

St Luke's Care Home

Enter & View visit

06 March 2025



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What is Enter & View?

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 us to carry out our 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 has statutory powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care.

These visits are carried out by small teams of trained members of our staff and volunteers to observe a service at work.

We carry out our 'Enter & View' visits not as inspectors but as visitors to that service. We view the service provided and observe the care and support offered and we look to obtain the views of the people using those services.

Prior to our visit to St Luke's, we sent out a short pre-visit questionnaire to the manager of the home. Responses to the questionnaire have been used in producing our report. A link was also supplied to a questionnaire for staff and one for family / friends of residents to give their views.

Why did we carry out this visit?

Enter and View visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to St Luke's Care Home was to learn more about the service, and to find out where the service appeared to be doing well, in addition to finding out if any improvements could be made.

Our Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this Enter and View visit.

Enter & View Visit Report

Care Home: St Luke's Care Home, Palace Fields Ave, Palacefields, Runcorn WA7 2SU

Registered Provider: Halton Borough Council

Manager : Jane Davies

Healthwatch Halton Enter & View Team:

Dave Wilson, Jude Burrows, Julie Birchall, Kathy McMullin,

Date and time of visit: 06 March 2025, 10.00am to 12.00pm

Disclaimer

Please note that this report is related to findings and observations made during our visit.

The report does not claim to represent the views of all service users, only those who contributed.

Initial Impressions

St. Luke's Care Home is located in a quiet residential area of Runcorn. On turning into the entrance from the main road we noticed that the sign for the home was mossy but still readable.

When we arrived the carpark appeared busy, but there were still some car park spaces available and a couple of disabled parking spaces.

The outside area appeared well maintained and tidy. There were hanging baskets and planters with spring bulbs near the main entrance.

A sign on the entrance window explained that the doors would be locked from late afternoon and people should ring the bell to gain access.

Within the entrance there were a number of display boards on the walls. A CQC report was displayed from a recent inspection and showed the home rated as 'Requires Improvement'.

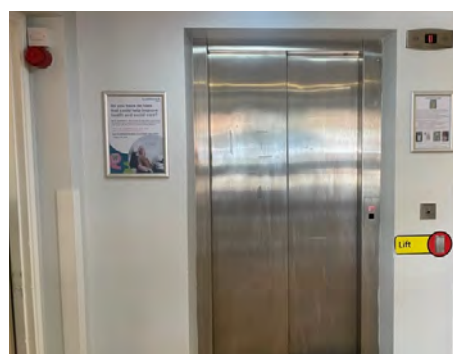
On entering the reception area we were greeted by a member of staff sitting at the reception desk. The home manager, Jane, came out to greet us. We were made to feel welcome and offered to look in all areas of the home.

The reception area was bright and clean with one small sofa facing towards the entrance.

A dementia friendly clock was displayed at reception. There was a Healthwatch Halton information poster and an Activities Timetable, with daily activities displayed near the lifts.

There were a number of other information signs and posters in the area.

Copies of the last CQC report were available in reception. A news bulletin about the home was also printed from June 2024 and copies of CQC Visiting Guidance. Dementia friendly labels, with clear text and images, labelled the lift and other areas of the reception area. A price list for the weekly visit from the hairdresser was on the reception desk. Paper doves were



hanging up in reception, the activities coordinator explained these had been created by the residents.

General observations:

At the time of our visit St Luke's had 38 residents. The home is split into three units, Laurel, Aspen and Rowan. A fourth unit, Willow, is currently unused. We were told that there are plans to reopen this unit later in the year. We found all areas to be consistent throughout, with similar features.

All areas of the home had dementia friendly signage, different coloured handrails on the corridors and different coloured doors. The bedrooms were labelled with resident's names on dementia friendly stickers. (One name rubbed off, in Rowan, and we reported this to the Activity Coordinator who said they would rewrite it).

All three units had gloves and face masks available to dispense up on the wall in the halls.

We were informed that the menu for the home is on a four-week rotation. Textured modified food is available if needed. Food is served on blue or yellow plates.

Dementia friendly clocks with the correct times and dates were displayed throughout the home. The garden area looked nice and spacious but had some furniture with tape across that needed removing / replacing.

The Manager told us the garden area is secure.

Aspen

Aspen is a male only unit. This area had a lounge, dining room and bedrooms. It was clean and bright. The different rooms are labelled with dementia-friendly text and an image. We noted that one door label for a shower room was ripped and missing the image. This needs to be removed and replaced and would be an easy fix. Shower rooms and toilets were clean.

On entering Aspen there is a small quiet lounge area, and a number of seats and a table and chairs.

A large TV on the wall displayed what appeared to be calming under sea images during our visit. The TV remote control was on the top of a large, tall cabinet, there was no back on the remote to cover the batteries, which were easily accessible.

Fidget sensory toys were available. There were binoculars and a bird chart for budding bird watchers. The bird feeders were directly in front of the window. This area overlooked a nice garden area with seating and fairy lights.

A dementia-friendly clock with date and time was displayed.

Six residents were sitting in the lounge area and another three were sat on armchairs in the hall area. A radio was playing on the tv and some residents played with dominoes. One staff member chatted with a gentleman as they played dominoes together. The interactions we saw were friendly and they laughed together.

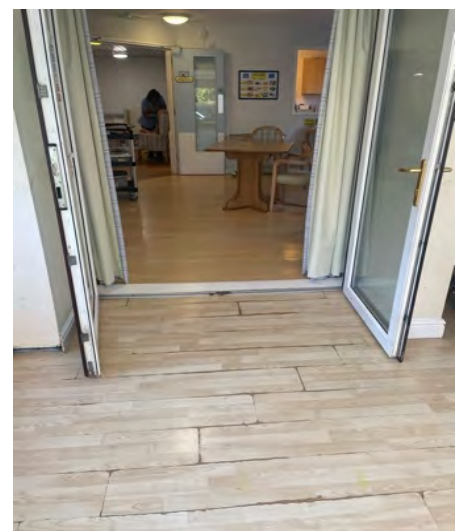
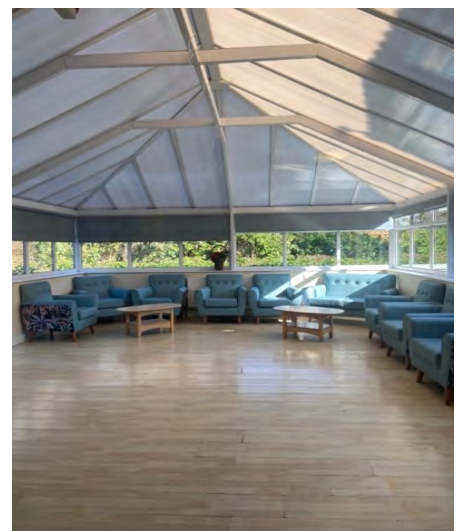
One resident was celebrating a birthday and wore a blowup crown and balloons decorated the wall. Some residents appeared to be asleep in the chairs.

A lovely large bright conservatory was available in this unit. It was warm and had comfortable armchairs around the room. Flowers were displayed and a feature wall had butterfly wallpaper. The Activity Coordinator explained this area was used for activities and had recently been used by a visiting barber as a waiting area for residents to get their hair cut.

Unfortunately, the flooring in the entrance to the conservatory was in a very poor condition, with a loose and raised threshold, which was a trip hazard, and in need of repair. The laminate flooring in the conservatory was also in poor condition and in need replacing. The Activity Coordinator and the Manager both explained this means access to the conservatory needs to be supervised and they are eagerly awaiting these issues to be rectified.

The dining area in the home had a number of tables that sat four people. There appeared to be some files stacked up on the window sill in this room.

A pictorial menu to aid residents was on the wall but it showed the date as 14th of February and did not display all the correct meal options. The Manager was informed



about this and said there were plans to display larger menu signs outside the dining areas in future.

We noted a sluice room door, a store cupboard and laundry cupboards left open, signage on the doors said, 'keep locked'. We reported this to the manager on the day.



We spoke with two family members who were visiting the unit. They spoke very highly of the home and the staff.

They explained their family member had come from another local home and they found St. Luke's to be '100% better'. They went on to say, 'We think it is great'. They told us they were pleased to see their family member had put on weight since arriving and said he had a nice room. They told us that a recent bird box making activity was enjoyed by their loved one.

We also spoke with a Personal Assistant (PA) who was visiting a resident. She said, 'The staff in St Luke's go above and beyond for the residents and are also really nice to the family of the clients. I visit a lot of homes, and I would say St Luke's is always one of my favourite homes to be in.'

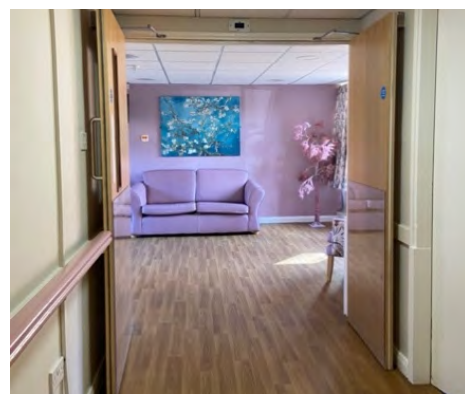
Rowan

Rowan unit is for both males and females. The entrance leads you into a quiet room with views and access to the garden the door was locked at all times, but residents could ask staff if they wanted to go out.

On entering the unit there is a purple couch with a pink decorative tree and a large artwork displayed. The area looked clean and bright. A TV was mounted on the wall.

There were seven residents in the lounge area while we visited. A radio was playing. One resident chatted to a staff member as she completed the hydration sheet on her file. Another played with baby dolls and care staff assisted her to eat and drink. This appeared a kind and playful interaction and the Activity Coordinator also chatted to the resident about her babies.

We noted a cupboard that had 'keep locked' written on it was left open. It appeared to contain knitted blankets and throws.



An alarm sounded from one of the rooms and this was checked on quickly by staff. The staff member checked on this call and informed us she would leave the alarm set as a resident was still in their room.

The notice board in the hall area was outdated and displayed the January newsletter, activity list and residents' meeting date for January. It said, 'Happy New Year'.

The dining area was being used for an activity session with a resident. Lots of fidget muffs and sensory toys were available. The pictorial menu was dated the 14th February.

A hoist was blocking a sofa in a break-out hall area.

We noted that one toilet had no contrasting toilet seat and the taps didn't appear to be identifiable as hot /cold.

We spoke with a resident on the unit who invited us to see his new room, which he called his flat. It was clean, bright and nicely decorated with family photos displayed. The room had its own TV and wash basin and a wardrobe for his clothes which he was pleased with. He spoke positively of the home saying, *'It's great, I have only been here a couple of weeks but it's great, The people are great, I'm happy I'm here'*.

He stated he liked going in the garden, but the doors are coded he said they are always locked. He was advised he could ask staff to be given access to the garden.

Laurel

Laurel is located on the first floor and there are two lifts which service the building.

This area was also clean and bright. When you step out of the lift into the open area this is called the cinema area which also doubles up as a training area and meeting space. (There was a staff meeting taking place on the day of our visit.)

We were told by a staff member, *'One resident has Reiki in this area. If the home is having a themed activity we will invite families and residents to watch a film from that theme.'*

From this space there are two units Laurel and one that isn't currently being used, Willow.

The entrance leads into a small area where there was a treatment room which was locked, there were a couple of black and white images in this area of Laurel and Hardy and one coloured image of the Wizard of Oz.

The dining area again had fidget toys available and a pictorial menu on the wall, which was out of date. A resident and staff member were playing together at a table.

Three ladies were sitting in the hall area together. One was using an adapted chair and was encouraged and helped to have a drink by a staff member. Two of the ladies

chatted away with us. They told us they were happy and one explained she liked to join in activities and said the staff were 'fabulous'.

We noted some hoists were blocking a break-out area, in front of the couches in this area too.

All walls and hand rails on the unit were pink with a darker shade for the rails.

Furniture was also a similar pink with grey accents.

The second quiet area on Laurel was filled with two very large hoists so residents and family would not be able to easily use this space.

Bedroom doors were in a darker shade to the walls, there were no personalised pictures on the doors.

There was a sticker on each door which showed a bed and the word bedroom and a door number sticker. Staff told us they were waiting for new doors to be fitted.

We viewed one bedroom, which had curtains in a very similar colour as the walls.

Staff stated families go in the lounge, bedrooms or quiet areas and that they also chat to other residents who don't get regular family visits.

We noted that a bathroom on the left-hand side of the bedrooms had an all-white toilet and seat, not a contrasting-coloured seat. The hot and cold markings on the taps had faded and the pull chord was tied up. The bathroom was very cluttered with specialist chairs and hoists. The sluice room door was wide open and not locked.

The resident's toilet did have a contrasting seat, but the emergency pullcord was tied up. The taps were identifiable as hot and cold, but they were two odd taps not consistent throughout. We also noted the linen and pad store cupboard were not locked.

The dining room appeared somewhat cramped for 14 residents with specialist wheelchairs. The pictorial menu showed a date of 14 February on it.

At the time of our visit, the dining room was filled with bags of clothing and unused wheelchairs and seemed cluttered.

There were some interactive games on the table in the dining room.

We only noted one clock which was located outside the office on main corridor, this wasn't dementia friendly.

The main lounge on the unit seemed cramped with nine chairs in it. It had a small TV, a set of drawers and a small table. There were no pictures or wall art on display.

The staff on the unit were all very compassionate and caring towards the residents.

Staff

We saw quite a lot of staff members working around the home. Most staff were visible in the nursing and residential areas. Staff wore a uniform, some appeared to be council uniforms with dementia-friendly name badges and some wore agency uniforms.

The interactions we saw between staff and residents were good. Staff checked on residents and chatted with them. We saw care staff helping residents to the communal areas and heard several offers of tea and juice. Some residents also drank nutritional drinks.

The Activity Coordinator, Sharyen, was seen around several areas of the home and was friendly and warm. She was sensitive to the needs of residents and explained she would adapt her activities to meet their needs on the day, although they did have a planned timetable.

Staff we spoke with told us they enjoyed working at St Lukes. One staff member said, 'We like to imagine residents being our own family member with a view to maintaining cleanliness and hygiene standards you would expect for your own family member. Staff we spoke with told us they felt well supported, with one saying, 'The manager is very approachable and supportive.'

Another member of staff told us, 'The manager has made it a nice environment to work in.'

One staff member told us she was a lead nurse and had been working for an agency for two years but has now applied for the role permanently.

Family feedback

We spent time observing and talking with people about how they were cared for. We asked family members for their thoughts on the care given to their loved ones. Generally, residents and relatives were positive about the service and told us that staff were caring and friendly and knew the needs of their loved ones well.

One person told us, *'My wife is nonverbal, but she does listen and likes listening to the TV, music and chat. She has been measured for a new chair to make it more accessible, we are just waiting. 12 months she has been here now, and it's the best thing to happen to her.'*

Another person told us, *'I can't fault it here, familiarity and I can visit anytime I want, food is ok, and staff are very supportive.'*

One relative explained they came every weekday to see their relation, saying, *'I come in Monday to Friday, 9am to 11am, to give her breakfast and her medication as she won't always accept it from the staff.'*

Another person told us, *'When I'm here, I see staff look after residents very well, 100%.'*

Summary

During our visit we observed staff providing good levels of care and support to residents in a compassionate and professional manner. Residents appeared well cared for, clean and content. Families and residents we spoke with were positive about the home and happy with the care provided by the staff.

There were however areas for improvement within the home.

We were aware of the limitations on space at the home, but felt that some of the quiet areas, and dining areas, were overly cluttered due to equipment being left out, which reduced usability of these areas.

We noted sluice room, store cupboards, and laundry cupboards left open despite signage stating they should be locked.

There was dementia-friendly signage throughout the home, but we believe there's still a need for more dementia friendly design elements within the home. We'd suggest using the King's Fund's, *'Is your care home dementia friendly?' EHE Environmental Assessment Tool*¹, to assess the areas that could be improved at the home.

We were informed that there are plans in place for new furniture, decoration and a further refurbishment at the home. There are areas across the home that would benefit from these plans being put in place. Addressing these issues would significantly enhance the quality of life for residents and the overall efficiency of the home.

Healthwatch Halton would like to thank the residents and staff at St. Luke's for welcoming us into their home and workplace and for taking time to talk to us.

¹ <https://www.oxfordhealth.nhs.uk/wp-content/uploads/sites/24/2023/06/1.8.13-Is-your-care-home-dementia-friendly.pdf>

Recommendations and suggestions

1. Ensure repairs to the conservatory flooring are carried urgently.
2. Update dining room menus regularly and ensure appropriate storage of items in dining areas.
3. As part of the planned refurbishment look to introduce more artwork and decorative elements to enhance the feel of homeliness. Also, look to introduce additional dementia-friendly features to the home.
4. Use contrasting colours for handrails, toilet fittings, and furniture to aid residents.
5. Where appropriate, introduce personalised bedroom doors with names, pictures, or colour to contrast.
6. Clearly label taps and ensure emergency pull cords are accessible.
7. Ensure hoists and other equipment are stored appropriately.
8. Secure storage areas to maintain safety standards.

Service Provider Response

Thank you for spending the day with us at St Luke's. We feel the report shares some excellent feedback, particularly around the care provided by staff and the quality of their interactions. Myself and the team were very pleased to read the positive comments from both residents and their relatives. It's encouraging to see their experiences reflected so positively in the report.

Recommendations and Suggestions

1. **Ensure repairs to the conservatory flooring are carried urgently.**
This has been added to our care home action as high priority.
2. **Update dining room menus regularly and ensure appropriate storage of items in dining areas.** Completed – New Menus in place (typed and updated by admin daily)

3. **As part of the planned refurbishment look to introduce more artwork and decorative elements to enhance the feel of homeliness. Also, look to introduce more dementia-friendly features such as contrasting colours and clear signage.** Ongoing in refurb – more artwork/pictures will be introduced in all lounges and hallways and dining areas.
4. **Where appropriate, introduce personalised bedroom doors with names, pictures, or colour to contrast.**
All doors are currently being checked with a view to being replaced in many areas. However, doors were all contrasting at the time of the visit and all doors had dementia names signs on at the time of visit, as stated on page 5 of the report. I will be exploring dementia friendly “real front door decals” for each door but this will be subject to approval by senior team.
5. **Clearly label taps and ensure emergency pull cords are accessible.**
Added to Care Home Action Plan to ensure all pull cords and taps are audited as a matter of priority.
6. **Ensure hoists and other equipment are stored appropriately.**
Added to Care Home Action Plan – will need to locate a space on each unit as currently no other available storage for these items.
7. **Secure storage areas to maintain safety standards.**
Staff are being reminded by nurses on a daily basis to ensure these doors are locked – this is also being audited on managers walkabouts. (sluices). Linen cupboards have the wrong notice on them which says keep locked – it should be keep shut and we will ensure these are changed.

Once again thank you for you for the valuable feedback.

Jane Davies
Registered Manager
St Lukes Care Home
Halton Borough Council



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