

Mrs Susan Kay Hardman

Luke's Place

Inspection report

The Old Estates Office
Putteridge Park
Luton
Bedfordshire
LU2 8LD

Tel: 01582458201

Date of inspection visit:
28 November 2018
12 December 2018
04 February 2019

Date of publication:
18 March 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Luke's Place is a care home that provides personal care to up to four people with a learning disability and/or autistic spectrum conditions. At the time of the inspection there were three people living at the service on a permanent basis. A fourth person had recently started using the service on a respite basis.

People's experience of using this service:

The registered manager was working with the provider and the staff to develop the service in line with the values that underpin 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.

Although significant improvements had been made since our previous inspection in October 2017, the registered manager and the provider acknowledged that further work was still needed to embed their values and philosophy into day to day life at Luke's Place.

People were not able to tell us in detail about their experience of living at the service. However, they appeared at ease in the presence of staff, and appeared comfortable with the support they were offered. Relatives all confirmed that their family members were happy living at Luke's Place.

Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks.

Staff were knowledgeable about safeguarding and how to report their concerns internally and externally to local safeguarding authorities.

People`s dignity and privacy was promoted and respected by staff.

People's care plans were developed and personalised to give guidance to staff on how to support people effectively. However, records of care provided to people did not always reflect the impact of the support provided.

People were encouraged to eat a healthy balanced diet and to drink plenty of fluids. Staff supported people to attend health appointments.

Relatives told us staff were caring and that there was a marked improvement in the way they spoke to people. People`s personal information was kept confidential.

People and their relatives were not always involved in discussions about their care or in developing their care plans. The registered manager was taking steps to address this.

Staff encouraged people to maintain their interests and take part in activities, both at home and within the community. Some relatives felt that people did not always have enough to do or enough structure in their day.

There were enough staff to meet people`s needs. Staff had supervisions to discuss their progress and training in subjects considered mandatory by the provider to develop their skills and knowledge.

The registered manager was working to improve the ways in which people and their relatives were encouraged to feedback on the quality of the service provided. However, relatives told us there was still work needed to improve the communication between them and the service.

The provider`s governance systems and processes were improving and the registered manager had a clear plan in place to continue to develop these systems to support ongoing improvements.

Rating at last inspection:

At the last inspection in October 2017 the service was rated 'Requires Improvement 'with several breaches of regulations. This was because the provider and the registered manager had not had good oversight of the service. Improvements were needed in the management of medicines, the way incidents were managed and reported and how staff skills were assessed. Improvements were also needed to the culture of the service, including how staff spoke to people, supported them to have goals and the right assistance to achieve them, and involved them and their relatives in planning their care. Improvements have been made since the last inspection and no continuing breaches were found, although work was still needed in some areas.

This service has been rated requires improvement or inadequate for the last five inspections since June 2015.

Why we inspected: This was a scheduled inspection based on the previous rating to assess improvements the provider had made.

Follow up: We will continue to monitor Luke's place and return to inspect in line with our methodology.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Safe findings below.

Luke's Place

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team was made up of two inspectors.

Service and service type: Luke's Place is a Care Home. 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.

Although the service was not required by law to have a registered manager, the service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Following the last inspection in October 2017, the previous registered manager left the service. The new registered manager had been in post since May 2018 and registered with CQC since September 2018.

Notice of inspection:

The first day of inspection was unannounced, although we gave short notice of the second visit. This was to make sure that the registered manager would be in to meet with us.

What we did:

Before our inspection we reviewed information that we held about the service including any statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the provider information return (PIR) submitted to us before this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also spoke with the local authority commissioning team to seek their

views about the service.

During the inspection visit we spoke with two people who used the service, three staff members, the manager and the provider. We looked at care plans relating to all people and reviewed records relating to the management of the service. Following the visit to Luke's place, we spoke with three relatives of people using the service by telephone.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People appeared at ease in the presence of staff and we believed from this they felt safe. Relatives we spoke with confirmed this. One relative said, "Overall, I think [family member] is safe, yes."
- There was an up to date safeguarding policy and information about how to report concerns was on display at the premises.
- Staff had training on safeguarding people from harm and understood the signs to look for that harm may have occurred.
- Staff understood how to report their concerns and the registered manager understood how to report to the relevant agencies. One member of staff said, "I would speak to [registered manager], but I know I could also contact social services (the local authority) or CQC."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures were put in place to reduce the risks as far as possible. This also supported the person to maintain their independence.
- Staff told us about the risks associated with people's health and how these were managed. For example, a member of staff told us the measures in place to reduce the risk of one person choking.
- The provider ensured risks associated with the environment, such as those related to gas, electric and fire were managed to maintain people's safety. They were in the process of updating all the internal doors to maximise their fire resistance, following a recent fire safety inspection.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs.
- The manager organised staffing around the needs of people to ensure that they were able to attend appointments or make arrangements to go out.
- Pre-employment checks such as references and disclosure and barring checks were carried out before people started work. This kept people safe because it helped the registered manager make sure that only suitable staff were employed.

Using medicines safely

- At the previous inspection in October 2017 we identified improvements were needed to make sure people received their medicines safely.
- At this inspection we found that improvements had been made and people's medicines were managed

safely, stored securely and administered as required.

- Medicines records were clear and correct. Medicines prescribed on an as required basis were supported by clear protocols to guide staff.
- Administration records for prescribed creams were not yet in place but the senior care staff on duty confirmed they were in the process of doing this.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed following training to confirm staff had a good understanding in this area.
- The registered manager and the provider carried out regular audits of medicines, which looked for any errors and identified what action was taken to address them.

Preventing and controlling infection

- The home was clean, tidy and free of unpleasant odours. Relatives confirmed this was consistently the case.
- Staff had completed training in how to reduce the risk of infection and followed good practice guidance.
- There was a good supply of gloves and other protective equipment to reduce the risk of infection and we saw staff used this correctly.
- Clinical waste and laundry were managed safely.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff knew they needed to inform the registered manager of any incidents that occurred.
- Records showed the registered manager reviewed this information and took action to reduce the risk of reoccurrence.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs for issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication.
- This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and Support was reviewed and updated as people's needs changed, and appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

Staff support: induction, training, skills and experience

- Staff said they received training and support to enable them to carry out their roles effectively. Records confirmed this.
- Staff told us they were able to develop their skills by taking further qualifications and this was fully supported by the provider.
- Staff completed a robust induction programme at the start of their employment. New staff told us they shadowed experienced staff until they, and the management team, were satisfied they were sufficiently competent to work alone.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for additional support at any time.

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

- People's nutritional needs were met. People chose the meals they wanted to eat
- People clearly enjoyed the food and there was enough to eat. Plenty of drinks were available throughout the day which protected people from the risk of becoming dehydrated.
- People's specific dietary needs such as a soft diet to reduce the risk of choking were known to staff and catered for.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend appointments with health professionals such as GPs, dentists,

chiropracist, opticians and hospital consultants.

- Staff told us they ensured people had the support they needed if healthcare was required and we saw from records that referrals were made as necessary.
- The registered manager worked closely with other professionals when required to ensure people received effective care and made sure any advice received was used to improve their care. For example, we saw detailed guidance from a physiotherapist, with photographs included, to show staff exactly how to support one person with exercises for them to maintain their mobility as far as possible.

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

- Luke's place is an adapted building on one level and situated in large level access grounds. The building is fully accessible and equipped to meet people's physical needs. The premises were decorated to a high standard and each person's room was furnished to their taste, with many personal belongings to support people to feel it was their home.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- DoLS applications were made as appropriate, although only one authorisation was in place. The registered manager checked regularly on the progress of other applications with the local authority.
- Where people were assessed as lacking capacity to make a certain decision, staff worked in their best interest. We saw records to support that this happened, although clear documentation of the process used was not always in evidence. The registered manager was aware of this and taking action to improve records in relation to best interest decisions.
- We saw staff always gained people's consent before carrying out any support and assisted people to make day to day decisions as much as possible.
- Staff had a good understanding of the legislation and its principles.

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

Good: ☐ 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

- At the last inspection we found that staff did not always treat people with respect and did not always speak to people kindly.
- At this inspection we found a significant improvement to how staff treated people.
- We saw people were treated with kindness. Staff spoke to them respectfully and treated them as adults, offering support in a positive manner that did not belittle the person in any way.
- People were comfortable in the presence of staff and appeared to enjoy positive relationships.
- We saw a friendly atmosphere where people enjoyed light hearted exchanges with staff.

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

- We saw people were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what activity they wanted to do if they were at home and not attending a prearranged session.
- We saw staff showed respect for people's decisions and carried out support in line with their wishes.

Respecting and promoting people's privacy, dignity and independence

- Relatives said they would have liked to see more opportunities for their family member to maximise their independence. We saw the registered manager was actively encouraging staff to support people in this way. The staff approach had improved since the last inspection but this was a gradual process as the culture of the service improved.
- We saw staff were patient and supported people to do some tasks independently and at their own pace. For example, staff supported one person to choose the meal they wanted at lunchtime. They then ate their lunch with help from staff and suitable equipment, doing this as independently as possible.
- Staff maintained people's privacy and dignity when assisting them with personal care. We saw this was done discretely and staff told us they always closed doors and kept people as covered as possible.
- Staff respected people's rights to time alone and privacy. For example, one person chose to spend some time in their room with the door closed. Staff respected this and made sure not to interrupt them until they indicated they wanted company again.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

End of life care and support

- The provider had not developed care plans in relation to people's needs and preferences for the end of their life.
- The registered manager confirmed they were aware of this requirement and were planning to address this as a priority.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to keep a check on the types of complaints received and to use this information to make improvements to the service.
- Although relatives said they had not made any formal complaints, they said they raised issues in person or by email if they had concerns.
- Relatives felt that there was room for improvement in how responsive the provider and registered manager were when they raised concerns. They felt that some issues they raised in recent weeks had not been fully addressed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The format of daily records did not encourage staff to write people's achievements in the day. This resulted in staff providing task based information, such as what care was provided but nothing about the quality of the outcome for the person. The registered manager said they were aware of this and would develop a new form to prompt staff to record more person-centred information.
- Care plans were being fully reviewed when we inspected and the manager confirmed that the new care plans were to be shared with relatives for their input. Relatives had not been involved from the start to make sure their knowledge of their family member's needs and preferences was included. This was a missed opportunity to make sure the correct information was in the record as it was written.
- The care plans were detailed and included information on each aspect of the person's needs such as, eating, personal care, communication and moving and handling. The information was person centred and described the way staff should support the person. For example, one person's eating care plan said they, "Sometimes like to change staff half way through their meal," and they drank from, "A purple plastic mug with a green lid and a thick straw." We observed the person being supported in line with this guidance at the inspection.
- Although care plans were very detailed, the feedback received from family members was that staff sometimes missed the small important details when providing care to their relative. One family member said, "It's the attention to detail that's the issue. It can make the difference between [name] being comfortable or really uncomfortable for the day."

- Care plans recorded the objective for each area of care as well as a goal to be worked towards. Although this was positive, some of the goals and objectives set were generic and would have benefitted from being more tailored to the individual person.
- Care Plans were reviewed on a regular basis but there was little information recorded to show what progress had been made towards achieving the goals.
- Similarly, Key workers completed monthly reports to show how people had been supported to achieve their goals and aspirations, and what the outcomes were. However, in many instances, the information in these reports was brief and often just stated 'no change'.
- We asked a member of staff whether one person had achieved a goal of going to see a performance of a type of dancing that was identified as a goal within their care plan. The staff member said, "No, I don't think it's very likely really."
- This calls into question whether the goals set with people were assessed to make sure they were achievable, and whether staff were providing the right support to them if they were.
- People had opportunities to participate in a variety of activities over the week, including attending day services, music and dance groups and going out in the local community.
- The provider had two minibuses that were used to support people to go out regularly.
- A member of staff told us that as well as planned activities, they took the opportunity to go out whenever they could. For example, they recently went to the theatre when some tickets became available at short notice.
- Although there were a range of activities available to people some family members felt that there were large parts of their relative's week that were without any structure. They told us that routine and structure were important to their relative because it helped them feel in control of their life as they could know what was going to happen each day.
- We saw staff playing board games with one person, who was taking part fully and clearly enjoying this activity.

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

RI: Management and leadership of the service had improved since our previous inspection in October 2017. However, the provider and manager's vision for the service was not yet fully embedded in the culture of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was committed to developing a person-centred culture within the service and we saw significant improvements in relation to this since the last inspection.
- The registered manager and the administrator told us they knew there was still work to do to fully embed a person-centred culture within the service.
- Staff told us they felt the service had improved since our last inspection and since the new manager had started. Relatives confirmed this, and although they still had some concerns that had not been resolved, said the service was better than it had been and, "It has a much happier atmosphere now." We also saw a significant change in the atmosphere at the service; people appeared very happy, staff were cheerful and relaxed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Many of the staff team were new, still adapting to their roles and developing their understanding of the type of service the provider wanted Luke's Place to be. We discussed this with the provider and the registered manager who said they had recruited staff who showed the values they were looking for at interview. They were confident that by developing a new staff team they would be able to shape the positive culture of the service.
- The registered manager had spent time getting to know people and staff. They were very knowledgeable about people's current needs and how to meet these.
- Relatives told us they felt it was important for staff at all levels to take responsibility for providing good care to their family member. One relative said when they pointed out when something was not right, sometimes staff would, "Shrug as if it was nothing to do with them."
- However, we found the registered manager was working on this with the staff team and was keen to develop staff roles and responsibilities. Staff who showed good skills or an interest in an area of care were being supported to take a lead role in it. In this way, the registered manager was using staff skills well and supporting staff to take responsibility for being part of the positive changes in the service.
- The registered manager promoted an open and transparent working environment. They told us that for the service to improve staff needed to feel they could be open when mistakes occurred. Staff told us they felt

comfortable with the managers approach, and that they regularly discussed areas for improvement.

- The provider and the registered manager carried out regular audits. This meant they could regularly identify areas of the service that required improvement, and make those improvements in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in day to day issues at the service, but the provider needed to develop an effective way to involve them in the development of the service. This meant they needed to provide other means of people communicating their views, rather than just verbal communication, as this was difficult for them.
- The registered manager was setting up regular meetings with relatives to support better communication. However, feedback from relatives was that there was still room for improvement.
- Staff told us the registered manager was approachable and spoke openly with them about issues in the service. One member of staff said, "[Registered manager] listens to staff, has given staff responsibilities. A lot of the staff weren't given specific areas of expertise previously so by sharing the responsibilities, it has given the staff more self-value. They are feeling more valued and motivated."

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.