taking place by a senior manager from another registered provider. They were familiar with the service, having managed it for a period, prior to the new manager's recruitment.

The service continued to have a clear vision and values, which had been reviewed and re-stated. The long-term and new staff were very evidently signed up to and enthusiastic about the values of the service. They all expressed clear understanding of these and a shared purpose in meeting the needs of the people they supported as well as possible.

People had opportunities to express their views during monthly house meetings, with support from staff as necessary. Minutes showed they had discussed a wide range of subjects including, activities, outings, spiritual needs, food and household tasks. They also took part in reviews of their care as much as they were able and wished to. People's representatives were also consulted where appropriate. The new manager had written to families to inform them about management and other changes.

The views of people about the service had been sought by means of surveys in July 2017. Only two completed forms were found which gave positive views about the service. The manager planned to ensure people's views were sought regularly and included in planning the service.

Regular staff meetings were taking place, which helped ensure staff were kept up to date with developments and had opportunities to express their views.

More recently the service had worked very well with external care and health agencies to maximise the support provided to people. The service had advocated strongly for people's more complex needs to be provided for.

Records were, for the most part consistently maintained and detailed. Some records had gone missing in the past year but under the new management, these had been re-established. Records were stored appropriately with due regard for confidentiality.