



## JOINT COMMISSIONING

### Quality Monitoring Report

<b>Name &amp; Address of Service/Home</b>	St Luke's Hospital
<b>Name of Organisation/Group</b>	St Luke's Oxford
<b>Name &amp; Job Title of Provider representative</b>	Zannifer Mason Registered Manager / Matron Richard Burden Responsible Person / CEO
<b>Name of Oxfordshire County Council's Quality &amp; Contracts Officer (QCO)</b>	Alex Wheeler
<b>Name of Oxfordshire County Council Commissioning and Contracts Officer (CCO)</b>	Lynda Chalcraft
<b>Date of review</b>	29 <sup>th</sup> January 2016

Brief description of service monitored: 48 beds

#### St Luke's Hospital - Oxford



4 Latimer Road, Headington, Oxford, OX3 7PF  
(01865) 228800

Provided by: St. Luke's Oxford

#### CQC inspection areas

(Latest report published on 18 February 2014)

- ✓ Treating people with respect and involving them in their care
- ✓ Providing care, treatment and support that meets people's needs
- ✓ Caring for people safely and protecting them from harm
- ✓ Staffing
- ✓ Quality and suitability of management

#### Care homes

##### Specialisms/services

- Accommodation for persons who require nursing or personal care
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Caring for adults over 65 yrs

# OVERVIEW

## INTRODUCTION

This review forms part of a systematic Quality Review process by Oxfordshire County Council Joint Commissioning team. This review of the contract will be unable to cover all aspects of the services provided but gives a record of point through the Quality Review process.

Joint commissioning rate each organisation / provider using a traffic light system: RED, AMBER, GREEN (RAG), via 10 standards which are identified in this report. Each standard is rated and an overall rating is then applied.

A Quality Review involves the analysis of services provided by the organisation / provider by completing visits to services provided, observation and discussions with people using or connected to the organisation / provider and through the gathering of feedback from others such as professionals involved and in contact with service users outside of the organisation. The review includes observation of paperwork, systems, processes and procedures used by the organisation / provider to deliver a quality service at a local and organisational level.

## Sources of Information

This review took place on 29<sup>th</sup> January 2016 and was completed by a Quality & Contracts Officer through gathering information via the following methods:

Informal discussions held with service users, relatives and staff.  
Feedback requests from visiting professionals.

### Observations on the day of the visit:

Observation of practice/support delivery in the service  
Observation of support paperwork inclusive of medication administration and risk assessments  
Observation of property/maintenance/H&S/complaints  
Observation of internal quality assurance checks

### Overall RAG rating in:

**Green** indicates that all areas of Quality Monitoring are adequate to good or better  
*All Standards 5 to 9 must be green; Standards 1, 2, 3, 4 and 10 must be either green or amber.*

**Amber** indicates that Quality Monitoring has identified an issue or a piece of information that may adversely affect the service being provided. *If any of the Standards 5 to 9 are amber or a mixture of green and amber the overall rating would be AMBER; if the Standards 1, 2, 3, 4, 10 are a mixture of green, amber or red the overall rating would be AMBER.*

**Red** indicates that Quality Monitoring has identified a major unresolved issue.

If any of the Standards 5 to 9 are red or a mixture of amber and red the overall rating will be RED. If the Standards 1, 2, 3, 4 and 10 are mainly amber or red, the overall rating will be RED.

**RAG Ratings: 08/02/16**

	Standard	RED	AMBER	GREEN
1	Leadership and Management			√
2	Staffing Levels and Recruitment			√
3	Staff Skills and Training		√	
4	Approach to Personalisation			√
5	Care Plans and Risk Assessments			√
6	Health and Safety			√
7	Safeguarding			√
8	Service Quality and Quality Assurance (including Complaints)			√
9	User Views and Involvement			√
10	Partnership Working			√
Overall RAG Rating from the Quality Assurance Monitoring report				√

**Revised RAG Ratings: 07/04/16**

	Standard	RED	AMBER	GREEN
1	Leadership and Management			√
2	Staffing Levels and Recruitment			√
3	Staff Skills and Training			√
4	Approach to Personalisation			√
5	Care Plans and Risk Assessments			√
6	Health and Safety			√
7	Safeguarding			√
8	Service Quality and Quality Assurance (including Complaints)			√
9	User Views and Involvement			√
10	Partnership Working			√
Overall RAG Rating from the Quality Assurance Monitoring report				√

## **REVIEW SUMMARY**

**This section describes key points from the review which includes the reason for the RAG rating given**

### **1. Leadership and Management**

There is a clear management structure within St Luke's. The Registered Manager (Matron) is supported by a CEO and Finance Manager. There is a Deputy Matron in place and Admin support for Management.

Matron has been in post for approx. 11 years and the CEO has been in post for approx. 2 years. Matron feels well supported by the CEO, Finance Manager and the Board of St Luke's.

Senior Management meet on a weekly basis to catch up and discuss any upcoming appointments, meetings or issues which may have arisen.

The Council of St Luke's meets with the Senior Management on a monthly basis.

Senior Management carry out supervisory roles for staff within St Luke's. The Matron supervises the Senior Nursing Staff and then supervisions are cascaded down through the different Nursing grades. All staff who carries out supervisions has received training.

Matron and the CEO have good knowledge of policies and procedures within St Luke's, and these have been reviewed within the last year.

Senior Management keep residents, families, and advocates up-to-date with what is happening at St Luke's and produce a regular newsletter.

Senior Management hold regular staff meetings for information sharing.

### **2. Staffing Levels and Recruitment**

The current staffing levels for St Luke's are:

Downstairs - 19 Residents (3 current vacancies but rooms are booked)

am: 4 Nursing Auxiliaries, 2 Nurses

pm: 4 Nursing Auxiliaries, 1 Nurse (sometimes 2 Nurses)

Upstairs - 29 Residents

am: 8 Nursing Auxiliaries, 2 Nurses

pm: 6 Nursing Auxiliaries, 1 Nurse (sometimes 2 Nurses)

Night shift:

5 x Nursing Auxiliaries and 1 Nurse.

Supernumerary Staff include Recreational Therapists, OT and PT's.

St Luke's has not used any agency staff. They have their own internal Bank Staff.

Many of the staff at St Luke's have been in post for a number of years. The Home has a low staff turnover. Staff who do leave have an exit interview.

Rotas are checked on a regular basis to assess the number of hours staff are working. It is rare for a staff member to work over 48hrs, but it has been discussed with the CEO that it is recommended, should this happen, that this is discussed and documented in supervision so that the health and wellbeing of the individual can be safeguarded.

There is a clear recruitment process for all levels of staff and volunteers at St Luke's and a DBS is required to be in place prior to commencement. All staff undergo a structured induction.

DBS's are kept in a separate electronic file and DBS numbers are documented in the staff member's individual file.

The monitoring of DBS's was discussed with the CEO. St Luke's do not tend to update them unless there is a change in job role. The QCO has discussed with the CEO looking at ways to cover this by possibly introducing an annual criminal convictions disclaimer for staff to sign.

The OT recruits and supervises volunteers. The volunteers will work alongside permanent staff in their areas of interest and help with the provision of activities within St Luke's.

Two staff files were observed. All of the required information was included within the files. There was evidence of supervisions and appraisals within the file but as discussed with the CEO these were not looked at. The Nurse file held information on PIN number.

The Administrator keeps a file on all of the Registered Nurses PIN numbers and will update this as required.

### **3. Staff Skills and Training**

Mandatory training for staff is provided by a number of different organisations and also via e-learning, including Care Training Solutions, Lady Nuffield, Vale Housing Trust, SPIN for qualified nurses.

Moving and Handling Training is provided internally by in-house assessors and trainers. All staff are able to access practical training and will request extra assistance if required straight away.

Competencies are assessed on a regular basis.

Fire Practice and Drills are carried out on a regular basis and all staff are currently up-to-date with this training. Fire Drills are carried out at various times to enable all staff to access.

Specialist Training courses for Nurses is provided at St Luke's including Venepuncture, Syringe Driver and PEG training.

St Luke's Training Matrix for Qualified Staff was observed. The Matrix shows that there are currently some gaps in Infection Control, Health and Safety, Equality and Diversity and MCA & DoLS.

The Training Matrix also shows that there are refreshers required for some staff members for Moving and Handling, Health and Safety and Nutrition.

St Luke's Training Matrix for Auxiliary Nursing Staff was observed. The Matrix showed that there are currently some gaps in Health and Safety, Moving and Handling and Safeguarding.

Mental Capacity Act Refresher Training - there are some gaps in these training courses but this may have been covered within induction. Some Auxiliary Nurses are showing as having a number of gaps in training although many of these staff members appear to have joined the staff team after August 2015.

As part of good practice for all staff, refreshers would be recommended for Equality and Diversity and MCA & DoLS. This was discussed with the CEO as MCA & DoLS is last showing as being undertaken in 2013 and Equality and Diversity which was last covered in 2012. Staff explained that they have attended training for Safeguarding and DoLS / MCA. Staff were not always clear on what would be considered as deprivation of liberty within the home environment.

The Training for 2 staff members was looked at specifically. The main part of this information was taken from the Training Matrix. Some training course certificates were observed within the file, for example NVQ certificates. The 2 staff training files had gaps in training and refresher courses requiring update. There was no evidence of medication training and competency for the Registered Nurse.

#### **4. Approach to Personalisation**

St Luke's has Recreational Therapists and the Senior who is a qualified OT produces a weekly activities plan over 7 days. On admission residents meet with the Recreational Therapist to complete a form with their interests and likes and dislikes. Activities are then looked at to meet their individual needs.

Residents/Patients who are downstairs are admitted to St Luke's mainly on a short stay basis. The activities for this unit are recognised as being different and many people will request audiobooks or radios. If they require any therapy, this is built into their weekly activities.

The Recreational Therapists try to incorporate 2 exercise classes a week and St Luke's holds a weekly C of E service and a monthly Roman Catholic Service.

The local community school will regularly visit St Luke's.

The activities will normally have a theme for the month based on what can be associated with that month.

Activities for the upstairs floor may be in a group or 1:1. If a resident has an activity that is required for covering PT needs, they will help with providing this in a social environment if appropriate.

Residents/Patients were observed having therapy in the privacy of their room and in a group environment.

Staff will talk to Residents/Patients in the dining area and lounge and will pick up ideas from conversations. It was recently passed on that a group of Residents/Patients were talking about fashion and St Luke's have arranged for a person to visit to talk about fashion through the ages.

All resident's/patient's activity notes are transferred to the care plans.

St Luke's have recently opened up a coffee shop on the ground floor which was being accessed during the QMV. The coffee shop had a relaxed and social atmosphere and provided a place for Residents/Patients to meet and to spend time with their relatives.

Staff were consistently observed treating Residents/Patients with dignity and

respect, and promoting choices.

Staff visibility was very good and it was observed that Residents/Patients were frequently visited by care staff and that domestics were also interacting whilst in the rooms.

Residents/Patients rooms were observed and these appeared very clean and were appropriately personalised.

Residents/Patients were frequently observed being offered drinks.

#### Dining Experience

St Luke's has an extensive menu choice. A part of the dining experience was observed on both floors. The Residents/Patients were offered a choice of meals and this was presented attractively. The dining areas were set up appropriately and a social and relaxed atmosphere was promoted. Residents/Patients were interacting with each other and staff members were encouraging and contributing towards these.

For Residents/Patients who had chosen to eat in their rooms, trays were presented nicely and the food was covered when served.

Staff were observed asking residents if they were comfortable and assisted appropriately where required.

Residents/Patients were heard saying that they were enjoying their meals when asked by staff and Residents/Patients spoken to said that the food was very nice.

### **5. Care Plans and Risk Assessments**

All pre-admission assessments are completed by Matron or if she is unavailable the Deputy or CEO.

St Luke's is currently introducing an electronic care plan system - My Patient. Due to the changeover there are currently 2 care plans in use which can be slightly confusing, but this is to be expected.

Two Residents/Patients care plans were observed. All of the required information was stored clearly on the electronic system and it was easy to access and follow the residents care journey throughout the shift.

The care plans documented when care plans and risk assessments had being reviewed.

Information Forms which are currently unable to be incorporated within the electronic care plan are stored in a separate file - for example the Knowing Me Form, GP Summary and DNAR Lilac Form.

#### **1.**

Care plans were appropriate to B and to help meet his individual needs. A detailed pre-assessment was completed and equipment required to provide the appropriate care was accessed.

The Keyworker was seen be documented on the electronic care plan, but is written on the board in the Nurses office and B was made aware of the Keyworker on admission.

Detailed daily notes were written and all information was easy to follow and track - including the application of creams and frequency of turning which met the stated care plan needs.

Nutritional needs were clearly highlighted in the care plan and documented individual preferences.

Allergies were clearly highlighted and next of kin contact details.

There was evidence of MDT working within the care plan and regular reviewing of needs.

1:1 Activities were documented within the daily notes.

## 2.

Care plans were appropriate to P and her individual needs. All information required was observed within the care plan.

The paper care plan was observed as the information was still in the process of been transferred over. The care plan was detailed and contained detailed risk assessment and all charts were completed accurately.

Daily records were detailed and included appropriate terminology.

There was evidence in the care plan of Resident/Patient and family involvement when reviewing care plans and identified needs.

Activities records showed when P participated in group and 1:1 activities.

All Professional Specialities are involved with contributing and reviewing care plans and risk assessments.

The Nurse-in-Charge on both floors was spoken to and they had an in-depth awareness of what was happening with all of the Residents/Patients they were responsible for during the shift.

At the beginning of each shift the Nurse-in-Charge will allocate Residents/Patients to the Auxiliary Nurses and they are responsible for carrying out the daily tasks and providing the required assistance.

Care Staff complete entries on the electronic care plan system immediately after assisting a Resident/Patient so that information is always shown as real time. This made it easy to track when assistance was given with turning, food and fluid intake and creams being applied. TMAR charts and body maps are not used as this is all documented in the care plan electronically.

The Nurse-in-Charge explained that the individual Auxiliary Nurse is responsible for supporting the Residents/Patients throughout the shift which helps to ensure consistency of care.

## **6. Health and Safety**

St Luke's Maintenance Person and CEO have both undertaken IOSH training.

All current policies and risk assessments have been reviewed and are in date. The CEO is looking at the current format of risk assessments being used within St Luke's. The CEO found the IOSH course very good and would like to use what he learnt to help develop the risk assessments.

Each floor has a maintenance book where any minor issues are recorded. This is checked regularly by the Maintenance Person and signed off when completed. QCO has recommended that where there may be a delay in resolving the issue that an expected date of completion is documented to evidence that it has been acknowledged.

St Luke's Legionella Certificate is in date and was last checked October 2015.



The Maintenance Person carries out regular TMV checks. There are 2 people within the organisation who are trained to carry out these checks.

St Luke's has Public and Employer Liability Insurance, renewal date in 1<sup>st</sup> April 2016, and this is displayed.

St Luke's have all contingency plans in place and they have an established place of safety to access if they are required to leave the building.

PEEP's and a Grab Bag were discussed with the CEO. St Luke's does not currently have a 'grab bag' and QCO has recommended that they look in to having one so that they can access information in an emergency if St Luke's has to be evacuated. St Luke's care plan system should be accessible from any establishment, but this would not include MAR Sheets information if medication replacement was required urgently.

Staff spoken to had a good awareness of their roles in the event of a fire and the required procedures to follow.

The Management Team are aware of all incidents and accidents reported. St Luke's keep a record of all incidents and accidents and use these as lessons learnt.

### **7. Safeguarding**

St Luke's has a clear structure for the reporting of Safeguarding. Matron and the CEO report any Safeguarding Alerts and are aware of the new online form. Safeguarding Alerts raised are discussed within the Management Team and at Staff Meetings for lessons learnt.

St Luke's provides training for Safeguarding. It is recommended that MCA & DoLS refresher courses are accessed for all staff to update knowledge and skills as part of good practice.

St Luke's has referred a resident to DoLS and is aware of when a DoLS referral needs to be made.

Residents/Patients and families are made aware of the Safeguarding and Complaints procedures through the Service User guide. As part of good practice for all visitors to be aware of the procedures it may be of benefit to display these and information from OSAB and Whistleblowing Guidance.

Staff spoken to had a good awareness of what warrants a safeguarding alert and the process for raising this. Staff explained that they have attended training for Safeguarding and DoLS / MCA. Staff were not always clear on what would be considered as deprivation of liberty within the home environment.

### **8. Quality Assurance and Complaints**

Management at St Luke's carry out regular audits and some audits are cascaded down to Senior Staff.

A member of St Luke's Council will visit quarterly to gain feedback and report to the Council.

The Nurses are required to sign an accountability form prior to the shift beginning for each Resident/Patient. The CEO is looking at ways this can be incorporated within the new electronic care plan system.

St Luke's has a low number of complaints. St Luke's will respond to any concerns or issues immediately to try and prevent them from becoming a complaint.

All feedback received is looked at to identify any possible lessons to be learnt or ways of developing the service provided.

St Luke's will ask regularly for feedback and has a leaflet which all Residents/Patients and family members can access and complete.

Matron carries out unannounced night checks. Matron and the Deputy will sometimes work a full night shift to help determine the staffing levels.

### **9. User Views and Engagement**

Management at St Luke's send our monthly feedback forms for Residents/Patients and family members to complete.

Matron holds regular tea parties at St Luke's for Residents/Patients to attend and these are well attended. The Monday Club held is also well attended and another opportunity for all to provide feedback.

St Luke's have held relative's meetings in the past, but these were not well attended. Management feel that relatives who visit St Luke's will feedback to the Senior Staff and Management immediately and know that they can speak to them at any time.

A family member spoken to spoke very highly of the Nursing Staff at St Luke's and felt that they were 'excellent and provide a high standard of care'.

St Luke's hold an annual Garden Party which is attended by the Council of St Luke's. Residents/Patients and relatives are invited to the Garden Party and this provides an opportunity for them to meet with Management and The Council of St Luke's.

St Luke's has a good relationship with local Councillors.

St Luke's produces a newsletter which includes upcoming news and events. The newsletter enables information to be shared with all who access St Luke's.

St Luke's is currently looking at making some changes to the building; adding an extra floor and then changing the size of some of the current rooms to make them larger. The changes in the building will increase the total number of bedrooms from 48 to 62. Management feel that adding to the current building will enable an opportunity to upgrade all the services currently available and to add more facilities, for example a hairdressing salon. The recent newsletter informed Residents/Patients and relatives of a public consultation which St Luke's held and to which all were invited so that they could see what the proposed changes were and have an opportunity to feedback their opinions.

### **10. Partnership Working**

St Luke's has a good working relationship with a number of different local

organisations.

Positive feedback was received from an external organisation:

*'I have used St Luke's mainly for end of life patients and very complex patients. I have consistently received excellent feedback from patients and their families with respect to the care provided at St Luke's and the management of the care home. I have reviewed patients in the care home and have found the staff very professional and eager to help and they always listen to any feedback.*

*They will review the patients regularly and change their care plans accordingly. I have a very complex patient at St Luke's at present who is being very well looked after despite the fact that he requires high levels of staff support. He and his wife have consistently given me positive feedback.'*

The CEO felt that they had not received a lot of input from CHSS. St Luke's would welcome more input from them as they feel that it would be a good way of developing skills further and sharing of good practice.

St Luke's has a good working relationship with GP's and visiting professionals.

## PROVIDER ACTION PLAN

Standard	Issue	Required Action	Target date for completion	Date completed	Sign-off by OCC
3: Staff Skills and Training	Gaps identified in training needs and refresher updates.	Please send an update training matrix for courses completed where current gaps have been identified.	31 <sup>st</sup> March 2016	25/03/16	A Wheeler

**SERVICE DEVELOPMENT**

Issue	Required Action	Who to complete	Target Date for Completion	Date for completion	Sign-off by OCC
No grab bag in place	Please consider putting in place a grab bag for emergency situations.	Management	March 2016		

## SIGN OFF

### Quality & Contracts Officer comments

Thank you for welcoming the QCO into St Luke's and for making the requested information available.

Positive feedback was received from an external professional who works with the organisation.

A family member spoken to, spoke very highly of the nursing staff and the high level of care provided at St Luke's to their relative.

Throughout the monitoring visit staff were observed speaking to residents and treating them with dignity and respect. Residents spoken to felt very happy at St Luke's.

There were some actions identified in relation to training and the updating of refresher courses which may be of benefit to all staff.

Positive feedback was received from staff who felt that they were very well supported in their job roles and that Management were accessible and approachable.  
Staff felt that there was a good team spirit and staff moral appeared high.

**Name & Signature (QCO): Alex Wheeler**

**Date: 08/02/16**

### Senior Quality and Contracts Officer comments

Thank you for the report and I hope you found the visit useful. The report was a pleasure to read and it is clear that the home is providing a high standard of care.

**Name & Signature: Lynda Chalcraft**

**Date: 10/02/16**

### Provider's comments

Dear Alex,

Thank you for your report. I am quite happy with this, but there are a few small typo's/errors:

We have a series of training courses booked up and will let you have an updated training matrix as requested.

Best wishes,  
Richard Burden

**Organisation: From:** Richard Burden [mailto:Richard@stlukeshosp.co.uk]

**Sent:** 23 February 2016 15:02

**To:** Wheeler, Alex - S&CS

Review of actions and adjusted RAG rating

Date of Review: 07/04/16

Brief description of actions listed, what has been done and outcomes achieved.  
 Email received 25/03/16 with updated Training Matrix  
 Management have arranged a number of courses / refresher training for staff.  
 St Luke's Training Matrix is showing that training is being completed and this is on-going.

Revised RAG ratings

	Standard	RED	AMBER	GREEN
1	Leadership and Management			√
2	Staffing Levels and Recruitment			√
3	Staff Skills and Training			√
4	Approach to Personalisation			√
5	Care Plans and Risk Assessments			√
6	Health and Safety			√
7	Safeguarding			√
8	Service Quality and Quality Assurance (including Complaints)			√
9	User Views and Involvement			√
10	Partnership Working			√
<b>Overall RAG Rating from the Quality Assurance Monitoring report</b>				√

**Quality & Contracts Officer comments:**

Thank you for sending through St Luke's updated Training Matrix. St Luke's is making progress with the staff training and this is an on-going process.  
 Management have arranged for further updating of training to be carried out over the next couple of months and I am happy to change this standard to green.

**Name & Signature (QCO): Alex Wheeler**

**Date: 07/04/16**

**For office use only**

**Senior Quality and Contracts Manager: Lynda Chalcraft Date: 14/04/16**