St. Luke's Oxford

St Luke's Hospital - Oxford

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?	Good

Summary of findings

Overall summary

This inspection took place on 23 November 2016. It was an unannounced inspection.

St Luke's Hospital is registered to provide accommodation for up to 51 older people who require nursing care. At the time of the inspection there were 45 people living at the service.

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

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. Nurses were supported to maintain their registrations with the nursing and midwifery council (NMC).

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.
People told us they enjoyed the food provided by the home. Where people required special diets these were provided by a chef who clearly understood the dietary needs of the people they were catering for.

People received person centred care. People were cared for by a service that understood the importance of getting to know the people they supported. There was a clear focus on the importance of knowing people's histories.

The service employed three recreational therapists and supported 15 volunteers to provide people with meaningful activities as well as supporting people to attend exercise classes and physiotherapy appointments.
People were confident they would be listened to and action would be taken if they raised a concern. People

told us the service was responsive and well managed. The service sought people's views and opinions and acted upon them.

The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery.

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.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support to care for people.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring. Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive. People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

There was a range of activities for people to engage with.

Is the service well-led?

Good

The service was well led. The home had a culture of openness and honesty where people came first.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

St Luke's Hospital - Oxford

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 23 November 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with eight people, three relatives, four care staff, the chef, the deputy manager, two nurses, one senior care staff, one domestic staff, the registered manager, the chief executive and three healthcare professionals. We reviewed seven people's care files, six staff records and records relating to the management of the service. Prior to the inspections we spoke to commissioners of the home to get their views on the service is run.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they were safe. Comments included "It's the atmosphere in here and they are caring. At night they come and check my windows to make sure there locked", "Yes I feel safe and protected, and they care and there is a good atmosphere", "Oh goodness yes (I am safe), there's always someone around and that makes it feel safe", "Oh yes they look after me here and you can underline that" and "This is the happiest place I could be". A relative told us "I don't think you could get better than here and yes I feel she is very safe here".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the manager. Staff comments included "I did safeguarding as part of my induction. I can report concerns to the nurses or safeguarding team" and "Abuse can be physical, mental, sexual or financial. We know the people so it's easy to spot when something is off and report to senior staff".

Staff were also aware they could report externally if needed. One staff member told us "I would go to the safeguarding team". Another staff member said "I would contact CQC (Care Quality Commission)".

Risk assessments were in place to enable staff to support people safely. These protected people and supported them to maintain their freedom. Risk assessments included areas such as safe environment, falls, pressure areas and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person fell and sustained an injury which resulted in reduced movement. The risk assessment was reviewed and support equipment supplied to support the person safely.

People who were at high risk of pressure damage had accurate and up to date prepositioning charts in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from the tissue viability team. This included the use of pressure relieving equipment.
People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to mitigate further risks associated with peoples care. For example following an incident where a person suffered from (medical condition). The incident was investigated and the person's care plan reviewed to ensure they were safe. Staff also increased the frequency of observations on the person. The impact of this was that future risks to this person were reduced.

The provider had an infection control and prevention policy which staff followed. Equipment used to support people's care, for example, weight scales, wheelchairs, hoists, commodes and standing aids were

clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean. Staff had received training in infection control and knew how to mitigate any infection risks. One member of staff told us, "We had infection control training. I always use gloves and wash my hands between patients". We observed staff using personal protective equipment correctly.

People received their medicine as prescribed and the service had safe medicine administration systems in place. The provider had a medicine policy in place which guided staff on how to give medicines safely. We observed staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why.

Medicines in monitored dosage systems were stored securely in locked cabinets in medicine store rooms which were kept locked at all times when not in use. Controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) stocks were checked by two staff to ensure medicines had been administered as prescribed. There was also a medicine fridge which was kept at the appropriate temperature. Staff who administered medicines were trained and their competency was observed regularly.

We observed, and staffing rotas confirmed, that there were enough staff to meet people's needs. Staff and relatives told us there were enough staff to meet people's needs. One relative said "There is always someone around to help". A staff member we spoke with told us "We've got good numbers when it comes to staff". Another staff member told us "We've got enough staff and we've got the right type of staff". We observed records demonstrating that staffing levels were regularly reviewed by the management team.

During the day we observed staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. Call bells were also answered in a timely manner. People in their rooms had call bells to hand. One person we spoke with told us "When I use it and they come very quickly and it's the same at night". Another person told us "The staff are very sweet. I used the call bell once and they came within 10 seconds I was amazed".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks (DBS). These checks identify if prospective staff were of good character and were suitable for their role. Staff members we spoke with told us "They would not let me work alone until my checks came back. This included my references and DBS".

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. One person we spoke with told us, "The staff are very good". Another person told us "The staff know my needs, I've been well looked after since I've been in here".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included safeguarding, infection control, manual handling and fire safety. Staff were supported to attend specific training courses to ensure they had the skills to meet people's needs. One member of staff said, "I asked for stoma bag training and it was arranged. I also requested medicines training and I got it despite that I do not support people with medicines". Another staff member described to us how they had requested additional training in conflict management. They told us "St Luke's funded it for me, they are brilliant". We viewed staff training records which confirmed staff received training on a range of subjects. Training that included Safeguarding, fire training, infection control, moving and handling, percutaneous endoscopic gastrostomy (PEG), dementia care, nutrition and equality and diversity.

New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. One member of staff told us, "I came here straight after my A levels. Induction was very helpful, gradual and always with a mentor. I shadowed until I was ready. I now induct other new staff and find it easy as I did it before".

Nurses were supported to maintain their registrations with the nursing and midwifery council (NMC). The provider arranged outside learning support for nurses to complete their revalidation process with the NMC. The revalidation is the process that allows nurses to maintain their registration with the NMC and demonstrates their continued ability to practise safely and effectively. One nurse told us, "We are offered training and development opportunities. Staff who do not speak English as first language are provided with training. We attend regular study days and we requested mental health training which it was provided through Oxford Brookes University". Another staff member told us "When I started they provided me with English classes as English was not my first language".

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals (one to one meetings with their manager). Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member we spoke with told us, "I have my supervisions every three months. We discuss training needs and they ask me if I am happy".

Staff we spoke with told they felt supported by the registered manager. Comments included "We are really close and we have regular catch ups", "You can always go to someone if you need", "I know who and were to go if I need support. They are nice people and that's why I have worked here so long", "If you have any training or equipment needs then they will not ignore you and they will support you to get it in place" and "I once needed (specialist equipment). I told them what we needed and why and they helped to put it in place.

It made me feel so supported and listened to".

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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. During our inspection we found that the service was adhering to the principles of the MCA. For example following a mental capacity assessment the service had acted in a person's best interest to ensure that changes to the persons daily routine was carried within the persons best interest. This included the least restrictive option. We saw evidence that this best interest decision had involved the person's relatives and their G.P. The impact of this was that the person's maintained a level of independence despite a change in their capacity.

Records showed that staff had been trained in the Mental Capacity Act (MCA). All staff we spoke with had a good understanding of the principles of the (MCA). Staff comments included: "The act is there to make sure we are not taking away peoples decisions, rights and wishes", "It's all about the best interest of the person", "It's about the person's ability to make safe choices and decisions", "We always assume capacity" and "capacity can change".

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in their own best interests. At the time of our inspection the service had made DoLS applications for two people.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff knocked on people's doors and sought verbal consent whenever they offered care interventions.

People had sufficient to eat and drink. People were offered a choice of meals three times a day from the menu. The chef advised us that if people did not like the choices available an alternative would be provided. During our inspection we observed that the food looked wholesome and appetising.

During lunch time we observed people having meals in the dining room. The atmosphere was pleasant. There was conversation and chattering throughout the dining room. People chose where they wanted to sit and did not wait long for food to be served. People were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace.

People told us they enjoyed the food provided by the home. Comments included "The food is very good, we get three choices. Breakfast is very good and we have supper at around 6pm", "The food is good and we get a good choice", "It's quite good and we get a good choice for lunch and evening meals", "There is plenty of food and it is excellent" and "I had my first meal lunch time here yesterday and the meal was fantastic. Really good".

Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. Where people required special diets these were provided by a chef who clearly understood the dietary needs of the people they were catering for. We spoke with the chef and they told us "We try and balance a well protein diet" and "The fish we batter ourselves, however some people like it grilled so we grill it. It's all about their choice". Records showed people's weight was maintained.

People had regular access to other healthcare professionals such as, G.P's, district nurses, occupational therapists, dieticians, physiotherapists and other professionals from the care home support team. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations. One member of staff told us, "We refer to other healthcare professional and the process is fairly simple. We ensure continuity of healthcare access. At times we are confident to take advice over the phone. We have good professional relationships with them".

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included "The staff are lovely nothing is too much trouble for them", "The staff here are perfect, the old ones and the young ones", "The staff are lovely and respectful", "The staff are fantastic even the smallest thing is not too much trouble for them", "I think their doing a great job" and "I think everything the staff do is outstanding their great here". One relatives we spoke with us told us "I love it; it's a very caring place. Their very loving and they treat [person] with respect".

Staff told us they enjoyed working at the service. They said, "I love my job and so happy here. The patients are wonderful", "This is like a big family", "I have been here two years and wouldn't change my job for anything" and "Patient comfort and care is our priority".

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated respect and dignity. One member of staff told us, "We know the patients well and have good relationships with them".

People told us they were treated with dignity and respect. Comments included "Yes they always knock on my door and they close the curtains when their doing things for me", "They knock on my door and pull the curtains when they are looking after me" and "They respect my privacy".

We asked staff how they promoted people's dignity and respect. Staff comments included ", "We make sure curtains and doors are closed during personal care", "We cover people up with a towel when we're doing something, giving them time and privacy", "First you need to recognise the importance of privacy, when we deliver care we need to be mindful that doors and curtains are closed. Confidentiality is also important", "Dignity is also about listening and giving people choices" and "It's about protecting people's rights to privacy. We do this by making sure we always knock on doors and also inform people why we are there".

We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed. Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, We observed how one member of staff supported a person with a medical condition. Throughout the interaction the staff member took the time to explain what was happening and what was going to happen next. We spoke with this person and they told us "They are very thoughtful and they always ask my permission before they do anything".

People's independence was promoted. Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. Comments included "We have special plates and cutlery to aid independency during meals. We also encourage people to do simple exercises", "If I put myself in their place then I would like to stay as

independent as possible. After all it's a basic human right" and "We let them do as much as possible whilst keeping a close eye on them".

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. One person told us "There are no restrictions to when my son can come and go". A relative we spoke with told us "There are no restrictions as to when we can come and go".

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff. One member of staff told us "We don't discuss anything with anyone who does not need to know". Another staff member said "When relatives ask for updates we refer them to the nurses".

People's advanced wishes were respected. Staff told us they involved people and relatives in decisions about end of life care and this was recorded in their care plans. For example, one person had an advance care plan, end of life care plan (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. We saw thank you letters that were sent by people's relatives following loss and they described how appreciative they were of the excellent care given by staff during end of life.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their changing needs. One person we spoke with told us "I was in immense pain once with (medical condition), they got the doctor to me and got it fixed. I feel a lot more comfortable now". A relative told us "Any problems and they call me straight away".

People's needs were assessed prior to them entering the service and this information was used to develop care plans. The registered manager of the service and the provider visited people in hospital prior to their admission to St Luke's to ensure that their needs could be met. One person we spoke with told us "(Registered manager) came up to the hospital to see me and she has come to see me here twice already". Care records contained details of people's medical histories, allergies and on-going medical conditions. Care plans were updated regularly to ensure the information was accurate.

The service was responsive to people's changing needs. For example, one person's health was deteriorating and they spent more time in bed. This meant the risk of the person developing pressure sores had increased. Staff sought professional guidance and a pressure mattress was installed. Staff updated the person's care plan to reflect the changes. Daily records showed staff followed the advice of ensuring the pressure mattress was working.

Care plans contained details of people's likes and dislikes and how they wished support to be delivered. Care plans contained 'Life Story' document which captured people's life histories including past work and social life, enabling staff to provide person centred care whilst respecting people's preferences. Staff knew people and their hobbies and they encouraged them to participate. For example, one person 'loved gardening'. Records showed this person had been supported to visit a local garden centre which they enjoyed.

People received personalised care. For example during our inspection we observed an interaction between two staff members and a person. The person was showing the staff member's historic photographs of themselves, their family and places they use to live. Throughout this interaction staff were genuinely interested in the persons history and kept asking the person about the photographs. We observed that this person was clearly enjoying telling staff about things that were important to them.

We observed that the home had a spacious and well equipped physiotherapy room. People told us that they benefited from the onsite physiotherapy service. One person told us "They've got me back on my feet" and "I use to be hoisted and In five months I am now mobile and on my feet again. Another person told us "I am determined to do what I can for myself and they encourage that". A member of the physiotherapy team told "If we need anything then all we have to do is ask".

People had access to a wide range of activities that included, Arts and crafts, gardening, exercise classes, music therapy, pottery and visits by a pat dog, Pat dogs are registered to visit hospitals and residential homes to offer comfort and support. We also noted that the service put on themed events for people to attend. For example the service had recently had an event that involved people enjoying Nepalese food and

Nepalese traditional dancing.

We spoke with one person who clearly enjoyed attending exercise classes. The person told us that they had asked permission for their relative to attend with them. They told us "I asked the matron and she was fine with it". We spoke with the person's relative and they told us "We are not joking, they are marvellous here".

The service employed three recreational therapists and supported 15 volunteers to provide people with meaningful activities as well as supporting people to attend exercise classes and physiotherapy appointments.

We observed that the home had an onsite chapel. Chapel services were regularly provided for people to attend and care records highlighted people's faiths and religious practices. This meant that people could practice their faiths in a way they wished. We spoke with a visiting vicar who confirmed that the service arranged extra visits for people on an individual need. People we spoke with told us that they were supported to follow their faith in the way that they like to. During our inspection we noted that a chapel service was well attended.

The home kept in touch and involved when people were discharged following respite care. Their responsive nature went beyond the grounds of St Luke's Home. For example, one person wrote to the home after discharge and mentioned that they were having difficulties with some furniture in their home. The service responded to this by arranging for the maintenance staff to visit the person and fix the persons furniture.

The home sought people's views and opinions through monthly satisfaction surveys. We observed that the responses to the recent survey were positive. We noted that the service had acted on people's feedback. For example following one satisfaction survey people had commented on the decor and curtain blinds within some areas of the service. As a result the service had carried out refurbishments and changed the curtain blinds.

We noted that the service had incorporated a coffee shop within the service. We spoke with the provider about this and they informed us 'Generally our feedback on food has been very good, but there had been consistent grumbles about the coffee. This was not the only motivation to create the Coffee Shop as it was a facility I was keen to add, but it has certainly stopped the grumbles about the coffee as well as adding a popular activity'. Throughout our inspection we observed staff, relatives and people enjoying and socialising within this designated space.

Good

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included, "The management here is brilliant", "(Registered manager) is wonderful, she can come across as fierce sometimes but she always gets the job done", "(Registered manager) is motherly but firm. She knows everything that's going on", "(Registered manager) is approachable and very knowledgeable", "(Registered manager) is such a strong likable character", "You can ask (registered manager) anything, you don't have to hide or be worried. She is always there for you. She is brilliant", "I have learnt so many things from (registered manager)", "The (registered manager) is the way that (registered managers) should be. She is firm but fair".

Staff spoke positively about the provider. One staff member we spoke with told us "He's brilliant. We have all got a lot of time for him". A relative we spoke with told us "It's a wonderfully run place by wonderful people".

The registered manager told us that the visions and values of the home were "We are here to respect patients as people and not just room numbers", "We need to ensure that we are meeting people's needs" and "Weather it is respite or long term care people have come in here because of difficulties at home, it is our job to identify what those difficulties are. That's what we act and focus on and that's what people respond best to". A relative we spoke with told us "The ethos is very clear and consistent at St Luke's. The staff are committed to it and it is visible in what they do". Staff we spoke with were aware of the visions and values and embedded them within their practices.

There was a positive and open culture in the home. The registered manager was available and approachable. People knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner. We saw the registered manager was involved in the day to day tasks of running the home. One staff member we spoke with told us "I have never forgotten the day I came for my interview and thinking how positive the culture was".

Staff commented positively on communication within the team. Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "We have monthly team meetings and minutes are available. We discuss general staff issues and how best to change care".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us "I would not have any issues with whistleblowing".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

There were systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service. For example, we saw evidence of audits surrounding hoists and slings, infection

control, care plans and risk assessments. We also noted that the person responsible for the maintenance of the service had effective systems in place to ensure that people were safe from avoidable harm. For example legionella checks were regularly carried out and monitored.

Learning from these audits was used to make improvements. For example following an audit of the activities the provider increased the frequency of activities to twice daily. In addition to this the provider had also recruited a third member to the activities team. The impact of this was that activities were also carried out on a weekend. We also saw evidence that the service was in the process of recruiting an occupational therapist.

The service was continually looking to improve. For example following feedback that service had identified that people who were admitted to the service on a Friday and who were in need of physiotherapy did not receive any until the Monday. As a result the service increased its number of physiotherapists and incorporated a Saturday service.

We saw evidence that the registered manager and provider had introduced a health and safety meeting and a falls meeting. We spoke with both the provider and the registered manager about this and they told us "The health and safety meetings include representatives from all departments. It's an opportunity to look at our practices and make sure we are doing things as safe as we can" and "When we commence our falls meeting we identify any patients that have fallen. We then discuss the reason for the fall and what we can do differently to prevent further falls". This demonstrated that the service embedded continuous learning in its day to day practices that was focused on improving the quality of care for people whilst they were residing at St Luke's.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and local hospitals. We saw evidence that the service was working with a local hospital in developing their practice for supporting people with diabetes. We spoke with the registered manager about this and they told us (We are currently working closely with (hospital) who are supporting us in making recommendations surrounding good practice diabetic care".