

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## St Lukes Lodge

Mill Lane, Padworth, Reading, RG7 4JU

Tel: 01189713951

Date of Inspection: 14 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	St Luke's Trust
Registered Manager	Mr. Andrew Gouldthorpe
Overview of the service	<p>A service providing supported living to people with moderate to severe learning difficulties.</p> <p>Service users resided either in the main premises, St Lukes Lodge, or if they were able to manage with less intensive support, they could reside at the nearby annex which was known as Lyndale House.</p>
Type of service	Supported living service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke to four staff and three service users.

All of the service users were unanimous in their praise for the care and support they received from staff. One person told us that the staff were "fantastic". Another said that the service was "great" and that help was always available if needed.

Service users reside at either St Lukes or the annex which is called Lyndale. Those living in Lyndale may require less support than those residing in St Lukes.

Service users had comprehensive care plans that focused on their needs; strengths and hopes for their future. They told us that they felt involved in their care and also in the running of the service.

People were treated as individuals and were encouraged to be part of the local community and access services and facilities in the community. We saw staff and service users interact in a friendly way and heard discussion between them that indicated that staff had been able to build a good relationship with the service users who, in turn, felt able to talk to the staff in a friendly way.

We noted that the building was well maintained and that work was being done to improve the facilities and the environment. We saw the grounds and noted the developments to further enhance the opportunities for the service users to learn new skills or pursue their interests.

We saw that people were supported by staff to make choices that supported the staff's assertions that people were treated as individuals.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. Also their views were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service were supported to express their views and were involved in decisions about their care and treatment. We saw that there were regular care review meetings and service users were central to these. They were invited to sign the written records, and if they were unable to sign, then staff made an entry to confirm that the outcomes reflected the service users views and had been discussed with them.

In addition to the care review meetings, we saw evidence that there were quarterly relatives meetings for those service users who had retained family contact and who had given their consent for such meetings. This ensured that relatives views, where appropriate, were taken into account when planning care.

We saw that service users were encouraged to maintain their independence where possible. We spoke to three people who were using the service and they all told us that they were able to use public transport and saw that staff had supported them to get a bus pass to help them maintain as much independence as possible. People using the service bought their food at a local supermarket and planned and prepared their own meals, having support from staff if needed.

People who used the service were enabled to care for themselves where possible and took responsibility for their health and wellbeing with support from staff. For example, we were told that one service user who had identified that their weight was causing them concern had accessed a local weight loss clinic and had been successful in losing a significant amount of weight. Staff told us that this person had really benefitted from the support of a community based group and this had, in turn increased their sense of wellbeing and self esteem. This demonstrated that people who use the service were encouraged and enabled to be an active part of their community.

People were provided with information that supported them in their care. For example, we saw evidence that service users accessed some of the same training that the staff did, including Health & Safety; Complaints; and Safeguarding. They were then invited to

make any comments regarding the training. In addition, people using the service were involved in training for certain policies including Fire Safety; Partnership Working and Equality and Diversity.

We saw that service users were asked their views on their care and on living in the Lodge and this was in the form of a satisfaction survey. We also saw that the outcomes from these were reviewed and reported on by the managers and any outcomes discussed with the relevant service user.

People's diversity and dignity were respected. Information was provided in an easy read format and posted on the notice boards as well as held in the service users care records. We were told that one service user had a significant hearing impairment and to ensure that they had the best possible experience of care and support, staff were being trained in Makaton which is a form of sign language.

We observed that staff treated people with dignity and respect. We saw that staff only entered service users rooms with their expressed permission. We heard staff speak to people in a friendly and polite way and we observed a degree of banter with the service users and staff which demonstrated that the service users felt comfortable and confident.

People using the service told us that they felt involved in the running of the service. One told us that they had a say in the way the service was run. Another told us that they felt part of the running of the service and had been able to contribute by doing a lot of work in the gardens.

The premises had extensive grounds and we were told that the people using the service had asked for a variety of animals that had been bought. They were then responsible for the day to day care of the animals with the support from staff. We also saw that work was being done to develop the gardens to grow vegetables and these were also to be managed by the people using the service.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We found that people using the service benefitted from safe care and support due to effective decision making and the management of risks to their health, welfare and safety. We saw that each person had a comprehensive risk assessment and these were regularly reviewed. The focus of the care plans and risk assessments was based on the individual needs; strengths and hopes for their future.

Care plans were detailed and comprehensive. Their format demonstrated that service users were at the centre of their care. The care plans stated details including the time people liked to get up in the mornings as well as the amount of help and support they needed in their activities of daily living. We saw that care plans were reviewed on a regular basis and following any change in the person's needs.

People's care and treatment was planned in a way that maximised their potential. For example, we were told that one person had particular skills in wood crafting. The clinical team had supported the person and their family to develop a comprehensive work shop in the grounds of their home. To further support this, we saw that there was a policy for positive risk taking which acknowledged that an activity may carry some risks but that the benefit of these to the individual outweighed the risks.

Care was individualised, for example we were told that service users were able to prepare and eat their meals at a time that suited them. Meals could be eaten either in the dining area or in their own rooms. Staff provided guidance and support to help the service user make good choices.

We noted that people's individualised care plans stated the amount of support needed from staff to maintain their personal care needs. For example we saw that one person needed such help and the care plan stated clearly how this was to be delivered to maximise their dignity.

We saw that service users were up to date with physical health care checks including dentist and opticians. This helped to prevent and detect any potential problems.

Two of the three service users said they knew what was in their care plan and the other said that they were happy to leave this to the staff. All of the service users said that help was available from staff if this was needed.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We reviewed the policies for Safeguarding and saw that they were up to date and comprehensive. We reviewed the training records and saw that all staff had received training in Safeguarding and that their training was up to date.

All staff were able to give a clear account of the action they would take if they suspected that a person was being abused.

There had been no referrals made in respect of safeguarding concerns. A multi agency meeting was planned to discuss the care of one service user whose alcohol use was causing concern. The purpose of the meeting was to agree a care plan that would maximise a person's safety and ensure that any decisions made were in the person's best interests.

Service users were protected as they all had keys to their rooms. All of the service users said they felt safe.

Whilst there were no designated male and female bathrooms, the bathrooms did have locks to protect the privacy of service users. Females did not have to cross male occupied areas to access the bathrooms. We were told that people using the service were respectful of the opposite gender and that there had been no problems associated with both males and females living in the service. We saw that there were no incidents in the incident book that related to this.

The safeguarding policy was discussed with the service users. We saw the Tenants Policy Review Checklist and noted that these policies had been discussed on several occasions. We noted that service users had signed, where able, to confirm that they had discussed the policy and there was also a section for comments.

All of the service users said that they knew how to raise any concerns and said that they felt that they would be able to speak to a member of staff.

We saw that the Safeguarding policy was posted on the notice board in the communal area and in addition, there was an easy read format with pictorial descriptors to assist

those who were unable to read the written policy. This ensured that service users were provided with the information necessary.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We were told that restraint is not used at any time. We saw the policy for managing Harassment, Abuse and Actual Violence stated clearly that "physical restraint must not be used at any time".

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Most service users had their medication administered to them by staff. One service user though had been assessed by staff and deemed able to safely manage their own medications. We saw that this medication was stored in their room in a locked cabinet. The service user was happy to have this degree of responsibility and there had been no adverse effects or instances of non compliance.

There were appropriate arrangement in place for recording the administration of medicines. We looked at people's medicine cards and saw that all prescribed medication had been administered. Two staff were responsible for the safe administration of medicines and the records stated that this had been done on each occasion.

Medicines were kept safely for example they were stored in locked cupboards in the main kitchen and the key was held in a locked key box in the managers office. All medicines were in date.

We saw the training records for staff and this confirmed that all staff were up to date with their medication training and also had updates already booked in to ensure safety. In addition to the training we were told that staff have a period of observed practice before they are deemed competent to administer medication.

Service users told us that their medication was given to them on time. They said that there had been no mistakes in their medication. Staff told us that there had been no medication errors and none had been reported in the incident book.

A member of staff was delegated as responsible for checking on medication and had an effective process in place to manage this. We were shown work that was being done at the time of the inspection to further increase service users understanding and involvement in their medication and this included information sheets which stated the colour and shape of the relevant tablets as well as other information. The information reviewed by us demonstrated that appropriate arrangements were in place in relation to the management of medicines.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

We saw that access to both of the premises was via a main front door where there was a visitors book at St Lukes to promote safety.

Both of the premises had communal areas; a kitchen; quiet room as well as individual bedrooms. The bedrooms we saw were large and had been personalised by the service users. They had a sink to enable the service user to maintain some of their hygiene needs.

There were two bathrooms in each of the premises and we were told that the people living there self-governed the use of these. We were told that there were plans to convert one of the bathrooms so that it had disabled access. The plumber was due to visit on the day of the inspection to start the work.

We saw that work was being done in one area and we were told that a service user was considered likely to benefit from a sensory room and so work was being done to install this. There was also new flooring being put in the suite of rooms for that same person.

We saw the schedule of works and noted that all servicing and maintenance checks were up to date. We were told that the managers used regular maintenance and repair workers and that these had been able to build a rapport with the service users. We were told that such workers were chaperoned whilst on the premises to ensure the safety of service users.

We were told by the managers that staff and residents, where they were able and where it was safe to do so, carried out some of the basic maintenance work, including painting. This involvement further enhanced the service users esteem and sense of self worth as well as helping develop useful skills.

Heating in the premises was via oil central heating and we were told that a delivery was planned for the day of the inspection given that likelihood of adverse weather. This ensured that safety and comfort of those living and working in the premises.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The managers told us that the staff group were "fantastic". Service users told us that the staff were "great"; "very good"; "lovely" and "always available". One person said that they felt things had got better since the Manager had been in post.

We reviewed the staffing rotas and saw that the service was well resourced which enabled meaningful activities could take place and that service users could be supported effectively to reach their goals.

The manager told us that they anticipated that service users needs may change over time and had put in place measures to ensure that the staff group were able to respond to service developments. For example, training included dementia care and diabetes as it was anticipated that more service users may suffer with such conditions in the future.

We were told that the staff group was very flexible and that sickness levels were very low. Staff would often swap shifts if necessary to ensure safe staffing to meet the needs of the service users. There had been no agency or temporary staff used.

Staff were able to show that there were enough staff who knew the needs of the service users on duty which meant that people received a consistency of care. The staff we spoke to demonstrated a clear and in depth knowledge of the service users; their needs and the care plans.

We saw that staff were allocated certain areas of responsibility. One staff member we spoke to said that this helped them feel involved in the running of the service. Such delegation of responsibilities also helped the managers have a degree of assurance that all relevant domains were being managed.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. They also had in place, an effective system to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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### Reasons for our judgement

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People who used the service were asked for their views about their care and these were acted upon. We saw that service users were asked for their opinions and noted that a response was given.

We saw that each member of the staff had designated responsibilities for certain areas, including medication, notes and Health & Safety. We were shown the notes from the monthly quality review meetings and saw that all the designated areas were addressed. We saw that that these notes provided assurance that quality outcomes and indicators had been reviewed. These meetings addressed areas including complaints; feedback from tenants; relatives staff and other professionals as well as any specific staff related performance issues.

We were told that the staff discussed each incident that occurs at the daily team meeting. We saw the incident records and noted that there had been no serious adverse incidents. We were also told that each incident would be reported to the Community Team for People with Learning Difficulties for their review also.

We reviewed the complaints folder and noted that there had been no complaints received. The managers considered that this may be attributable to the fact that they do their best to listen to service users and their families and to resolve any concerns before they reach the level where the person feels they need to make a complaint. All of the staff and service users told us that they knew how to raise a concern or make a complaint and felt that they would be able to discuss any issues with the managers.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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