

Mariposa Care Group Limited

# St Luke's Care Home

## Inspection report

Upper Carr Lane  
Calverley  
Pudsey  
LS28 5PL

Tel: 01132563547

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

St Luke's Care Home provides nursing and personal care for a maximum of 34 older people. At the time of our inspection there were 23 people living at the service. The home provides single room accommodation with most rooms having en-suite facilities.

### People's experience of using this service and what we found

Quality assurance systems were in place but had not identified or addressed all the shortfalls we found during the inspection. Although people told us they felt safe at the service, we found inconsistencies with information around risks to people and how staff should respond to these. Records had not always been completed accurately to show whether care tasks had been carried out.

We found some improvements were needed to fully ensure the safe management of medicines. The registered manager immediately addressed some of these shortfalls during our inspection, but there was further work to be done to ensure changes were embedded into practice; particularly of care records. We have recommended the provider reviews care records more robustly to ensure their accuracy and that they keep medicines under review to ensure the improvements made are sustained.

Staffing levels were appropriate to meet people's needs. Staff were trained in safeguarding and appropriate referrals had been made to the local authority. Staff ensured people lived in a clean and tidy environment. Infection prevention and control practices had been updated to follow government guidance. Some renewal of carpets and décor were needed, and the provider had a plan in place to address this.

Staff were kind and caring and people provided positive feedback about staff. We observed good interactions between people and staff. Staff treated people with dignity and respect and knew their needs well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they enjoyed the food and they were involved in aspects of their care; particularly around what time they would like to get up or go to bed. People said they made their own decisions. They also told us they would have no hesitation in raising a concern or complaint with staff or the management team.

Staff told us they enjoyed working at the service and felt well supported by the management team. They said the service was managed well. The management team were receptive to our feedback and responded to address concerns and improve the service; such as those we found related to medicines.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was 'inspected but not rated' (published 21 September 2020).

## Why we inspected

This was a planned inspection based on the previous rating.

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

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for St Luke's Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to good governance and records at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Luke's Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Luke's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the manager and staff. Inspection activity started on 29 June 2021 and ended on 13 August 2021. We visited the service on 29 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke face to face with the regional manager, registered manager, clinical lead and a nurse. We spoke by telephone with six members of care and nursing staff. We spent time observing the care and support people received. We reviewed three people's medicines records.

#### After the inspection

We reviewed a range of records. We reviewed most of the documentation remotely by asking the registered manager to send us key information before and after our site visit. This included three people's care records. We looked at three staff records in relation to recruitment and reviewed the staff training overview. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

We continued to seek clarification by telephone from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's care records did not always contain detailed risk assessments. For example, two people had bed rails in place however, there was no risk assessment with guidance for staff on how this risk should be managed. Two people were noted to display 'aggressive' or 'argumentative' behaviours; there were no documents in place to show the measures in place to mitigate these risks. However, staff understood where people required support, and how risk was managed. They knew people and their needs well.
- The registered manager agreed improvements were needed to care records to ensure all risks identified were supported by detailed management plans.

We recommend a full review of care records is undertaken to check risk management plans are recorded more thoroughly.

- Checks and servicing were carried out to the building and equipment to make sure it remained safe for use by people and staff.
- Staff could describe fire procedures in the service, and we saw regular fire drills took place.

### Using medicines safely

- At our last inspection we recommended the provider consider current guidance on medicines management. At this inspection we found improvements had been made, however further improvements were still needed to fully ensure best practice.
- Overall, medicines were administered as prescribed. However, some prescribed medicines or creams were given as and when necessary (PRN) and some PRN medicines were given regularly. The clinical lead agreed these needed to be reviewed with the GP and made immediate arrangements to do so.
- Some instructions for how to administer PRN medicines were not clear and at times in conflict; with two different sets of instructions recorded. None of these medicines had been administered but there was a risk they may not be administered as prescribed. The clinical lead addressed this with immediate effect during the inspection.

We recommend the registered manager and provider keep medicines under review to ensure the improvements made at the time of the inspection are sustained.

- Medicines were stored properly and there were appropriate arrangements in place for the management of

controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

- Staff who administered medicines received training and their competencies were assessed regularly to make sure they had the necessary skills.
- People told us they were happy with the support they received to take their medicines.

#### Staffing and recruitment

- Overall, there were enough staff to care for people safely. Feedback from most people and most staff was that current staffing levels were enough. One person said, "There's enough staff to look after me. It's pretty good."
- We did however receive some comments that staff took longer to respond to people at busy times of day. One person said, "Calls aren't answered as quick as they could be." Another said, "At busy times you just have to wait a bit longer." A staff member also said this was the case, especially if the home was at full capacity.
- The provider used a dependency tool to ensure there was a safe number of staff to meet people's needs. This was kept under review in response to changes in people's needs.
- Staff were recruited through a robust process and the provider followed their recruitment policy to ensure suitable people were employed.

#### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems and procedures were in place to protect people from the risk of abuse.
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident these would be acted upon.
- People told us they felt safe and well looked after. One person said, "I feel safe as the staff are available 24/7 and they are very pleasant." Another person said, "I'm safe, there's nothing to worry about. It's nice and secure."

#### Preventing and controlling infection

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

#### Learning lessons when things go wrong

- The registered manager and staff team took action to reduce accidents and incidents and learn from these.
- Accident and incident reports were reviewed to check if there were any trends or if additional support could be put in place to prevent any re-occurrence.

# 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.

At the last inspection this key question was not inspected. At this inspection, this key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Personal care records were not always accurately completed by staff. Several entries were made at times that were not consistent to the time care was delivered. There were gaps in recording of positional change and fluids given to people. The registered manager was aware of the need to improve care documentation. They said, "Our new system is a work in progress."
- Some staff told us they found the computerised system for recording care delivery a bit confusing and said it was easy to overlook some recordings. Staff said people received care as they needed even though records may not reflect this.
- Pre-admission assessments had been completed when people first moved into the service so that staff could understand the level of care people required.
- People said their needs were met well. One person said, "The carers make me feel safe, they look after me and the management's good as well."

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

- Care records did not always reflect people's dietary preferences well. However, staff were knowledgeable about people's individual dietary needs and preferences.
- Food and fluid intake was recorded and monitored for some people. However, the records did not indicate what fluid targets were for people and often showed gaps where food and fluid had not been recorded. The registered manager agreed these records needed to improve to accurately reflect people's intake so appropriate action could be taken if needed.
- People were supported to have a diet of their choice. Overall, people made positive comments about the food provided. One person said, "The food's generally pretty good. We had a nice meal today." Another person told us, "The meals are fine. If you ask for something else, they get it for you." One person said the food had not always been to their liking but told us a new chef had been appointed and they hoped this would improve matters.

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

- Some entries in the care records showed people had raised concerns such as being in pain. There was no evidence of follow up or action in response to this for two people whose records we reviewed. The registered manager assured us this would be followed up and reviewed.

- People were supported to access and receive a range of healthcare services they needed. They received visits and attended appointments with health services including opticians and chiropodists as needed. Details of these visits were recorded in care records.
- Records showed a relative had complimented the staff team on getting a person to the stage where they could return to their own home. They said, 'You have all played so big a part in his recovery and care.'

#### Staff support: induction, training, skills and experience

- An induction programme was provided for staff when they first commenced employment to ensure they understood their roles.
- Staff told us they received enough training to support them in their roles. The home's training records detailed the training staff had completed and showed this was up to date and refreshed when needed.
- Staff confirmed they had received training and support to use any equipment in place, such as a hoist and felt confident in doing so.
- Staff received supervision as part of their ongoing development, as well as appraisals.

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

- The service design was suitable to meet people's needs. Some improvements were needed to ensure renewal of carpets and décor in areas that were looking a little tired and worn. The provider had a plan in place to ensure this.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were submitted appropriately to the local authority as required where people lacked the capacity to consent to the care they received.
- People were not unnecessarily restricted, and staff understood the principles of the MCA and DoLS. People were asked for their consent to any care and support interventions. Staff gave full explanations to assist people to make choices and these were respected.
- People told us they made their own choices and decisions. One person said, "I choose when to go to bed and get up."

# 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.

At the last inspection this key question was not inspected. At this inspection, this key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, compassion and respect by caring staff. People's comments included: "When I feel sad staff talk to me and help me to feel better", "They are very kind" and "I find them all very nice."
- All interactions we observed were kind, caring, positive and appropriate. People were relaxed and happy in staff's company. There was a good atmosphere in the service. Records showed people and staff celebrated World Kindness day and planted a tree on the national day of reflection for COVID; to remember difficult times and the loss of loved ones.
- People's diverse needs were considered, and equality promoted. The registered manager and staff team had recently encouraged the celebration of lesbian, gay, bisexual and transgender (LGBT) Pride month in the service. There were photographs of the celebrations that had taken place. The management team had also participated in fasting during Ramadhan to help them understand how this felt and to be able to support people better during this. Eid was then celebrated; with staff sharing their experience of this festival with people who used the service and staff.

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

- People were involved in making their own decisions and their choices were respected. People told us they were able to express their views and felt listened to. One person said, "Oh yes, they listen to me." Another person said they were able to take a shower when they wanted one.
- Staff told us how they encouraged people to make their own choices and described the importance of this for people's well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. Staff asked people's permission before entering their rooms or providing any assistance such as personal care.
- Staff told us how they maintained privacy and dignity for people. One staff member said, "Its important to respect privacy and give people the dignity they deserve."
- People told us they were encouraged to be independent. One person said, "I am as independent as I can be."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was not inspected. At this inspection, this key question has been rated requires improvement.

This meant there was a risk people's needs were not always met.

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

- Information in care plans was inconsistent. Some had good guidance around people's individual needs, however, others did not. Some care plans lacked information about people's individual preferences for care. We discussed this with the registered manager who said they were aware of the need to improve care records since they had changed to an electronic care planning system.
- Care plans frequently recorded the support people needed using vague terms such as 'two staff to support' or 'two staff to help him to shower'. This could lead to people's needs being missed or overlooked.
- Some care plans had inconsistent information. For example, one person's records stated there were choking risks when this was incorrect.
- Staff we spoke with knew people well and could tell us about people's individual needs. Staff also agreed care records needed to improve to fully reflect people's needs.

We recommend the provider carries out a full review of the care records to ensure they are up to date, accurate and fully reflect people's needs in a person-centred way.

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

- There were enough activities taking place to keep people occupied. These had been adapted in line with the situation of the COVID-19 pandemic; which had limited activity outside of the home and external visitors coming into the home.
- People had been supported to keep in contact with their family and friends through telephone and video calls during this time. One person said, "They bring me a phone to ring my wife."
- Records and photographs of previous activities were displayed around the home. One person said, "It is very good there's always something going on. I enjoy the quizzes."
- Activity was offered each day and included films, word search, exercise with bean bags and table games. Some people told us they preferred their own company, and this was respected. Records of activity were not always completed to reflect what people had participated in. We did not see any records of activity for people who spent their time in their own rooms. However, staff told us this did occur, and people enjoyed activity such as chatting or reminiscence with the activity organiser.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood and followed the AIS. They told us information could be made available in different formats if required for example, items in larger print or different languages.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which explained the process people could follow if they were unhappy with their care.
- Complaints records we checked showed when things went wrong, the provider and registered manager took action to address shortfalls and improve practice.

End of life care and support

- People's wishes regarding end of life were recorded in their care records. If people did not wish to discuss their end of life care, this was respected by staff.
- Care records contained a 'do not resuscitate' order if one was required.
- The service had received several compliments from people's relatives about the care received at end of life for their family member. These included; 'Thank you for making [name of person's] last weeks so lovely. [Name of person] was so happy and settled with you all.'

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and registered manager used a range of audits and monitoring systems to assess the quality and performance of the service. Checks of areas including care records, complaints, safeguarding, training, medicines and infection control had been completed on a regular basis. Audits were also carried out by the senior management team.
- However, the shortfalls we identified at this inspection had not been picked up by these audits. These included our concerns with medicines records, risk management and care plan records.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate risks were effectively managed and complete and contemporaneous records were in place in respect of each person. Audits completed in the service had not identified this. The lack of good governance within the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager fulfilled their legal obligation to notify the Care Quality Commission of any serious incidents involving people at the service.
- Staff understood their responsibilities and the leadership structure in the service.
- People told us the service was well managed and they knew the manager. One person said, "It's well managed. I would recommend it to anyone."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they were happy at the service and they did not have any complaints or concerns. People's comments included; "It's OK; happy and pleasant", "Staff are nice and understanding and try to sort out any problems" and "They always ask, if it's OK with you."
- Staff spoke highly of the management team in the service. They said they felt well supported by an approachable and visible management team. One staff member said, "I feel I can talk to them about anything; ask questions, make suggestions. I feel listened to."
- Staff spoke of excellent teamwork and communication in the service. One staff member said, "I love

coming to work; it is like being part of big family."

- Records showed that when things went wrong there was evidence that people and their relatives were responded to and kept informed.

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

- People were involved in making decisions about the care they received. They said their decisions were respected.
- Residents meetings were held to encourage people to give feedback and share any ideas of changes they would like to make. People said these were effective and led to changes being made.
- Regular staff meetings had taken place. Staff described communication as good and said the registered manager kept them up to date.

Working in partnership with others

- The registered manager and staff team worked closely with visiting professionals such as GP's and specialist nurses as well as local authority staff.
- A health professional had sent the home a complimentary e mail on their assistance with the delivery of COVID vaccines. They said, 'St Luke's were amazing on the day and really helped us deliver the first vaccines in very organised and pleasant manner.'

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	Systems in place did not always effectively monitor and improve the quality and safety of the service. The provider had failed to keep up to date and accurate records.