The Steppes Care Limited

The Steppes Residential Care Home

Inspection report

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Nailsworth
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Tel: 01453832406

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 30 and 31 January 2018 and was unannounced.

We found two breaches of legal requirement at the last inspection in October 2016 relating to incomplete care records and medicine management. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Responsive to at least good. The provider had followed their action plan which they said would be completed on 9 February 2017. We found there were improvements to the care plans and the medicine management. People had received their medicines as prescribed. However, further improvements were needed to ensure people's medicines would always be managed in accordance with current best practice. We have made a recommendation that the service consider current guidance on medicine management

The Steppes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Steppes accommodates 29 people in two adapted adjacent houses. There were 28 people accommodated when we visited. Ten people were accommodated in The Lodge and 18 people in The Steppes main house.

At our last inspection we rated the service Requires Improvement. At this inspection we found the service was rated Good.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements had been made to people's care plans. There was a new detailed care planning system and people's individual care was recorded and reviewed monthly to ensure they were safe and well. Staff knew what people valued and how they liked to be supported. Healthcare professionals supported people when required.

We found improvements to infection control in the laundry. There was a new sluice room and staff ensured infection control procedures were followed.

People lived in a safe and well maintained home and staff knew how to keep people safe. People told us they felt the home was safe. Staff were trained to identify and report any safety concerns. People were supported by staff that were well trained and had regular supervision to support their personal development.

People were treated with kindness and compassion and we observed staff engaged with people positively to support their wellbeing. People were treated with respect and they were supported to be independent. They were able to make choices and decisions and staff supported them.

People had a range of activities to choose from which included exercise classes, arts and crafts, musical entertainments, bingo and walks into town. There were links with the local community with trips out regularly organised.

The services quality assurance systems had improved. Regular audits had been completed and action plans ensured improvements were made. People and their relatives completed surveys about the home and action was taken to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not consistently safe.

People had received their medicines as prescribed. However, further improvements were needed to ensure people's medicines would always be managed in accordance with current best practice.

Infection control measures had improved and people's laundry was managed in a safe and clean environment.

Deployment of staff had improved and there were sufficient staff to meet people's needs.

People were safeguarded as staff were trained to recognise abuse and to report any abuse.

People were protected by thorough recruitment practices.

Is the service effective?

Good

The service was effective.

We found improvements in people's dining experience when they no longer waited between courses for their food and were adequately supervised. People's dietary requirements and food preferences were met.

People were supported by staff who received supervision in their role and had sufficient training.

People made most decisions and choices about their care. When people did not have the capacity to make decisions staff followed the Mental Capacity Act (2005) guidance.

People had access to social and healthcare professionals and their health and welfare was monitored by them.

Is the service caring?

Good

The service was caring.

We found improvements in communicating with people and respecting their privacy.

People were treated with compassion and kindness.

Staff engaged with people effectively and promoted their independence.

People bedrooms were personalised with their own mementoes.

Is the service responsive?

Good

The service was responsive.

We found improvements in peoples care plans had been made. A new format with more detailed information was in use and reviewed monthly.

We found the complaints procedure was updated and people had a copy to refer to. People's concerns were responded to.

People took part in a range of activities and had individual engagement with staff.

Is the service well-led?

Good

The service was well led.

We found improvements in the quality assurance procedures and the registered manager had identified where improvements could be made. Action was taken when shortfalls were identified.

Staff were well supported and were able to influence improvements to the service.

People attended regulars meetings and their requests were actioned to improve their daily lives.

The registered manager and provider were approachable with relatives, staff and people.

The Steppes Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 January 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We spoke with 16 people using the service, the registered manager, the provider, the deputy manager, the activities coordinator, a chef, three members of care staff and one healthcare professional. We observed people and staff engagement and reviewed five care plan and three recruitment records. In addition we looked at medicine records, management records and staff training records.

We did not ask the provider to complete a Provider Information Return (PIR) this time. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We contacted the service commissioners to gather information about the service.

Requires Improvement

Is the service safe?

Our findings

At our inspections in October 2016 we found medicines were not administered and transported safely and people who self-medicated were not assessed to ensure they remained competent. Staff's medicine administration competency was checked but there was no record. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to medicines management and administration. They told us the improvements would be completed by the end of February 2017. At this inspection we found improvements had been made and the service met the requirements of this regulation. Further improvements were necessary to ensure records were complete.

We recommend that the service consider current guidance on medicine management.

At this inspection we found medicines were transported in a new medicine trolley with the administration record to correctly identify people. People that self-medicated were assessed monthly to ensure they remained competent to do so. Staff medicine administration competency checks had been completed and were recorded to maintain an accurate record for review. We observed good practice in administration of medicines. Topical creams were applied correctly using a body chart and recorded.

Some improvement was needed in the managing of people's blood thinning medicines. The blood test results for clotting times and subsequent dosage required were relayed verbally from the GP practice without a written record being provided which was open to errors. The total amount of blood thinning medicine stock left over at the end of each month was not clearly transferred to next month's medicine records. This meant an accurate medicine audit could not easily take place.

A new initiative by the district nurses was to train staff to administer insulin and this had been achieved. However there were no written protocols from district nurses for people with diabetes receiving insulin to ensure staff took the correct action when required. The registered manager liaised with the local GP surgery and district nurses and recorded blood test results and insulin protocols were immediately implemented. The total stock for one medicine was carried forward and a stock check was included in the monthly medicine audit.

People we spoke with told us the staff managed their medicines and they were happy with that. One person said, "I don't have to worry about remembering anymore." People felt they received their medicines at the right time and one person told us, "Staff checked them off on their list to make sure they got the right ones." Another person said, "Staff help me with medication, I take it myself but they bring it to me and check I take it." A GP told us they completed people's medicine reviews when they visited regularly.

We made a recommendation at the previous inspection to improve infection control procedures and this had been achieved. The sluice had been relocated in another area away from the laundry room to reduce the risk of cross infection. Staff had hand washing facilities there and paper towels were used in all

communal areas for hand drying. Staff used personal protective equipment for example plastic aprons and gloves and there was hand cleaner for staff and visitors to use. People told us their bedrooms were always clean. We observed the home was clean and there were no unpleasant odours.

There were sufficient staff to meet people's needs and deployment of care staff had improved. Staff were deployed to be in the Lodge most of the time. One person said, "There is always someone [staff] in the house and they hear the bell and come reasonably quickly". We observed there were staff in The Lodge most of the time and people had a call bell close by them to use when required. Care staff in The Lodge had lunch with people and engaged with them to ensure they were safe and well.

Incidents and accidents were recorded and the records were seen by the registered manager. The records showed appropriate action had been taken to keep people safe following for example, a fall. There was a detailed monthly audit to identify any trends. The registered manager planned to implement a reflective practice procedure to prevent further accidents immediately and not wait for the monthly audit to review preventative measures.

People were protected against the risks of potential abuse. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The staff we spoke with knew about 'whistle blowing' when they reported any abuse they had seen by other staff members. People told us they felt safe in the home. One person said, "I feel safe, if I was worried I would talk to staff quietly about it. I feel confident doing that." Staff completed annual safeguarding training. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member.

Health and safety risk levels and control measures were for all areas and equipment was completed in October 2017. There were no actions required. Maintenance records had been completed and equipment was serviced as required. The water system was checked for Legionella bacteria and there were regular water sample checks. Fire risk assessments had been completed and people had a Personal Emergency Evacuation Plan (PEEP) to ensure they were assisted correctly in an emergency. Staff fire training was up to date. The home was well maintained and improvements had recently been made, for example, dimmer switches in the corridors were fitted to allow staff to check people in the night without disturbing them.

People had individual risk assessments for their personal safety in the care plans. Individual risks were identified and minimised to maintain people's freedom and independence. The care plans had risk assessments for people who may, for example, be at risk from falling and were reviewed monthly. One person continually used the stairs and walked around most of the day and staff were advised to keep all areas free from hazards. Handover between staff took place at shift changes to help ensure staff knew when people's needs changed and they required additional or different care and support.

Safe recruitment practices were followed before new staff were employed. The correct checks had been completed to safeguard people and ensure staff were suitable and of good character. The recruitment records we checked were complete. Potential new staff were interviewed and introduced to people in the home. New staff were required to complete an induction which included the completion of the Care Certificate.

Good

Is the service effective?

Our findings

Care plans were beginning transferred onto a new system based on the findings of people's assessments. They included for example individual areas such as personal care, elimination, nutrition and mobilisation. Information called 'This is me' described personalised support for people and detailed their usual day. For example one person living with dementia was supported when they had forgotten they had eaten a meal. The daily records had a record of the food they had eaten and their general mood and wellbeing. They were also unable to change their hearing aid batteries so staff checked their hearing aid was working and replaced the batteries when required.

We found improvements when people were supported in The Lodge during meal times and the time between courses was reduced to ensure people did not leave before their meal was completed. People's dietary needs and preferences were documented and known by the catering staff and the care staff. There was a choice of meals on the menu displayed and staff asked people before each meal what they wanted. Pictures of the meals provided were available but people living with dementia currently were able to choose without their use.

The chef met people monthly to discuss their food preferences. People had individual nutrition care plans when required. Staff followed the Malnutrition Universal Screening Tool (MUST) guidance and recorded peoples height and weight to monitor their risk of malnutrition. Where people were at risk of malnutrition the GP was also informed and fortified food and food supplements were given. Two people were weighed weekly to monitor their weight loss. One person's care plan identified they were a high risk of malnutrition. The chef we spoke with had a dietary requirement record for the person identifying they had fortified food and drinks. The daily reports had recorded what the person had eaten to monitor their intake.

People consistently praised the food and told us there was always a choice. One person told us, "Food is first class, if I don't like what is on the menu I can choose something else." People had drinks they could reach in their bedrooms and drinks were available for people in the lounge and dining rooms. All staff had a secure fob and lanyard to allow quick access to both houses without using the kitchen door and the chef told us this was a big improvement for health and safety there. The registered manager told us there were additional folding tables they could use to ensure everyone would be accommodated in the dining room or lounge if the wished.

Staff received suitable training and support to meet people's needs. We looked at the training information board where all training completed and planned was recorded. Staff were able to see what they needed to complete and were reminded when necessary. Staff were encouraged to complete all the training annually and there were incentives given to staff to promote this. There was a designated senior member of staff responsible for all aspects of training to include organising in-house training and helping staff log on to complete online training. Staff told us they were supported with individual meetings where they could discuss their progress and training needs throughout the year. The meetings were recorded and had identified several topics for discussion and what the staff member wanted to achieve.

The staff completed ten training course annually which included fire safety, first aid, moving and handling, safeguarding adults, DoLS, MCA, medicines and dementia care. One staff member told us their induction and training was "really good" and they had completed NVQ level two in health and social care. A new staff member told us they had completed their induction and shadowed experienced care staff for ten days. They also told us the dementia care training was really good and they had attended a local college to complete first aid training. The registered manager had completed Dementia Lead training and there were two dementia link staff who attended five monthly meetings annually to update staff on the latest guidance when people were living with dementia. Recently staff had been trained and supported by the district nurses to administer people's insulin.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had a pre-admission assessment of their needs and their preferences were respected.

Staff had knowledge of the Mental Capacity Act and people's rights were upheld. People consented to their care and support. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager knew when to apply for a DoLS when people without mental capacity were at risk and may need constant supervision. There were no DoLS in place at present. Some people were living with dementia but were able to make day to day decisions about their care. One person's care plan had a correctly completed mental capacity assessment recorded and the result was that they could make day to day decisions.

People had access to a range of social and healthcare professionals when required to help ensure they had the care and treatment they needed. Records confirmed people had access to, for example, a GP, dentist, an optician, a chiropodist and a community psychiatric nurse (CPN). There was a clear record of healthcare professional's visits and the outcome to ensure any changes to peoples care was known and completed. People told us the chiropodist visited regularly. One person said "Doctors, dentist, chiropody and optician are all managed by the home, it is marvellous." One person had a regular visit from a district nurse to complete blood tests. Another person said they had had to go into hospital, the home was supportive and all went well and they returned.

Good

Is the service caring?

Our findings

People had positive engagement with staff who respected their privacy and dignity. Everyone was full of praise for the staff who they said worked hard and looked after them well. We observed staff were kind to people and encouraged them to be independent. We found improvements when staff knocked on people's bedroom doors and waited for an answer before entering and did not call people by 'pet names' or raise their voice to speak to them from another room. One person said "Staff always knock if the door is closed otherwise they call out. "One person currently cared for in bed said, "Staff are supportive, I am well looked after, and I am working towards being more independent and they help with that." Another person told us, "I get on so lovely with the staff, I have been here over a year." One person who was independent and went out on his own said "I am independent and the staff help me to stay that way but they do check I am all right."

People told us the staff were kind and caring and treated them with respect. We observed staff communicated with people positively and showed them genuine care, for example; staff stopped to talk to people when offering them drinks and asked how they were and what they were doing that day. The conversations were short but relevant to each person. The activity organiser was talking to two people during lunch time and clearly knew them well and asked after the family of one person and was appropriately careful which subjects they chose when talking to the other person. One person told us, "The maintenance man is very good he is there three days a week and drops by for a chat and a joke." Two people commented, "Staff are wonderful" and "I am very impressed with the care staff." One person had lived at The Steppes for five years and said, "It is mainly the same staff as when I came, only a few changes." Staff knew people well and people told us this gave them confidence to speak to staff when they had any concerns. One person said, "I have never had to raise a complaint at all, if I needed to I would talk to any of the staff and [name] (the registered manager) comes up here from time to time."

People's confidentiality was respected, their records were securely stored and staff did not talk about other people to them. One person said, "Staff never talk about other people", "they are very professional, if I ask about other people they don't tell me." One person who was living with dementia said "I stay in my room most of the time." A member of staff asked if they wanted fish and chips for lunch and the person said "Oh yes I go to the dining room on a Friday for that." The person was clearly happy to be offered the choice and later we noticed one of the staff checking where she wanted lunch (it was a Tuesday). The person also told us, "I get on perfectly well with the staff, they are pleasant, there is nothing wrong with the way things happen here." The person also mentioned the hairdresser coming as an enjoyable event.

People's rooms were personalised where this was appropriate for them and had photographs of their family and friends and some of their own treasured possessions. There were several people living with dementia whose bedroom doors had a picture on for them to recognise their bedroom.
There was information on the notice board in the dining room which included the minutes of meetings and a report of the last quality check by the local authority, to inform people.

Good

Is the service responsive?

Our findings

At our inspections in October 2016 we found People who use services were not protected against the risks associated with incomplete care plans. Some information in care plans required updating. Care plans were not always person centred and had not been regularly reviewed Handover between staff at the start of each shift had not ensured that important information was always shared, acted upon where necessary and recorded to ensure people's progress was monitored. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to the care plans. They told us the improvements would be completed by the 9 February 2017. At this inspection we found improvements had been made and the service met the requirements of this regulation.

At this inspection we found there was a new more detailed care planning system and the staff had been trained to complete it by the local authority Care Home Support Team. People's care plans had detailed information for staff to meet people individual needs and they had been reviewed monthly. There was a record of the support care staff had provided to people in relation to their daily and weekly care. One staff member told us the care plans were very detailed and easy to read. One person's care plan recorded a new four way slide sheet was used for comfort and accessibility. Records were kept of their regular position change and diet to ensure they were well nourished, hydrated and free from pressure ulcers. People living with diabetes had annual foot checks to ensure their circulation was not impaired.

Most people knew there was information recorded about them. The general view from people was the staff knew them well and looked after them as they wanted. One person told us about their care plan, "Oh yes that is what someone was talking about last week, we went through lots of questions." Another person said "The care is perfect for me, they help get me into bed and get up in the morning and then I can sit in the sitting room." Another person told us they signed their care plan. They told us they had sight impairment and had talking books and newspapers to listen to. We observed the registered manager had taken prompt action when one person had no improved vision from their new prescription glasses and arranged to go with them and their relative to the optician to for a review. One person told us the responses to staff answering the call bell had improved.

Handover between staff took place at shift change over to help ensure staff knew when people's needs changed and they required additional or different care and support. We observed a handover session between care staff. Relevant information regarding all the people in the home was discussed and the outcome of a GP's visit. A new handover record was used for staff to record important information.

People were supported with some technology and equipment to help promote their independence. The register manager told us they had recently acquired a larger electronic tablet computer for peoples with sight impairment. To assist communication there were large print books, menu boards with large letters and monthly newsletter and activity plans with pictures. To assist people living with dementia there were large display digital clocks/calendars to tell people the time, day and date. Some people had personal images on

their bedroom door to help recognition. There were 'smart speakers' in each house capable of instantly accessing music and real time information and much more for people.

One healthcare professional we spoke with told us they had a good relationship with the staff and trusted them. They told us they visited regularly and communication was good. They also told us the care staff were experienced in caring for people near the end of their life. The staff supported people to make advanced decisions about their care and plan any end of life wishes. One relative wrote to express their thanks for the kindness and compassion shown by the staff at a distressing time.

There was a full programme of activities and the pictorial January activity programme was in everyone's bedroom. There was a newsletter and dates of planned events to access the community on the back of the programme to inform people. People mainly knew what was happening. One person told us they liked the singing and another person liked the "quizzes". On the day of the inspection one of the two activity organisers was doing individual exercises with one person to improve their mobility, they took two people out to the local garden centre and were talking to people individually. Staff also held staff meeting to find out what everyone wanted to do.

People had links with the community. One person told us they went to two different day centres and went to church locally. Another person said, "I go out into the town, I go to the library and to the shops." Several people told us they go to the pub (next door), either with their families or on a Friday as part of the homes regular activities. One activity organiser told us they had got things up and running now. One activity organiser told us about taking people out locally in the car and they can take one person in a wheelchair. To accommodate more people they sometimes hire a vehicle. One person who spends most of their time in their room said, "The vicar comes to see me regularly" and they said two visitors from the church come fortnightly to bring them holy communion. One person who didn't go out had a special trip planned with an activity organiser to visit Gloucester museum to see a soldiers of Gloucester exhibition. People told us their relatives and friends were made welcome by the staff. Some people had their own telephone and told us they speak to family who live at a distance regularly.

People and their relatives had access to a clear complaints procedure and told us they had no complaints about the service. People told us any concerns they had were dealt with straight away. There had been no complaints since the last inspection. We saw several compliments sent to the home where relatives expressed their thanks for the staff care and support. One relative expressed their thanks for the support of the registered manager and said, "you do go above and beyond."

Good

Is the service well-led?

Our findings

The services philosophy was to 'Endeavour to meet people's personal needs and preferences to ensure their contentment and happiness'. People told us they felt the home was well run and they thought the registered manager was "a good manager". One person said, "It's a super place, the manager is very good, I have respect for all the staff. I had not thought I would be as content as I am." People told us they attended residents meeting monthly but two people told us they talked to staff individually. One person said, "It's a good place, it suits me." The 'keyworker' system ensured each person had a picture of the staff member who was responsible for anything they wanted and were ready to talk to them about concerns and organise appointments for them.

Staff told us they were well supported in their roles by the registered manager and provider. An activity organiser told us there was always enough resources for them to use for activities and trips out. One staff member told us they had a good team and the registered manager would always help them when necessary.

Staff meetings were held to discuss how the home was run and any improvements. Staff told us the meetings were helpful and they could influence the running of the home. Fourteen staff attended the December 2017 staff meeting. The new door security system was discussed and staff were each given new door fobs to use. Fire training was completed and a fire drill undertaken for staff to identify where the fire source was and what they would do. The minute's recorded the staff had a good understanding of the fire procedure. The registered manager had involved the home in an Age UK schools project called "You and Me" that brings children together with older adults in the school and care home environments. The benefits of the project were documented as many which included building mutual respect and improving tolerance and communication. In some reported projects generations tackled issues such as bereavement and bullying.

People were given the opportunity to feedback about the service and the registered manager took their views into account when improvements were made. We looked at a record of two residents meeting in October and November 2017 where 12 and eight people had attended. People regularly went into Nailsworth town and they requested the home should have a key to the disabled toilets there. This was actioned and the key was kept in the homes safe ready for people to use. People complimented the food provided. One person wanted to go to a wildfowl and wetland sanctuary and this had happened in January 2018. People were looking forward to the pantomime in December. Fire safety was explained to everyone and people were asked not to block any fire doors. People not attending the meetings had comment sheets to complete about the service.

Quality assurance systems included regularly asking people and their families about the service. People and their relatives had completed surveys to check their satisfaction with the service. The 2017 survey completed in August had positive results with 100 percent of people 'happy at The Steppes'. An action plan was completed to address minor shortfalls for example, food not hot enough and people wanted staff to have name badges. Both these had been completed in September 2017.

We found an improvement in quality assurance procedures which included many audits. A new system had begun and would ensure all the action plans from the audits would be collated and addressed monthly. The audit checklist identified 20 weekly or monthly audits and included for example, care plans, accidents, medicines, call bells, maintenance and dining experience. We looked at three audits and where necessary action had been completed. There had been minor actions for medicines in January 2018 audit for example a fridge temperature was slightly cooler than required and the medicine return book had not been returned from the pharmacy. All actions had been completed from the January 2018 medicine audit. There were no actions required from the meal audit in January 2018 when people were asked their opinions about the food. An activity organiser told us how they audited people's activity record monthly and anyone who had less than ten activities were identified to see if they wanted to do more. Staffs individual engagements with people were also recorded. The provider supported the service daily and many new and improved systems had been implemented. The deputy manager attended a Falls Forum quarterly and kept a folder with relevant information to ensure staff followed current best practice in relation to falls prevention and management.