Altogether Care LLP

Winterbourne Steepleton - Steepleton Manor Care Home

Inspection report

Winterbourne Steepleton
Dorchester
Dorset
DT2 9LG

Tel: 01305889316
Website: www.altogethercare.co.uk

Date of inspection visit:
19 February 2018
20 February 2018

Date of publication:
09 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

The inspection took place on 19 February and was unannounced. The inspection continued 20 February 2018 and was announced.

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

Steepleton Manor Care Home is a large detached period property in Winterbourne Steepleton. The home provides long term and respite accommodation for up to 30 older people with personal care and nursing care needs. At the time of our inspection 22 people were living at the home.

Our last inspection on 19 September 2016 we found that systems and processes in place to assess, monitor and improve the service were ineffective. 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 question well led. We found that during this inspection the action plan had been followed and improvements had been made.

The service had a registered manager in post. 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.

People, relatives, a health professionals and staff told us that Steepleton Manor was a safe home. Safeguarding alerts were being managed and lessons learnt by the home. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding. Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and assessed as competent to give medicines.

People were supported by staff who understood the risks they faced and valued their right to live full lives. Risk assessments in relation to people's care and treatment were completed, regularly reviewed and up to date.

There were sufficient numbers of safely recruited staff at the home. A dependency tool was used to calculate the number of staff hours required to meet people's needs.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had a care plan and associated files which included guidelines to make sure staff supported people in a way they preferred. Staff were able to access care plans and guidance on the go by using hand held devices.

Staff had a good knowledge of people's support needs and received regular local mandatory training as well as training in response to people's changing needs for example some people were diabetic and staff had been trained in this area.

Staff told us they received regular supervisions which were carried out by the management team. Staff told us that they found these useful. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Improvements had been made in relation to the completion and assessment of capacity assessments and best interest decisions.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. The chef told us that the majority of meals are home cooked.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, district nurses and a chiropodist.

People, professionals and relatives told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before being admitted to the service and support provided reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People were encouraged to feedback. We reviewed survey results which contained mainly positive feedback.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. The registered manager told us that lessons were learnt and shared with staff in meetings. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them. Staff felt recognised and that team moral was good. An employee of the month programme was in place.

People, relatives, professionals and staff felt that the service was well led. The registered and area manager both encouraged an open working environment.

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Improvements had been made to quality monitoring systems within the home. Audits and additional checks were completed by the registered and area manager. The management team analysed the detail and identified trends, actions and learning which was then shared as appropriate.

The service worked in partnership with other agencies. Professionals told us that communication with the home was good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

All areas of the home were kept clean to minimise the risks of the spread of infection.

There were sufficient staff available to meet people's assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by nurses and staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective. People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

The service was acting in line with the requirements of the MCA.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink enough and dietary needs were met.

The service worked within and across other healthcare services to deliver effective care.

The premises met people's needs and they were able to access

different areas of the home freely.

People were supported to access health care services and other professionals as and when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who used person centred approaches to deliver the care and support they required.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives, professionals and people told us they felt able to raise concerns with staff and/or the management.

Resident and relatives meetings took place which provided an opportunity for people to feedback and be involved in changes.

People were supported with end of life care. Preferences and choices were respected by staff.

Is the service well-led?

Good

The service was well led.

The management team promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery.

The home was led by a management team which was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

Winterbourne Steepleton - Steepleton Manor 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 site visit took place on 19 February and was unannounced. The inspection continued on the 20 February 2018 and was announced. The inspection was carried out by one inspector and an expert by experience on day one and one inspector and a specialist advisor on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia. The specialist adviser had clinical experience and expertise in nursing.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service and six relatives. We had a telephone conversation with one health professional. We met with five staff, one domestic staff member and the head chef.

We spoke with the registered manager, area manager and chief executive officer. We reviewed seven people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 resident and relative's survey results. We observed staff interactions with people and a meal times. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interaction between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the registered manager and chief executive officer to send us information after the visit. This included policies and the staff training record. They agreed to submit this by Thursday 22 February 2018 and did so via email.

Good

Is the service safe?

Our findings

People, relatives and staff told us that Steepleton Manor was a safe place. A person told us, "I am happy and safe here and getting good attention for my problems". Another person said, "I feel safe here and well cared for". Another people mentioned that they were "happy and secure living here". A relative told us, "My loved one is safe. They couldn't be in a better home". Another relative said, "We feel (name) is safe here". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines both prescribed and non-prescribed on time and in line with the providers medicine policy. The service used an online care system which helped carer's plan, record, report and co-ordinate care on the go via hand held devices. This system sent alerts to nursing staff if a time specific medicine was due, for example pain relief. Alerts were also sent if medicines were not provided. People and relatives confirmed they received their medicines on time. A person said, "I am happy here it is a perfect place to live! I get my medicines on time". Another person told us, "I get my meds on time and it's all recorded into that Tech thing!" The registered manager told us that, that the system was effective and ensured that staff had the information they required to deliver safe care, understand individual's needs and how best to support them. Staff confirmed the on line care system was supporting their practice and easy to use.

The service had safe arrangements for the ordering, storage and disposal of medicines. The nursing staff who were responsible for the administration of medicines, were all clinically trained and had had their competency assessed. There were also nursing assistants who administered some medicines, these staff had received medicine training and had been assessed as competent. One person told us that their medicines were administered through a medical device and that this was done professionally. Some medicines were being used that required cold storage; there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff on duty to meet people's needs. The registered manager told us that they used a dependency tool to ensure there were sufficient numbers of staff to deliver safe care to the people living at Steepleton Manor. They explained that the tool assessed people's needs and levels of dependency and calculated the numbers of staff hours required. We were told that two new staff had recently been recruited. The registered manager said, "I review staffing levels weekly and if needs change dramatically I will increase the number of staff appropriately". A person said, "I think there are enough staff and they are very friendly". A staff member told us, "I think there are enough staff. We all help each other. We have a radio system which works well. For example, if a person needs two people we just radio in, say where we are and then a staff member comes promptly". Another staff member said, "I feel there are enough staff. Things run smoothly and people are happy". The service also employed cleaning, kitchen, and maintenance staff to help ensure the service ran effectively. The manager explained that staff who worked in the kitchen had appropriate food

hygiene training.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. A domestic staff member said, "We have a cleaning rota which includes a sanitising and carpet cleaning calendar. When rooms are vacant they are sanitised, deep cleaned and sanitised again to reduce the risk of cross infection". Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. There was a log at the front of this file which captured dates, nature of concerns, outcomes and which authorities had been informed. We noted that there was one safeguarding incident which was still live. We found that the provider had been in contact with the local authority who were satisfied that the provider was taking appropriate action to resolve this. The provider had introduced a lessons learnt review paper which enabled staff and management to reflect and establish if any lessons were to be learnt following safeguarding investigations and or incidents. The registered manager told us that they found these useful for reflection and sharing with the staff and others via meetings. A relative said, "The service is open to mistakes and learns from these. I have no safeguarding concerns about my loved one or others". Another relative told us, "We were involved in a safeguarding issue last year but that has now been resolved". A professional said, "I have no safeguarding concerns at all".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager and area manager would listen and take suitable action. Accident and incident records were all recorded on the online system read and analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If I witnessed an incident I would report it. The nurse would assess it; call 111 or 999 for advice or further support. It is then recorded on the on line system. We also have an emergency bell too which if we press, all staff will respond to".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. This approach was supported by the organisation's risk management policy. They described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to discreetly monitor the person. The on line system showed an accurate record of people's risks and how they were being monitored and managed. One person said, "The bed sides stay up except when I am hoisted into a wheelchair for a bath, there are always two staff for that which keeps me safe".

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists

and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective operation. People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire. We noted that some of these were due to be updated and the registered manager said that they would print these from the on line care system. Fire tests took place weekly by the maintenance team.

Good

Is the service effective?

Our findings

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.

Consent to care was sought by staff from those that had capacity this included consent for photos. A person said, "They (staff) always ask for my consent to do anything". Another person told us, "They (staff) ask for my consent to wash me". We found that MCA and best interest paperwork was in place, complete and up to date. Capacity had been assessed and best interest meetings involved relatives and other relevant parties. A staff member told us, "Where people lack capacity or can't talk we involve families, advocates, professionals etc." Best interest decisions included; the delivery of personal care, medicines, bed rails and the use of equipment, for example; hoists stand aids and sensor mats.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Assessments and best interest's decisions are completed".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. Applications had been made for people who required Deprivation of Liberty Safeguards (DoLS) and were pending assessment by the local authority.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I get enough training here, I have recently done; medicines and leadership". Another staff member said, "I receive regular supervisions. These are approximately two to three monthly unless there is an issue. This is enough for me, I am well supported and there is always someone to talk to if I have a problem". Another staff member told us, "I have regular supervisions. I can discuss people, my performance, any issues etc. They are good".

Steepleton Manor provided staff with regular training which related to their roles and responsibilities. Staff were knowledgeable about people's needs, preferences and choices. The area manager told us, "We have in house trainers and make sure training is practical and hands on as much as it can be. This makes for better learning". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; stroke awareness, dementia, fluids and nutrition and dysphagia awareness. We noted that nurses received additional clinical training which included; wound care and verification of death. A person said, "Yes the staff are competent". A health professional told us, "Staff were knowledgeable and competent".

Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I had a good induction. It was informative. I shadowed senior staff and was shown what to do. I am still completing my care certificate".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to via the on line system.

The online care system helped staff to plan, record, report and co-ordinate care. This effective system ensured that staff had the information they required to deliver safe care, understand individual's assessed needs and how best to support them. Staff had received training in this and told us they found it useful. A staff member said, "I like the on line system and devices. We can regularly check people; I can take photos like bruises, healing sores etc. I can also see who may not have been checked for a while". We saw that as needs changed; notifications could be sent out to staff via the system and would show to each staff member the next time they logged in.

We were told that changes relating to people's care, treatment and support were discussed within daily care staff handovers. Each person was discussed and a summary of their day given. This included any changes, concerns or observations. These meetings also gave all staff an opportunity to seek further advice and ask any questions before starting their shift.

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "The food here is a very high standard". Another person said, "I am very happy with the food here and they go out of their way to substitute it if there is anything I don't like. I can also get myself regular drinks throughout the day. "Another person said, "I can have drinks whenever I want to throughout the day and evening". A relative told us, "They are so patient with my loved one and they get lots of drinks, they are spoon fed and they (staff) encourage them to eat. My loved one takes ages but they (staff) don't hurry them at all!" Another relative said, "It's good food here. The head chef is fantastic and the food is healthy".

The head chef told us that there was a two week menu in place with three choices each day. We reviewed the menu, which was in a written format. The registered manager showed us that there was also a supporting food picture book for people who may not understand what food options were available. The head chef told us that the menu changed two to three times a year with input from people. They said, "We also do themed meals like today we have a Chinese theme". We found that meals were home cooked with fresh meat and vegetables. We were told that alternative options were available to people on request. We found that each person had a dietary needs sheet which was kept in the kitchen along with safe swallow plans for those who required one. The sheets identified people's allergies, dietary needs, favourite foods, drinks and any utensils required, for example, plate guards, beakers, straws and adapted cutlery.

The kitchen staff had a good understanding of people's dietary requirements and the safe swallow plans which were in place. A relative told us, "My loved one is diabetic, they meet their dietary needs here and it is all reflected in their care plan". The chef said that they went into the dining room each day and visited people. They said this provided people with an opportunity to give them feedback. On day two we observed the chef talking to people in the dining room. The chef told us that they knew people's favourite cakes and made these for their birthdays.

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Tables were nicely laid and drinks were available to people. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms or the communal dining room. People also had the option of eating in the homes library when their families visited. A relative said, "This library is for visiting families. We have used it and eaten here with my loved one and family. It is really good".

The kitchen had been awarded a five star food standards rating and all kitchen staff had received food hygiene training. The head chef said, "The kitchen is cleaned down every night and the kitchen assistant has a cleaning schedule". They went onto say, "If equipment fails the provider will purchase new or arrange to fix it promptly".

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "I have not needed to go to a Doctor or dentist or anything else but they would escort me I know". Another person told us, "If I need to go to the Doctor or dentist my daughter comes with me". A health professional said, "When I visit I am asked to log my visit and find that staff follow advice I give" Recent health visits included; District Nurse, GP, out of hours GP, and a Chiropodist. A health professional told us, "Staff know why and when we are visiting".

People told us they liked the physical environment. The period house was split across three levels and had been clearly adapted to ensure people could access different areas of the home safely and as independently as possible. There was a working lift in place providing access to each floor and two wheelchair lifts on the third floor. There was clear signage to indicate shared lounges and bathrooms. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I can go outside if I want to". Another person told us, "I can walk around the home freely and if I want to go outside I can, the grounds are lovely here". A staff member said, "We utilise all areas of the home. It's so large and great that there are so many areas for people to access".

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "The staff are all kind, they know what is important to me and they always ask me about things I have done before I came in here". Another person said, "The staff are kind and caring and they have a good sense of humour, they make me laugh! There one here who always has a joke with everyone, that's what you need to cheer you up!" People were treated with respect; staff knocked on people's doors before entering and did not share personal information about people inappropriately. One person told us, "The staff are kind and show respect". A relative said, "Staff will always seek my loved ones consent and inform them before doing anything. They (staff) respect my loved one and they trust the staff". Another relative told us, "The staff are very caring we have never had an issue". A staff member said, "We respect people's dignity and privacy by making sure we know their preferences, closing doors and using dignity towels. Gender preferences are also respected here and reflected in people's care files". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included. "In general I feel comfortable with the care". "I don't want to talk but I do feel safe and happy here". "I am happy here, the care is very good. This is the third care home I have been in and it is the best one". "We are happy with our loved ones care". One member of staff told us, "We are a caring team. We make sure people are safe, clean, and tidy and respect them as individuals."

People's cultural and spiritual needs were respected. A local minister attended the home on a monthly basis and others were able to express their spirituality in a way that suited them. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A relative told us, "My loved one stays in their room now, they don't like mixing. This is respected and staff visit them". The activities coordinator told us that people were supported to attend a local church service at Christmas and showed us photos of this event. They told us that people currently only have Christian belief and said, "If people with other faiths come in the future we would meet these". They went onto say, "One person was in the army and was asked to do a reading on remembrance Sunday. They were delighted to do this. It was a real success".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There were a number of small lounges and private areas so people were able to meet privately with visitors in areas other than their bedrooms. A person said, "They are very relaxed about visiting and they have a room where we can take our visitors". A relative told us, "We are able to visit any time that we like really". Another relative said they came when they wished and were always greeted politely by staff and made to feel welcome. Staff were aware of who was important to the people living there including family, friends and other people at the service. The service produced a monthly newsletter to keep people and their family and friends up to date with past social activities and events. At the time of our inspection the activity coordinator was in the process of putting the February 2018

newsletter together.

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient and did not rush the person. A person told us, "I think the staff know me well and what programmes I like on the telly. I like Dancing on Ice so the carer got me bathed early so I could watch it the other night, they are kind!". A relative said, "The staff do make an effort to get to know the residents".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I can go to bed and get up when I want to. Nothing needs changing". A staff member told us, "I promote independence and enable people to make choices and decisions for themselves. I offer options and promote freedom of choice". People appeared well cared for and staff supported them with their personal appearance. A relative said, "My relative always smells fresh and clean, they (staff) are terrific with them".

The home had received a number of compliments and thank yous. We read one which said, "I would like to say a big thank you for the way (name) was looked after. They (staff) were very kind". We read another from a person living in the home which read, "A brief note to say a big thank you for making my 92nd birthday such an enjoyable and memorable occasion".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A nurse said, "We always involve people and ask for their input into care plans". A relative said, "The service meets my loved ones needs, they are well cared for in here. (Relatives) care plans are reviewed and we discuss it with the care staff and nurses". Another relative told us, "We had input on the care plan when my loved one came in". The registered manager told us that annual review meetings took place with the local authorities, families and people where possible.

Care plans were available to staff via mobile devices, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The system alerted staff to changes and when checks needed to be completed. A staff said, "The devices alert us if people are on time specific checks or turns. We can also monitor food and fluid intake on them". The staff member showed us how this worked. A white flag indicated that the task was coming up, a yellow flag meant that the task needed to be completed and a red flag meant that indicated that something or support was overdue. We found that the online care plans contained photos of people and information about the person, their family and history. A professional told us, "Staff do a really good job and respond to people's needs effectively". A relative said, "They (staff) respond to my loved ones needs promptly and liaise with the local nurses".

An activities coordinator was employed and worked across the home. They had a good understanding of people's social needs and what people's hobbies and interests were. They said, "One person likes a particular author. I give them options of books to choose and arrange to get them for the person". There were notice boards in the main dining room and reception area. These displayed photos of previous activities and listed upcoming events. We observed people being given the choice to take part in arts and crafts. People who chose to participate appeared happy to be involved.

The activities coordinator told us that they plan and arrange a variety of activities in response to people's feedback, interests, hobbies and cultural beliefs. For example, yoga, Zumba, gardening, a variety of music, for example, piano, singing and guitar. The activities coordinator said, "We have recently started knitting again. This has been a real success even with the gentlemen. People have started remembering and reminiscing. It has been lovely to see this. We are currently making a blanket". They went onto say, "I regularly visit those who are supported in their beds or stay in their rooms. I either read the newspaper with them, have a general chat and give hand massages". Monthly programmes were created and weekly timetables printed out and given to each person at the start of every week. A person said, "They publish a weekly 'what's going on in the home' leaflet and it's on my table".

The service also arranged for a memory box to be delivered every other Wednesday. These boxes were filled with past time memories to engage people in conversation and allow them to reminisce. The activities coordinator said, "The last one contained old cigarette packets, brown sauce and a corset. People really liked it and it bought back a lot of old memories".

People were provided with opportunities to feedback to the service. Resident and relative meetings took place three times a year and the last meeting had taken place on 21 September 2017. These were led by the registered manager. Areas discussed included staff changes, senior staff uniform, activities and new equipment. We also read that the meeting gave people and relatives an opportunity to ask questions. For example one relative asked if more working clocks could be placed around the home. In response to this the registered manager told us, "(Name) wanted more clocks with bigger faces to be able to see better, we have brought some new clocks for the dining room and lounge". Another person wanted more of their windows in their room to open so they could let more air in. We found that the provider had arranged this and that more windows now open to the person's satisfaction. This told us that people were listened to and changes took place in response to their feedback.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. We noted that four complaints had been raised since January 2018 and found that the service had taken actions to address these, respond to people concerned and learn from them. Relatives, people and staff we spoke with all said that they would feel able to raise any concerns they may have. A person told us, "I would know how to complain but I have never had to". A relative said, "If we have to complain we just see the manager they are very approachable and we just knock on their door". Another relative told us, "We would raise concerns with the manager if necessary. We have found them very approachable". We were told that compliments were also recorded and noted that most were from families expressing their appreciation of the care provided to their loved ones.

People were supported with end of life care and preferences were recognised, recorded and respected. A staff member told us, "One person wished to have pink lipstick and look nice when they passed away. We made sure we did this". They went onto say, "We support families through the process too. We feed and water them, we make sure we are there and never make false promises". The staff were described as "very good and compassionate". On day two of the inspection we overheard a family come into the home and thank staff and management for the "wonderful care" their loved one had received during their last days.

Good

Is the service well-led?

Our findings

When we completed our previous inspection on 21 September 2016 we found concerns relating to good governance. Systems and processes in place to assess, monitor and improve the service were ineffective. Steepleton Manor had sent us an action plan detailing how improvements would take place. During this inspection we found that improvements had been made.

The service had a registered manager in post. 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.

The chief executive told us that they felt the home had "come far" since the last inspection and that the registered manager had made a number of positive changes. They told us that the new on line system allowed management to monitor the service remotely and that it had proven to be effective. The chief executive told us that they tried to visit the service every two to three weeks. A staff member said, "The chief executive is here fairly often, they are a nice person". The registered manager told us, "I feel supported by the provider. I can contact them and we have good communication".

Since the last inspection the management team had implemented a number of quality monitoring systems and processes. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, kitchen, medicines and equipment. We reviewed the care plan audit for January 2018 and noted that there had been one action identified. This was to add a person's religion and DNR status to their plan. We found that this had been completed and logged as closed on the action plan. In addition to these the area manager completed quarterly audits which covered areas of improvement identified in audits and progress made towards the services development plan. The registered manager told us that they had recently started unannounced night visits. The first one had taken place on 1 December 2017 at 3.16am. The areas it covered included; staff being awake, environment and people. We found that there were no concerns or actions identified from this visit.

The manager told us that they promoted an open door policy. The manager's office was well located on a main corridor on the ground floor opposite the nurse's station. This meant that they were visible to people, visitors and staff. The manager told us they recognised good work which was positive and promoted an open culture. A nursing assistant said, "I believe acknowledgement, thank you's and appreciation happens here. There is an employee of the month scheme. It is important to have incentives to keep staff morale high".

Staff, relatives and people's feedback on the management at the home was positive. A person told us, "I see the manager a lot they are very good!". Another person mentioned, "Yes I know the manager, they often come in for a chat. The staff all seem happy here too". One staff member said, "The registered manager is fair, professional and visible. There is a strong management structure here". Another staff member told us,

"The registered manager is very good. If I have any problems they are always supportive. They know the people and the people know them as they are often visible around the home". A relative said, "I am impressed with the manager". Another relative told us, "Yes the manager is very nice, just knock on their door and they will chat! I think they run the service well". The registered manager told us, "I make sure I have good communication with people, relatives, staff and professionals. My actions and approach is always in people's best interests".

The provider had an equality and diversity policy in place. The recruitment process was open and equal to all. The registered manager and area manager told us that they would make adaptations for staff in relation to cultural beliefs. For example, uniforms, flexible shifts to allow for prayer times, food and holidays. Other adaptations could include staff who were pregnant or have a disability.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "The service manage situations well. The management are proactive and communication is good". The registered manager told us they were currently working with local GP surgeries to hopefully arrange regular visits from GP's to the home in the future.

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A staff member said, "I think the service learns from mistakes. Learning is shared with staff, people and relatives through meetings. A positive open environment is always promoted".

People, relatives and staff told us that they felt engaged and involved in the service. A person told us, "Yes I have been involved in improving the quality of the service here and asked for my opinion about things here". A relative said, "The home is really supportive. I feel I can raise ideas and am involved in improvements. I can't think of any examples now though". A staff member told us, "Resident surveys were sent out to people living in the home twice a year". The provider told us that they were just about to send out the first survey for 2018. We reviewed the results for December 2017 and found that 19 people had completed and returned their surveys. We found that the general feedback was positive and were told that actions which came from surveys were acted upon and resolved as soon as possible.

Staff meetings took place regularly with the last one taking place on 12 February 2018. Topics discussed included the use and record keeping on the on line system. Reflections on a recent CQC inspection report which rated the service as inadequate and discussions about any learning Steepleton Manor could take from this. There was also an action for care staff to report spillages to domestic staff at the time they were discovered. The registered manager told us this had now improved.

We identified during the planning of the inspection that the service did not display their last rating from CQC or have a link to their report via their website. It is a requirement under regulation 20A that all care homes must display their rating following inspection on both their website and within the home. We discussed this with the registered manager and chief executive who told us that they would look into this as a priority. Following the inspection we were shown that the rating was clearly displayed on the website.