



## **St Luke's Care Home**

Runcorn

7<sup>th</sup> September 2016



**Enter & View report**

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## ACKNOWLEDGEMENTS

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Healthwatch Halton would like to thank the management, staff and residents at St Luke's for their time and consideration during our visit.

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## WHAT IS ENTER & VIEW

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People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

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## VISIT DETAILS

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Centre Details	
Name of care centre:	St Luke's Care Home
Address:	Palacefields Avenue Palacefields Runcorn WA7 2SU
Telephone number:	01928 791592
Email address:	StLukes.Manager@c-i-c.co.uk
Name of registered provider(s):	Community Integrated Care
Name of registered manager (if applicable)	Adrienne Ratcliffe
Type of registration:	Nursing Home
Number of places registered:	60

The Enter and View visit was conducted on Wednesday 7<sup>th</sup> September 2016 from 10.00am until 11.50am

The Healthwatch Halton Enter and View Team were Matthew Roberts, Irene Bramwell and Lyndsay Bushell

### Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

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# OBSERVATIONS

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## **Location, external appearance ease of access and parking**

St Luke's is situated in a residential area of Runcorn, within walking distance of a main bus route, shops and local amenities. On the day of the visit, the team noted that the exterior of the Home was clean and maintained to a good standard. The car park was relatively large, with clearly marked spaces for people with disabilities and wheel chair access.

## **Initial Impressions (from a visitor's perspective on entering the Home)**

The visiting team noted on entering the Home that the foyer was uncluttered clean and odour free. The foyer was modern in appearance with a number of notice boards, providing information on a number of themes and issues. These included Safeguarding, Gold Standard Framework for end of life care and a monthly themed notice board, displaying information on dementia. The Home registration certificate was also on display in the foyer, however, it was out of date at the time of the visit. The reception area is accessible by ringing a door bell which was answered remotely by a receptionist. A signing-in book, and pen were available, for staff and visitors.

The visiting team noted the Healthwatch Halton feedback forms and display stand was on display, however, a generic Healthwatch Halton poster, sent to all care homes across Halton, requesting feedback regarding care provided by the homes, was not.

## **Facilities for and involvement with family / friends**

During the visit, team members engaged with staff, residents and one family member who was visiting. We were told by staff that the Home holds family and resident meetings quarterly, but they are poorly attended.

## **Internal Physical Environment**

Two members of the visiting team were given the opportunity to tour the Home, with Ashley a senior nurse. Whilst another member of the visiting team discussed the care provided with the manager. The team noted that St Luke's had a welcoming environment and care is provided within four separate units, a male only unit, a female only unit and two mixed sex units.

These are located over two floors with units on the upper floor accessible by two lifts and stairs. All units were secure and accessed through a keypad door. Across all the units, corridors leading to various parts of the Home were clean and appeared wide enough for wheelchair access. However, in some corridors the team noted that hoists and reclining chairs were not stored away appropriately.

Throughout the Home temperatures appeared comfortable. Whilst three of the units were odour free, on entering the Willow unit there was a slight smell of urine. There were some

areas in the Home that appeared in need of decoration. The team were informed by Ashley that two of the units had recently been redecorated, and a decorating schedule was in place to decorate the two remaining units.

The team additionally noted that the communal lounge areas in all four units were of a good standard with comfortable seating. Televisions were on at the time of the visit and volumes seemed at an appropriate level, however quite a number of residents were sleeping in each of the lounges.

The satellite kitchens and dining rooms on all units were clean and clutter free. Each dining room area had a clock displaying the time, day and month.

We were informed that all dietary needs of residents were logged. Residents have a choice of menu and alternative choice of meals, whilst snacks are provided on an as and when needed basis. It was agreed by the team that the dining rooms would benefit from a dementia friendly menu being displayed, to promote an understanding of the various choice of meals on offer to residents. During the visit we discreetly observed a member of staff in the lounge area, supporting a resident to drink using an appropriate level of care and support.

The team were told by Ashley that residents can furnish their rooms to their own personal taste. Residents rooms are not en-suite, however there are twelve communal bathrooms over the four units for residents to use. The visiting team noted that across the four units residents names and photographs were displayed on residents rooms, to aid orientation. The visiting team did not enter residents rooms, but were able to view a visitor's room, which family members can sleep in overnight, if their relative is seriously ill or unwell.

The visiting room is en-suite and well-furnished, at the time of the visit it was being used as a storage area. This was highlighted at the end of the visit with Adrienne the manager. The team were told that as part of the refurbishment schedule, the Home had recently had a delivery of twenty-one new mattresses. The Home was currently in the process of changing old mattresses with new ones therefore the visitor's room was being used as temporary storage.

During the observation of the Home a visiting team member noted that a ground floor bathroom on the female only unit was in need of decorating and cleaning. Adrienne explained at the end of the visit, that this particular bathroom has been identified as in need of refurbishment and decoration, as part of the refurbishment schedule.

Views of the well maintained garden were visible from the windows on all four units. Staff said that residents like to take advantage of the garden area during warm weather. This was evidenced during the visit, as it was a warm day and four residents and staff were in the garden under a sunshade, in a central seated area. The garden was maintained to a good standard and we were told that each unit has a section of the garden which was different in design. The staff and residents on all four units had enthusiastically engaged in a garden design project, which included four guinea pigs that residents and staff care for.

We were informed by staff that areas of the Home had been developed to support residents experiencing dementia related illness. During the visit the team were provided with the opportunity to observe the developed areas. These included a sweet shop where residents can purchase sweets and toiletries to promote the independence of residents.

Developed areas additionally included an open plan cinema, a fully adapted bar with non-alcoholic drinks, (where residents staff and visitors can meet for pub lunches), a seaside themed sitting area, an indoor garden and reminiscence room. However, during the visit there appeared to be only one resident taking advantage of these themed areas. This was raised with Adrienne at the end of the visit who told the team that the cinema has proved useful in calming and distracting residents who become emotionally upset. As one female resident will often calm down and become distracted when watching the Wizard of Oz film.

## **Staff support skills and interaction**

On entering the Home, the visiting team were welcomed by a member of staff. The visiting team introduced themselves, and explained the purpose of the visit. The staff member informed the manager Adrienne, who promptly came into the reception area to welcome the team. A member of the team highlighted the purpose of the visit and the role of Healthwatch.

Adrienne explained that she had a prior appointment that morning and her deputy manager was on sick leave, but was happy to ask a member of staff to guide us around the home.

Adrienne was asked about the current Care Quality Commission report 2015 that highlighted a need for improvement in staffing levels, Adrienne explained there is a national shortage of nurses and historically recruitment had proved difficult however, following a contract with NHS Halton CCG this issue had been successfully addressed. We were told that the Home currently employs 20 members of caring staff, working alongside four nurses during the day, which reduces to nine caring staff members and two nurses at night.

Adrienne further explained that care is provided within four separate units, a female only unit, a male only unit and two mixed sex units located over two floors. Each unit has its own communal lounge, dining room and satellite kitchen.

The Home is registered to care for individuals diagnosed with a dementia related illness. At the time of the visit the manager said that the home was currently working to full capacity caring for 55 residents, with a further admission to the home expected later that day.

The team enquired about staff training and were told all staff had undertaken mandatory training, provided by a private company. Adrienne said all staff have been trained in safeguarding and had been awarded the 'Cavendish Care Certificate'. Whilst the visiting team members toured the Home, they were told by staff members they were aware of local safeguarding, policies and procedures.

Throughout the visit observed interaction between staff and residents was calm friendly and dignified. Residents appeared relaxed, well cared for and dressed appropriately.

## **Residents social and emotional and cultural welfare**

The visiting team enquired if the Home employed an activities coordinator. They were told that a staff member facilitates activities daily between 9am and 4.30pm and that each unit within the Home has an activity champion.

Adrienne further explained that the Home has its own bus, therefore residents are able to engage in trips outside of the Home, which have included Blackpool Illuminations, an Ice Cream Factory, local garden centres and shopping trips. In addition, a monthly trip to the Chemics Café in the local rugby stadium is provided, for residents to engage in physical exercise or reminiscence activities.

The Home continues to run a staff and 'volunteer nightingale' service, which is a sitting service, for residents at the end of their life, to ensure that residents do not die alone, or to give relatives respite during this difficult time. Adrienne explained that whilst the majority of residents do have visitors, there are some who do not, however, each resident is allocated a member of staff as their 'key worker'.

The team enquired about the complaints process, and were told by Adrienne that the Home operates an open door policy as she is always happy to meet with residents and families. In addition, a copy of the complaints process is displayed on each of the units, with further copies available on request.

## **Residents physical welfare**

Throughout the tour residents appeared comfortable with staff and the team discreetly observed staff treating residents with dignity and respect, when supporting residents in the various lounges across the four units. The team noted that staff did not wear name badges or uniforms throughout the Home. We were informed that this was to help break down potential barriers between staff, residents and their families. We also noted that residents had one to one care and supervision from carers, and interaction between staff and residents was very positive.

The team enquired about primary care services and were told by Adrienne that GP's visit the Home every Thursday from the Weaver Vale and Brookvale GP Practice. Adrienne said that she welcomed NHS Halton CCG's initiative to assign a GP practice to each care Home, as any non-urgent concerns can be raised with visiting GP's.

They were told that residents have access to a dentist on an as and when needed basis, but were exploring how dental visits could be increased. Residents additionally have on going twelve weekly chiropody appointments. The Home currently uses the services of

Visioncare at Home, as they make each residents spectacles easily identifiable and therefore dementia friendly.

The manager told the team that the administration of drugs is undertaken by nursing staff. Adrienne further explained that the Home does not experience any problems with regards to medication, as they use a community pharmacy and consult with them as and when required, which she felt was a real bonus.

The team enquired about care plan reviews and were told by Adrienne that care plan reviews are undertaken annually. However, the Home encourages family members of residents to come to the Home on a six monthly basis, to engage in the care plan review process. This, as Adrienne explained often proves difficult, as family members are not always keen to attend these meetings, as many families are happy for the Home to decide the most appropriate care. However, families are asked to attend meetings if the care provided for their family member needs changing.

Discussions included hospital admission and discharge. The team were told that if a resident's family cannot attend the hospital, then a member of staff will chaperone and stay with the resident, as residents have complex care needs which can sometimes prove difficult. Adrienne outlined some of the problems the Home experiences when residents are being discharged back to the care Home. These included occasions when she has had to wait for three hours to undertake a reassessment of a resident ready to be discharged, as she was not provided with the correct information to inform the reassessment. A further issue raised by Adrienne with regards to hospital admission and discharge of residents included 'Do Not Resuscitate' documentation (DNR's).

Adrienne maintained that she felt this was an on-going battle with paramedics and hospital trusts as DNR documentation is often lost and not returned with the resident or filled in appropriately. This has led to staff having to resuscitate residents against their wishes which the staff do not feel comfortable doing. Adrienne told the team that this has also led to GP's becoming increasingly frustrated, having to reissue DNR's.

A further issue as highlighted by Adrienne is that residents have been discharged back to the Home at inappropriate times, with medication being sent by Taxi a couple of hours later.

The visiting team discussed laundry services for residents and were told by Ashley, that all residents clothing is discreetly marked to avoid mix up or losses.

During the visit the visiting team engaged with a visitor in the indoor garden area main lounge to discuss the care provided. The visitor stated, 'the care is excellent in here, I have never had any problems. I am always contacted if my wife has to go to hospital, the staff cannot do enough for my wife. I am very happy with the care provided here, and the staff are approachable.'

At the end of the visit the team thanked the manager, staff and residents for answering our questions and showing us around the Home.



## Additional Issues

Healthwatch Halton has planned to undertake a number of unannounced enter & view visits to care homes across Halton. Therefore, discussions with care home managers, regarding the loss of personal information on discharge from hospital, and problems in relation to the 'Do Not Attempt Resuscitation' (DNAR), will be key topics of discussion in other care homes. As the intelligence and data from the visits may determine if trends are emerging.

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## SUMMARY

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St Luke's is situated in a residential area of Runcorn and within travelling distance to a main bus route, shops and local amenities. The Home is accessible by wheelchair and there is parking space including disabled car parking spaces at the front of the Home.

St Luke's has a wide range of staff who care for up to 55 residents. All staff are required to undertake mandatory training which includes local safeguarding policies and procedures. The Home employs an Activity Coordinator, and an Activity Champion on each unit who supports residents to engage in a wide range of activities including activities outside of the Home environment; these include Blackpool Illuminations, an Ice Cream Factory, local garden centres and shopping trips.

During the visit we were told by staff there have been problems in obtaining information prior to hospital discharge when reassessing residents, returning to the Home. In addition DNR documentation is often lost and not returned with the resident or filled in appropriately. However, residents have access to primary care services which includes GP's, Audiology, Dental, Optical and Chiropody. At the time of the visit the Home was in the process of undergoing refurbishment as certain areas were in need of decoration.

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## RECOMMENDATIONS

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- 1.** To engage with Healthwatch Halton when any health or social care issues arise for staff and residents.
- 2.** Signage: It was felt by the visiting team that refurbishment would benefit from dementia friendly signage in dining rooms across the four units. To enable residents to make informed choices with regards to meals and alternative meals on the menu.
- 3.** Storage: During the visit it was noted that equipment was left in some corridors which could hinder the access of residents. Healthwatch Halton therefore recommends, that equipment is stored appropriately to aid the orientation of residents and to reduce risks of falls.
- 4.** Ensure that a valid CQC registration certificate is on display at all times

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

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## SERVICE PROVIDER RESPONSE

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No response was received from the service provider.

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## APPENDIX 1

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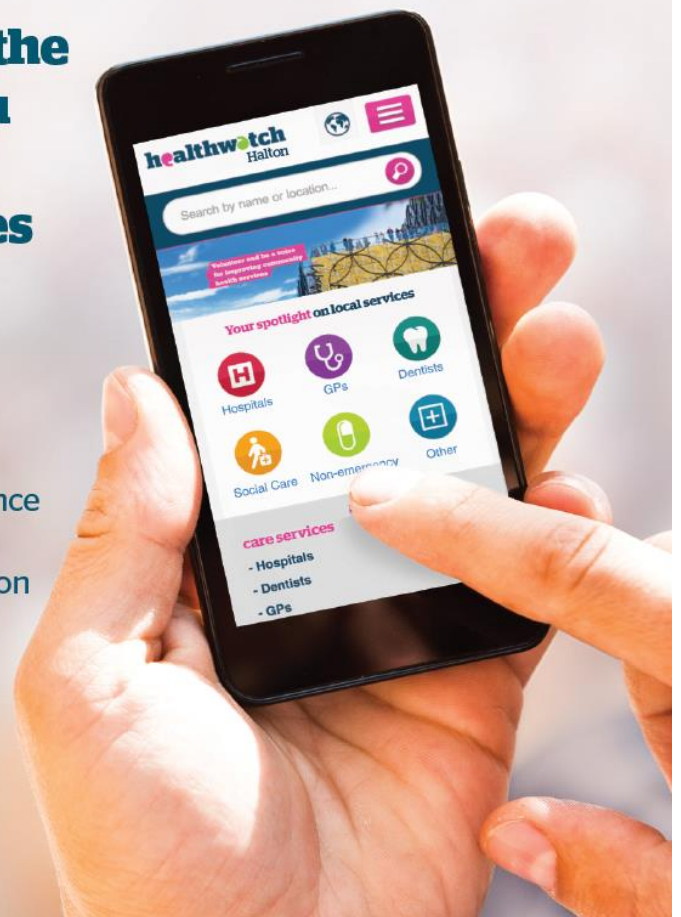
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