

Altogether Care LLP

Winterbourne Steepleton - Steepleton Manor Care Home

Inspection report

Winterbourne Steepleton
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Winterbourne Steepleton- Steepleton Manor is a residential care home providing nursing and personal care to up to 32 people. The service provides support to predominately older people. At the time of our inspection there were 19 people using the service.

People's experience of using this service and what we found

Some people could not be consistently confident that the risks they faced would be assessed, mitigated and monitored.

Overall, people's medicine management was safe. However, improvements were needed to the safety of unwanted medicines waiting for collection.

Risks relating to infection prevention and control (IPC), including in relation to the COVID-19 pandemic were assessed and managed. Overall, staff followed recommended IPC practices with some minor areas for improvement. Safe visiting was supported.

There was a poor understanding of The Mental capacity Act 2005 and this meant people were not consistently supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Actions were taken following the inspection visit to make sure any restrictive practices were reviewed with people and or their representatives.

People's needs were assessed. However, their emotional and social wellbeing needs were not consistently planned for or were consistently delivered in a person-centred way.

The governance systems were not entirely effective and had not identified the shortfalls found at this inspection.

The registered provider and manager took actions in response to our feedback and findings. However, we were not able to assess the impact of these actions on people's experiences at this inspection.

People felt safe and were comfortable and relaxed with staff who supported them. Relatives told us they felt their family members were safe and overall were well cared for. Throughout the inspection we saw relaxed, kind and caring interactions between staff and people. People received good quality nursing care.

Overall, there were enough staff to meet people's needs but some people experienced some delays in support at mealtimes. There was a staff team who knew people well and they were recruited safely.

There was an open, improving and positive culture within the home and people, staff and a relative told us the manager and staff team were approachable and helpful.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (10 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to requires improvement following this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to risk management, understanding of the MCA and governance at this inspection.

Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Winterbourne Steepleton - Steepleton Manor Care Home

Detailed findings

Background to this inspection

Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Winterbourne Steepleton- Steepleton Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included notifications made by the service and concerns raised with the Care Quality Commission. We sought feedback from the local authority and Clinical Commissioning Group (CCG) who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 27 May 2022 to help plan the inspection and inform our judgements. In addition, we also used feedback from the manager's CQC registered manager's interview.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 20 June 2022 and ended on 6 July 2022. We visited the service location on 20 June 2022.

We spoke with 11 people who used the service about their experience of the care provided and with one visiting relative. We spoke with nine members of staff including the operations manager, manager, head of care, nursing and care staff, maintenance staff and housekeeping staff.

We reviewed a range of records. This included elements of five people's care plans and care records. We looked at MCA assessments, best interest decisions and Deprivation of Liberty Safeguards applications. We looked at a variety of records relating to the management of the service.

We also held a remote video call with the manager to discuss the governance arrangements at the service and to give inspection feedback to the provider, operations manager and manager.

After the inspection visit

We continued to seek clarification from the manager and provider to validate evidence found. We looked at further records related to two people. We also reviewed records related to governance and oversight. The provider gave us a summary of the governance arrangements in place following the departure of the previous registered manager.

We asked the manager to share a poster asking people, staff and family and friends to contribute to our inspection. We did not receive any feedback from this.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection we have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not consistently managed and there was no focus on positive risk taking for people. For example, it was routine practice that people used bed rails. This was regardless of any risks to the person or their capacity to make the decision.
- Some areas of practice within the service were not safe and placed people at risk. For example, several people required equipment to reduce the risk of pressure injuries to their skin. There were two air mattresses in use where the alarm was alerting staff to low pressure and no action had been taken. The comfort setting on all mattresses viewed was set to the highest level of firmness. Setting the mattress to the highest firmness may cause discomfort or unintended damage to people's skin. Two people were not repositioned in line with their care plan which placed them at risk of skin damage.
- One person with a urinary catheter continence aid did not have a nightstand for their catheter bag. This presented a possible risk of infection.
- Overall, the home was well maintained and there were systems in place to monitor the safety of equipment and services. However, a piece equipment had not been serviced. This included a suction machine for use in emergencies. This meant that staff could not be sure this machine was working correctly when required.
- Environmental risk assessments and management plans were in place where required.

The shortfalls in the management of risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and operations manager took immediate action to ensure that people's mattresses had the correct settings and people were repositioned as detailed in their care plans. They also reviewed the use of bed rails with people and their representatives; eight people's bed rails were removed following risk assessments and consultations. The new information was shared at staff handovers, monitored by the manager, regular walk arounds of the home and reminders included as alerts on the electronic care system. We have not been able to review the effectiveness of these actions at this inspection.

Staffing and recruitment

- People and staff told us there were enough staff. Agency staff were not used, and people spoke highly of the staff and manager. One person said, "Staff are friendly and kind". They told us staff did not rush them and "They take care of me, they wait on me hand and foot". Another person said, "They are all very nice to

me. Couldn't wish for better really."

- There had been a high turnover of staff following the departure of the previous registered manager in December 2021. New staff had been appointed and the turnover of staff had reduced. People were being cared for by a stable staff team who knew them well.
- There was a dependency tool in place to make sure that there were enough staff to meet people's needs. Further consideration needed to be given with staff deployment. Particularly, in relation to people being cared for in their bedrooms and unplanned staff shortages. This was to make sure that they did not experience delays in staff support at mealtimes. The operations manager and manager agreed to consult with people as to their preferences at mealtimes and how people could be supported in a more personalised way.
- Staff were recruited safely and there were robust recruitment procedures in place. Risk management plans were in place for any staff living within the care home to ensure people and staff member's safety.

Using medicines safely

- The storage of unwanted medicines, awaiting collection, was not safe. Unwanted medicines were stored in a locked sluice accessed by all staff. The container was not locked, or tamper-proof and unused medicines could be easily accessed.

It is recommended that NICE Managing Medicines in Care Homes Guidance is followed in relation to medicines for disposal. Specifically, medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy.

- Staff administering medicines had received training and had their competency assessed. People received their medicines as prescribed.
- The service used an electronic system which tracked medications from order to administration, in conjunction with an electronic medication administration record (eMAR). Staff said this had reduced minor errors and reported no medicines errors in the past three months. Staff found the system easy and safe to use.
- PRN 'as needed' medicine care plans were being transferred on to the new electronic system at the time of the inspection. This was so staff had this information available in one place.
- Where prescribed medicines were not given, codes were used to confirm the reason. Variable doses were accurately recorded. Some people required time specific medicines, which meant they had to be taken at certain times throughout the day. Records showed staff adhered to these times.

Preventing and controlling infection including the cleanliness of premises

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Bedrail covers were used to reduce the risk of entrapment. However, some covers were damaged with holes and small tears, meaning they could present an infection control risk as they are difficult to keep clean. The manager and operations manager took immediate action to remove and replace any damaged bed rail covers.
- We were somewhat assured that the provider was using PPE effectively and safely. Some staff were not wearing face masks correctly and two staff took off their face masks whilst in people's bedrooms. The manager and operations manager took action to remind staff about the correct use of PPE as per the guidance they have been given previously. We have not been able to test the effectiveness of these actions and this remains an area for improvement.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.
- The premises were clean and odour free throughout. The laundry area was well organised, clean and odour free.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk from abuse

- People looked very comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness. Comments include; "I am safe here definitely", "All lovely. The staff are particularly wonderful as far as I am concerned; they are simple lovely. Since arriving no one has been rude or nasty to me. It is a home from home for me" and "Yes I feel safe because the staff are here to help."
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns. The manager and CQC identified that the manager needed to improve their knowledge of safeguarding. They attended training prior to the inspection. They were also being supported by the operations manager to improve their knowledge.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learned were shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Overall, there was a poor understanding of the MCA and best interest decisions by the staff member responsible for completing people's MCA assessments and DoLS applications. For example, DoLS applications had been made for people who had capacity to make the decision about staying at the home. There was conflicting information recorded about people's capacity. For example, blanket capacity assessments and best interest decisions had been completed for people who had capacity to make their own decisions. These inaccurate best interest decisions and DoLS applications had been completed prior to December 2021.
- We identified that some people's do not attempt cardiopulmonary resuscitation (DNACPR) decisions had been completed without the consent of the person or consultation with their representatives. Immediate action was taken to ensure that everyone's or the legal representatives' decision was recorded correctly.
- The manager told us, and we saw that all of the people who were admitted after this date had full capacity and best interest decisions were not required.

Staff were not following the Mental Capacity Act 2005 principles or the associated Code of Practice. This is a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities)

- The manager had displayed information about the five principles of the MCA. The manager was completing an individual training course on understanding the MCA. Nursing staff were attending planned MCA update training in July 2022.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into or stayed at the home, their needs were assessed. This included working with other health and social care professionals to complete their initial assessments. People's care plans included very clear information as to how staff were to meet their nursing and personal care needs. Some people had a brief summary of important information about them and their likes and dislikes. Further work was needed to ensure that people's assessments and care plans were more person-centred and also focused on their emotional, social and well-being support. This was so staff could support all of the person's needs. The manager and staff were starting to review people's care plans with them, so they were more personalised. We have not been able to assess the impact this has on people's experiences at this inspection.

Staff support, training, skills and experience

- Overall, people were supported by staff who had the skills and knowledge to provide personal and nursing care for them effectively. People told us they had confidence in the skills of the staff.
- Staff received training specific to their role and there was a robust induction in place. There were planned annual updates of all core training and staff were booked to attend MCA training.
- Staff felt supported by the manager, by the training provided and received regular supervisions to develop their practice. One member of nursing staff told us they were having regular supervision sessions with a focus on reviewing people's care plans with them.

Supporting people to eat and drink enough to maintain a balanced diet

- People had very mixed mealtime experiences. One meal was served to one person too hot; other people's meals were served cold. This was partly due to numbers of people in their bedrooms needing staff support and the time taken from serving the meal to supporting the person to eat.
- There was mixed feedback about quality and temperature of meals. One person said, "It's alright under the circumstances but mass catering is so not like home cooked meals but perfectly fine most days." Another person told us about the food, "Not great that's my only complaint, food is not hot when delivered and sometimes very overcooked veg." A relative told us, "[person] had been off her food ... and they both found that the meals served were not hot." The operations manager and manager were reviewing ways of supporting people to have their meals in a timely way. This was to ensure people's meals were served hot. People's mealtime experience was an area for improvement.
- Care plans contained information about people's food preferences and specific instructions around their diets. Staff were knowledgeable about the texture and thickness of people's foods and drinks where they were at risk of choking.

Adapting service, design, decoration to meet people's needs

- People bedrooms were personalised with their pictures, photographs and their personal belongings. However, bedroom doors did not have people's names on them. The manager told us they had also identified this, and name plates were on order.
- There were spacious and comfortable communal areas such as lounges and dining rooms that were underused due to people being cared for in their bedrooms.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were planned regular virtual and face to face health reviews for people. Staff were able to refer any healthcare concerns and they had good relationships with local healthcare professionals.
- People's care records detailed the involvement of specialist or consultants, specialist nurses, GPs and district nurses.
- People's oral care needs were assessed and planned for.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The previous registered manager left the home in December 2021. The planned induction of the new manager included working alongside the previous registered manager. However, the manager told us that this had been difficult and very little information was shared with them in relation to the governance arrangements for the home. Remote support was given to the manager by the provider's operations manager whilst they were managing another of the provider's care homes. The manager was also supported by an independent care consultant. However, due to the pandemic and subsequent visiting restrictions, the usual schedule of in person audits and visits were not completed. At the time of the inspection the operations manager was visiting at least twice a week to provide oversight, support and guidance to the manager. We have not been able to assess the effectiveness of these actions at this inspection.
- The manager had applied to be registered with CQC and we identified the manager needed to improve their knowledge of safeguarding and the MCA. The manager completed this training prior to and following the inspection and intended to reapply to be registered.
- The provider and operations manager were fully committed to supporting the new manager in their role. There was a schedule of audits and checks in place. However, the governance systems in place had not been fully effective in identifying all of the shortfalls we found in risk and medicines management, people's social and emotional wellbeing, their mealtime experiences and understanding of the MCA.

The shortfalls in the governance of the service were a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager completed complaints, infection prevention, accidents and call bell audits. The manager completed an additional call bell audit during the inspection as previously completed call bell audits had not used all the available call bell data. Action was taken where any shortfalls were found. For example, the call bell audit identified delays in nursing staff responding to a call bell, to complete a nursing task, whilst they were administering medicines. There was an action for a nursing assistant to assist with medicines administration at lunchtime.
- Staff champions and key workers for people had been identified to drive forward improvements in the personalisation of the service. For example, a staff member was responsible for End of Life Care and another for IPC.

- We acknowledge the provider's efforts to maintain oversight during the difficult transition between the previous registered manager and new manager and the pandemic visiting restrictions. The provider was committed to improving the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was not an entirely person-centred culture that was holistic in its approach to people's well-being. People's care plans were not personalised. For example, 17 of the 19 people were routinely cared for in bed or their bedroom and their needs were not always met in a person-centred way. Staff worked to a routine, which was flexible, one floor at a time, to help people to get up or serve their meals. This routine way of working did not always take into account people's individual choices and preferences at all times. Following the inspection, the manager consulted with people about their preferences and looked at how the staff team was allocated to support and care for people. We have not been able to assess the effectiveness of these actions. The personalisation of the service remains an area for improvement.
- There was an activities worker in post and a planned programme of activities. This included bus trips out twice a week and group activities. However, feedback from people and a relative was people were cared for in their bedrooms and there were long periods of time when they did not have any occupation or stimulation. This was an area for improvement.
- We had positive feedback from people about the kindness and caring qualities of staff and manager. People and a relative gave positive feedback about the high quality of nursing care provided. Staff spoke fondly and knowledgeably about the people they cared for.
- People and the staff team told us how the morale, wellbeing and atmosphere at the home had vastly improved following the appointment of the manager. Staff felt listened to and invested in. The manager and staff team were fully committed to improving the service. The recent staff survey results were positive overall.
- The manager held separate meetings with staff and people. There were improved handover systems in place to ensure that staff were kept up to date about any changes in people's needs.
- Surveys and further consultation with people and their representatives were planned over the coming months.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider understood their responsibilities to be open, honest and apologise if things went wrong.
- The manager had made sure we received notifications about all important events so we could check appropriate action had been taken.

Working in partnership with others

- We received feedback from the CCG quality monitoring teams in relation to their visit on the Friday before our inspection on the Monday. The high priority risk shortfalls identified during their visit had not been addressed by the time of our inspection. The provider told us this was due to the manager not being present on the Friday and their first working day being the Monday of the inspection. Following the immediate actions taken by the operations manager and manager during the inspection the quality monitoring team reported an improving service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff were not following the Mental Capacity Act 2005 principles and Code of Practice. This is a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The shortfalls in the management of risks was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The shortfalls in the governance of the service were a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |