

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: 07 January 2014

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Meeting nutritional needs | ✓ | Met this standard |
| Requirements relating to workers | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | St Luke's Trust |
| Registered Manager | Mr. Andrew Gouldthorpe |
| Overview of the service | <p>The service provided 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 resided at the nearby annex, known as Lyndale House.</p> |
| Type of service | Supported living service |
| Regulated activity | Personal care |

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We found that the people supported at St Lukes Lodge had detailed care plans and associated records which reflected their wishes and preferences. The individual tenants were regularly consulted and involved in planning their care. People's healthcare needs were also addressed and proper records maintained. The ethos of the service was very much about respecting and involving the individual.

People's dietary needs were met effectively by staff who had received specialist training where necessary, to do so. They were involved in all aspects of shopping and food preparation to whatever degree was possible. Healthy lifestyles were actively promoted.

The provider had appropriate recruitment and checking systems in place for new staff. Tenants had been involved in the recruitment process. New staff received a detailed induction based on a nationally recognised format.

Staff received appropriate core and specialist training to equip them to meet the needs of the people supported. They were supported through regular supervision, team meetings and annual performance appraisals. Team spirit was good and staff felt their views were taken account of by management.

The manager had systems in place to monitor the performance of the service. The views of tenants on the support they received were regularly sought and acted upon.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The service supported a total of ten adults with a learning disability, seven in the main house (St Lukes Lodge) and three within a separate house within the same grounds, (Lyndale House). People who lived in Lyndale House were able to manage with less structured support from staff.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw copies of preadmission assessments on the care files we looked at. These had been used to develop care plans as part of a planned transition process in most cases. People had usually been enabled to visit the service as part of a graduated move. Two people had been admitted as an emergency from another service and so had not been able to experience the usual transition process. Both had since settled in very well at St Lukes Lodge.

The care plans were detailed, systematic and addressed the relevant aspects of the support provided to each individual. They included information about the wishes and preferred lifestyle of the person and identified their daily routines. People were supported and encouraged to have as much involvement in day-to-day decisions as they were able and wished to. They were also encouraged to take responsibility for their own environment through contributing to cleaning tasks and decisions about furnishings and décor. Care plans were supported by risk assessments, where necessary.

People were involved as much as possible in day to day decisions about their lives. Where people did not have capacity to consent to specific decisions, appropriate best interest discussions had taken place. The provider had advocated effectively in one case to seek clarification that the proposed medical process was of benefit. They had also resisted pressure to proceed using unnecessary interventions when other alternatives had not been given due consideration.

Some tenants came with concerns about previous challenging behaviour. The service had worked effectively with individuals such that this had rapidly diminished, where it had been

reported. The service did not train staff on physical interventions because it successfully used appropriate alternative strategies to defuse situations and redirect behaviour. It was evident that the service and staff worked with the actual behaviours of the person in front of them, rather than based on any previous reputation.

People were supported to adopt healthier eating and lifestyles with their consent. Regular exercise and outdoor physical work and activities were readily available and encouraged. The site included extensive grounds with gardening and other grounds maintenance done with tenant involvement wherever possible. Appropriate risk assessments were used to address potential areas of risk, but were enabling in nature. This supported a fulfilling and constructive lifestyle and use of time. One person attended a weekly external supported work placement. Another had woodworking machinery available in his own workshop to pursue his interest in furniture making. There was also a music room, trampoline, football goals and various animals were kept on site.

Appropriate external healthcare support and advice had been obtained where necessary from specialists including the speech and language team, psychiatrist, occupational therapist, dietician and the diabetes team. Each tenant had a comprehensive 'Health Action Plan' which was regularly updated to reflect changes following any input. Separate records were also maintained for all healthcare appointments.

The staff ensured that each person had a variety of activities available to them and had regular access to the community. One person was able to go out without staff support. Where outings, day trips and holidays were arranged, these were based on individual interest. There was no expectation of group participation. This flexibility was supported by the available staffing levels.

Tenants were consulted every month about whether their care plan was working for them and whether they wanted changes in the support provided. Care plans were also formally reviewed by the service every six months. The service also consulted with family where appropriate.

The tenants we spoke with were very happy with the support they received and praised the staff highly. We saw positive interactions between staff and tenants, and staff treated people with dignity and respected their right and opinions. We saw examples of warmth and humour between staff and tenants.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

Each tenant was supported to plan their menu individually and to prepare meals at times suitable to their daily routine. Facilities were provided for people to eat together or individually according to their preference. Additional kitchen space had recently been provided in St Lukes Lodge to ensure that sufficient facilities were available to meet the needs of the group. The tenants of the house were involved in the décor of this area.

Tenants received different levels of support with menu planning, food purchase and cooking according to their needs. Staff offered support with maintaining a healthy diet and with special diets such as for two people with diabetes. Training had been provided to staff on this. One person had been supported to successfully complete a recognised weight loss programme. The tenant's written consent to participation had been obtained. Another had been supported to receive nutrition via a gastric peg. Staff had received training to support this. The need for feeding via gastric peg had recently been reviewed with the Speech and Language team with a view to investigating the possibility of a return to oral intake.

Appropriate risk assessments were in place around eating and nutrition where necessary. The advice of a dietician had been sought by the service when required. We saw records of their visits on one person's care file. A range of fresh vegetables were grown in the grounds with the involvement of tenants to encourage them to eat fresh, healthy produce. Some of the tenants had been enabled to attend training courses alongside staff, including on food hygiene and infection control.

The tenants we spoke with described how the staff supported them to plan menus, go food shopping and prepare meals. They were happy with the support they received. The staff also described varying levels of support and explained this was determined by individual needs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We looked at the recruitment records for three recently recruited staff which were filed securely. Each file contained details of their completed Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check. The files included a completed application form, copies of written references and documents used to confirm the person's identity. A record of interview was also kept together with a copy of the person's job description and contract.

The service used an induction system mapped to the 'Skills for Care' 'Common Induction Standards'. This included the completion and sign-off of a series of work-books on various aspects of the employee's role. We saw the staff files for the three most recent recruits. Two had completed and signed off induction summaries and one was still undergoing this process. The induction folder contained a copy of 'Valuing People Now. A three year strategy for people with learning disabilities', which each staff member had signed.

The service had not used agency staff, preferring to cover any shortfalls from within the team. The manager told us that the positive commitment of the staff team and the low sickness levels helped to make this possible.

The staff files each contained a front-sheet listing their previous experience, booked training and areas of delegated lead responsibility. Some people supported at St Lukes Trust had taken part in the interview process for new staff. One of them told us about their involvement in this. Others had met prospective candidates informally during the recruitment process.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

Staff training certificates were filed within individual personnel files. To enable overview by the staff member with lead responsibility for training and the manager, an overall training matrix was also in use. This showed that the provider had an appropriate training programme providing a range of core training as well as specialist courses where required. Specialist training had included feeding via peg tube and supporting people with diabetes. A cycle of regular training updates was also in place. Staff told us the induction and training provided was good and met their needs.

The most recently recruited staff member was undergoing their induction and their core training had been booked over the next 3 months. The service used an external trainer who also ran training courses for the local authority. Staff were expected to start working towards a National Vocational Qualification (NVQ) or equivalent professional qualification after completion of their six months initial training.

The staff files contained copies of records showing that supervision meetings had taken place regularly and annual developmental appraisals had been provided. The staff we spoke with said they found the supervision and appraisal process supportive and felt their views were given due consideration. Staff said that supervision meetings took place about every six to eight weeks.

We saw from the minutes that regular staff meetings had taken place which had covered a broad agenda. Staff told us that the meetings were useful and that their input was positively encouraged. They said that the management were open to ideas and suggestions and were always available for support or advice. Regular handovers between shifts helped to ensure consistency and continuity. Staff had also been given specific areas of lead responsibility as part of developing their skills. One person said "this is a positive place to work" and added, "you can raise issues and they are acted upon". These views were echoed by the other staff we spoke with.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Monthly tenant feedback forms were completed with individuals or in some cases on their behalf, by staff familiar with their preferred communication methods. Where possible tenants had completed and/or signed these themselves. A pictorial version was available where this helped to explain the process to the individual. We saw that some of the forms had been completed by tenants themselves. The forms noted positive feedback about the support, activities and community access provided. The tenants we spoke with were very positive about the service and the staff. One person told us they had been made very welcome and got on well with everyone. People told us about going out shopping for food and clothes, visiting cafes, attending groups and going on holidays and day trips. Some people enjoyed working outdoors in the grounds or looking after the animals. People told us "It's an amazing place", "all the people are great", "I'm very happy here" and "it's perfect". Another said he enjoyed "working in the garden". One person was very happy that he had been able to carry on his interest in woodworking and had access to the machinery and tools he needed.

The manager completed monthly quality review forms which addressed the main aspects of the operation of the service. The headings included complaints and compliments, accidents and incidents, health and safety, feedback from staff, relatives, tenants, trustees and other agencies. Staffing, tenant finances, tenant support plans and medication were also included in the monthly monitoring. These enabled and recorded the monitoring of the operation of the service. The trustees also carried out periodic visits to the service.

The service had an appropriate complaints procedure which was also available in a pictorial format to assist with explaining it where necessary. A copy of the CQC document 'Complaints. How to Complain about a Health or Social Care Service' was also available. Copies of the 'Tenants Guide', which included the complaints procedure, were readily available in each building.

There had been no recorded complaints since 2009. It was evident from the day to day

interactions between tenants and staff that they had opportunities to raise any issues, where they were able to do so. Advocacy support would be needed by some tenants but the commitment and approach described by the staff would enable this to take place. Leaflets from the Berkshire West NHS Trust advocacy scheme and an independent complaints advocacy scheme were also available. The tenants we spoke with said they were asked their views regularly both informally and during the monthly tenant meetings.

We saw from the minutes that regular tenants meetings had taken place. The minutes included details of the action taken in response to issues raised. They also showed that tenants were informed about upcoming works and involved in decision making about the furnishing and decoration of their environment. We saw that tenant's feedback had been obtained about their participation in a healthy eating project. Their wish to withdraw from the project had been acted upon. Regular meeting opportunities were scheduled individually with tenant's families on a quarterly basis, although not all of them took these up as often as that.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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