

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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Luke's Hospital is a care home. It is registered to provide personal and nursing care for up to 63 people across three separate wings, each of which has separate adapted facilities. At the time of our inspection 37 people were living at the service.

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

People living at St Luke's Hospital received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines safely and as prescribed.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a registered manager who was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was requires improvement (published 3 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: We carried out an unannounced comprehensive inspection of this service on 4 July 2019. Three breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent as well as good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Luke's Hospital-Oxford on our website at www.cqc.org.uk.

Follow up: We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Luke's Hospital - Oxford

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 as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection team consisted of two inspectors 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 Hospital 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

This inspection was unannounced. Inspection activity started on 14 August 2020 and ended on 27 August 2020. We visited the location on 26 August 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the

service and the service provider. We looked at 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 received feedback from the commissioners. We also reviewed the provider's previous inspection reports as well as the action the provider had told us they would be taking. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people and received feedback from five relatives. We looked at five people's care records and three medicine administration records (MAR). We spoke with the registered manager and four staff which included, a nurse, auxiliary nurses, domestic staff and an occupational therapist. We received written feedback from five staff. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We received feedback from two social and health care professionals who regularly visited people who received care from the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people as well as maintain accurate records. These were breaches of regulations 12 (Safe Care and Treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 17.

- The service had embedded a proactive approach to anticipating and managing risks to people who lived in the home, which was recognised as being the responsibility of all staff. Where people were at risk of falls and seizures, there were risk assessments, management plans and checks completed to keep people safe.
- People's risk assessments also included areas such as risk of developing pressure sores. Where people had been identified as being at risk, they had pressure relieving equipment in place and had regular positional changes recorded. Staff were familiar with and followed people's risk management plans.
- People received their medicines as prescribed and the service had safe medicine storage systems in place. The provider had invested in an electronic medicine recording system which had resulted in reduction of medicine recording errors.
- Where people were prescribed creams and patches, there were clear instructions for staff to follow using tools such as body maps. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competences regularly checked.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at St Luke's Hospital. One person told us, "I do feel safe. If you ring in the night they are quickly there." One relative said, "We know that [Person] feels safe at St Luke's and, as she is intelligent and highly verbal, that she would raise concerns if she did not feel safe. She actively likes the staff."
- Staff had a comprehensive awareness and understanding of abuse and knew what to do to make sure that people who lacked voice were protected. People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "If I witness any type of abuse, the person to report to would be the manager. I know I can report to local safeguarding service or call the police if the person is in serious danger."

- The provider had safeguarding policies in place and the team reported concerns accordingly. Where required, investigations were thorough. There was a consistent approach to safeguarding and matters were always dealt with in an open and transparent way.

Staffing and recruitment

- There were enough staff to meet people's needs. The service regularly reviewed staffing levels and adapted them to people's changing needs.
- Relatives told us there were enough staff. One person said, "They have enough staff and they are mostly permanent. Never had to wait long for help."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it. Adjustments had been put in place to include management of Covid 19 infection.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- Staff understood their roles and responsibilities for maintaining high standards of cleanliness and hygiene in the home. People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, improvements had been put in place following the last inspection. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls.

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 rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed 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.

At our last inspection the provider had failed to assess people's mental capacity in line with the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interests by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We assume capacity in the first instance. If we have to make decisions on behalf of anyone, then it has to be in their best interest." People were given choices as staff worked to the principles of the MCA.

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

- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. People's needs were comprehensively assessed before they came to live at St Luke's Hospital.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, and did not work unsupervised until they and their manager were confident they could do so. The induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.

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

- People told us they were supported with nutrition and hydration in a dignified way. Records showed people and relatives were involved in decisions about nutrition.
- People told us they enjoyed the food. One person said, "The food is good. With all people's peculiarities these days like allergies, but they put coloured stickers on the menu."
- Meal times were set to suit people's individual needs in line with current government guidance.
- Staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds.
- The service protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.
- Healthcare professionals told us staff followed their advice and sought further guidance when needed.

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

- St Luke's Hospital was a purpose-built home which had been decorated to a good standard. People told us their rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a garden and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

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 rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people's records were up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received personalised care and support specific to their needs, preferences and routines. The provider had introduced an electronic recording system. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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 provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to speak slowly and allow time for the person to respond.
- Information was accessible to people in different formats. One member of staff told us one person used a signs sheet for communication.

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

- Staff ensured that people maintained relationships that mattered to them, such as family and other social

links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged.

- A lot of adjustments had been put in place in line with the changing government guidance. For example, coordinated visits with people's relatives.
- People had access to 1:1 activities as well as social distancing two people friendship meetings.
- People commented on activities and said, "Used to have good activities such as Monday club, quizzes, talks and music. We now do our own quizzes, they are helpful. Used to have 'matron's teatime' every month" and "We did have a lovely social programme which we miss. Now we do activities in our rooms."
- People were supported to celebrate special events. On the day of our site visit, two people were celebrating their birthdays and staff had decorated their rooms with balloons.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints.
- People and their relatives told us they knew how to make a complaint. One relative told us, "Yes, I have raised a concern that was dealt with by [Nominated Individual]." There were many compliments received regarding good care.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team worked closely with other professionals to ensure people had a dignified and pain free death.
- The team at the home had established close links with a local hospice to provide a dignified and pain-free death that was as comfortable as possible. Staff knew how to support people and families during and after end of life care.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure their quality assurance systems were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had clear and effective quality assurance systems in place which were used to drive improvement within the service. These included, audits of care plans and medicine records which provided an overview to ensure improvements were made where necessary. For example, following the introduction of the electronic recording system, audits of care plans continued to identify concerns around recording. The registered manager introduced staff performance support reviews regarding expected standards. This is a way to ensure improvements are met by all staff whilst setting targets for those individual staff.
- The registered manager had been in post for three years and had support from the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- Most of the staff had been working at the service since the beginning and this allowed continuity of support and had a positive impact on people's care. Staff understood their roles and responsibilities, were motivated, and had confidence in their management team. They received constructive feedback about their performance and allowed them to develop beyond their roles.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the home was well led. One person told us, "The management are very efficient. They have managed a very difficult period, for example, some of the staff are accommodated here so they didn't have to go out. It's been very hard on some of the staff." Another person commented, "I would raise any concerns with matron [registered manager] who has been exceptionally good, understanding and easy to talk to. If I want to see someone, I'll tell matron. Open and transparent as far as I can tell." One relative said, "I think the service is well managed, and the management team is transparent." The registered

manager shaped the service's culture by engaging with staff, people and relatives.

- Staff were complimentary of the support they received from the registered manager and provider. Staff said, "Manager is supportive with personal health. I had Covid and surgery and she was amazing", "Manager is always available. Open door policy, very approachable and encouraging to develop professionally" and "The whole management team is approachable including the operational manager, chief executive officer (CEO) and the finance manager."
- There was a clear, person-centred vision that included involvement, compassion, dignity, respect and safety. The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care 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

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. One relative commented, "I know the manager, she is always at the relatives' meetings and is always positive. We all want good outcomes for our loved ones."
- People and their relatives had opportunities to raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "Manager listens to suggestions and puts those in place if she thinks it's appropriate to do so. For example, a few ideas and changes in audits which I discussed with manager were considered."

Continuous learning and improving care

- The service had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation.
- Staff had objectives focused on improvement and learning. Some staff had been supported through professional development.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

Working in partnership with others

- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

