Somerset Care Limited

Steephill

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 17 August 2016 and was unannounced. The home provides accommodation for up to 35 older people with personal care needs. There were 14 people living at the home when we visited. All areas of the home were accessible via a passenger lift and there were two lounges and a dining room on the ground floor of the home. There was accessible outdoor space from the ground floor. All bedrooms were for used for single occupancy.

At our last inspection on 20 and 23 July 2015, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was non-compliant with medicines, assessing and managing risks to people's health and wellbeing and ensuring the MCA 2005 code of practice was implemented. In this inspection we found improvements had been made and the provider had met the requirements relating to management of risks to people and MCA 2005, but still required improvement to ensure medicines were managed safely.

There was a registered manager at the home. 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. Providers are required to notify CQC about significant events that happened in the care home. The provider failed to notify us about incidents involving serious injuries and allegations of abuse.

Medicines were not always managed safely. Auditing processes had not picked up discrepancies in medicines administration. The safe storage of medicines which required refrigeration was not always monitored or recorded. Details around topical creams did not always give sufficient information to ensure these were applied as prescribed. Measures were not always in place to ensure there were adequate gaps between the administrations of some medicines.

Risks relating to the home were not always managed safely. Auditing and quality assurances processes were in place, but did not always pick up key areas of risk or drive improvement. Fire detection and emergency equipment was in place; however, records showed these had not always been checked regularly in accordance with the provider's policy to ensure they would work in an emergency.

Improvements had been made to the assessing and managing of risks to people's health and wellbeing. Staff were knowledgeable about assessing and reducing risks to people and an effective system was in place to ensure individual risks to people were managed safely. People had access to healthcare services and were supported to maintain a healthy and balanced diet.

The provider had made improvements in ensuring the MCA 2005 code of practice was implemented. Staff followed legislation designed to protect people's rights and freedoms. People were encouraged to make choices about every aspect of their lives and where people lacked capacity to make a decision, staff acted in

their best their best interests.

Staff understood how to keep people safe. People were protected from the risk of abuse; staff knew how to identify, prevent and report abuse to their manager or local safeguarding authority. There was an open and transparent culture within the service and the provider listened and made changes in response to feedback and complaints.

People and their families felt the home was well organised and the staff cared for people with kindness and compassion. People received personalised care and support. Staff demonstrated a good awareness of people's individual needs and responded effectively when they changed. People had access to a range of activities tailored to their individual interests.

The provider had adapted the environment to make it more suitable for people living with dementia or visual impairment, however on going improvements were needed.

Recruitment practices had ensured that all pre-employment checks were completed before new staff commenced working in the home. There were enough suitably trained and supported staff deployed to meet people's needs. Staff received a programme of training with regular supervision and observation of their work.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have taken in the full version of this report.

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

The service was not always safe.

Medicines were not always managed safely. Administration records, storage arrangements and some guidance around appropriate application of topical creams was not effective

Risks relating to the home environment were not always managed safely. Fire detection and emergency equipment had not been regularly checked

An effective system was in place to ensure individual risks to people were managed safely. People were protected from the risk of abuse; staff knew how to identify, prevent and report abuse.

Recruitment practices had ensured that all pre-employment checks were completed before new staff commenced working in the home. There were enough staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff followed legislation designed to protect people's rights and freedoms.

People were supported to access healthcare services when needed.

People received a varied and nutritious diet.

Staff knew how to meet people's needs; they were suitably trained and supported in their work.

The provider was making adjustments to the environment to make it more suitable for people living with dementia or visual impairment; however, further improvements were required.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion. Staff knew people well, interacted positively when supporting them.

People and their relatives were positive about the way staff treated them and were consulted when there were changes to people's health and care needs.

People were involved in changes to their care plans

People had their privacy and dignity respected

Is the service responsive?

Good

The service was responsive.

People received personalised care and support. Staff demonstrated a good awareness of people's individual needs and responded effectively when their needs changed.

People had access to a range of activities tailored to their individual interests.

The provider sought and acted on feedback from people. There was a complaints policy in place and people knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had failed to notify CQC about some significant events that happened in the care home.

Auditing and quality assurances processes were in place, but did not always pick up key areas of risk or drive improvement.

People and their families felt the home was well organised. Staff felt valued by the registered manager.

The service had an open and transparent culture; visitors were welcomed and were kept informed about changes to people's health and wellbeing

Steephill

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 17 August 2016 and was unannounced. The inspection team comprised of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). 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 previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people living at the home, two relatives and a health care professional (district nurse). We also spoke with the registered manager, six care staff, the administrator and the chef.

We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas including the use of moving and handling equipment. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in July 2015 we found the provider did not have an effective system to ensure the safe management of medicines. People did not always receive their medicines at appropriate times and there was insufficient information to guide staff as to when to apply prescribed topical creams. The provider sent us an action plan telling us they had taken the necessary steps to ensure medicines were managed safely. Improvements had been made in the areas of; administration of medicines with specific instructions, processes to support people to have medicines 'when required' (PRN) and guidance for application topical creams. However, at this inspection we found that medicines were not always being managed safely.

Medicines administration and storage records were not used effectively to identify issues or errors. Although records were completed, when we undertook a stock check of the boxed medicines for three people these did not correspond to the number of tablets received and recorded as administered to them. In each case there were more tablets in stock than should have been present, indicating that staff had signed that these had been administered when this had not occurred. Some records for safe storage of medicines were also incomplete. Some medicines need to be stored at specific temperatures to maintain their effectiveness. We saw that on four occasions in August when staff had recorded the temperatures these had been either too low or too high. Neither the staff nor the registered manager were able to tell us what action had been taken as a result of these recordings. This meant that medicines in the fridge may not have been stored at the temperature required and that as a result may not have been as effective when used.

Time critical medicines were not always managed safely. Some people were prescribed medicines that required to be administered four times each day. For two people the medicine should be taken at least four hours apart to avoid the risk of overdose and complications. The specific times required for administration were not recorded on the medicines administration record (MARs) and on some occasions the time between doses given was less than the specified four hour guidance. Staff were aware of the timeframes required for administration but told us there was no clear system in place to ensure adequate spacing between doses.

From our last inspection, improvements had been made in the guidance for use of topical creams. Staff showed us care plans detailing specific areas where people required creams and they were able to tell us why people needed their application. However, the frequency of some creams being applied differed from the prescribed level. For example, on one person's prescription stated cream should be applied twice daily, but administration records showed the cream was being applied once. This meant that people may not have been receiving creams to effectively manage their skin conditions. Staff said that some people chose only to have creams applied when they received support with personal care. The registered manager told us they would be seeking advice with doctors where people's preferences around application of creams differed from prescribed levels.

The failure to ensure medicines were managed safely was a breach of regulation 12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Since our inspection the registered manager has told us they have implemented a new auditing tool which now includes additional checks around: fridge temperatures, counting of boxed and unboxed medicines,

and guidance around topical creams and medication which has to be administered at a specific time.

At our last inspection we found that people who required PRN medicines were not always having their condition monitored or offered pain relief. At this inspection we found improvements had been made and the provider had working systems and processes in place to meet people's needs in this area. Some medicines, such as for pain relief, were prescribed to be administered only when the person required these (PRNs). One person told us, ''If I needed my tablets, they [staff] would give it to me''. Staff described how they assessed if one person required pain relief which included assessing the person's facial expressions and nonverbal communication. The registered manager told us a 'stop and watch' form was used to help staff determine if PRN medicine was required.

Improvements had been made since our last inspection where people's medicines were required to be taken with special instruction such as on an empty stomach. Staff were knowledgeable about people's individual requirements and were able to show us how they followed the manufacturer's guidelines when administering these medicines.

Risks around the home environment were assessed and checked, gas and electricity safety, along with equipment such as hoists were regularly serviced. However, Fire detection and emergency equipment had not always been checked in accordance with the provider's policy to ensure it would work in an emergency. Personal evacuation plans were available for people; they included details of the support each person would need if they had to be evacuated and were kept in an accessible place. Staff had access to essential emergency phone numbers and a business continuity plan which detailed the action required in a variety of potential emergencies. Since our inspection the registered manager has implemented weekly checks of emergency fire equipment to ensure that essential safety equipment is regularly checked.

At the last inspection in July 2015 we found the provider did not have an effective system to ensure individual risks to people were managed safely. The provider sent us an action plan telling us how they would ensure people were safe and individual risks would be managed. At this inspection we found that action had been taken and risks to people were managed effectively.

All care plans included risk assessments, which were relevant to the person and specified the actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Staff knew the support each person needed when mobilising around the home and provided it whenever required. When people fell, their risk assessments were reviewed and additional measures put in place where needed. For example, the registered manager described how they had rearranged one person's bedroom and had placed a pressure alert mat in their room to inform staff that the person may be trying to mobilise in their room at night. The person had experienced further falls and we saw that the registered manager had requested a special bed which could be lowered to the floor to further reduce the risk of the person falling at night.

People were supported to take risks that helped them retain their independence and avoid unnecessary restrictions. For example, one person was continuing to self-administer their inhaler even though staff had identified that they were not able to manage their other medicines. Staff told us they were monitoring the use and this was recorded in the person's care records. Another person told us that they wanted to continue to manage their money independently, but had asked for their wallet to be stored in the office when they weren't using it to keep it safe as they sometimes forgot where they left it.

An appropriate system was in place to assess and analyse accidents and incidents across the home and action any lessons learnt from them. An incident where a person missed their medicines resulted in the

registered manager implementing a change in shift patterns to ensure that staff did not work very long shifts. The registered manager told us that this had been a gradual change but it had had positive effects on staff performance and morale as, "It's important that staff do not come to work tired as that's when they can make mistakes".

People told us that they felt safe in the home. One person said, "I feel safe and secure, that's the main thing". Other people told us, "I feel safe and well looked after" and, "Without their help [staff] I could not cope and would not be safe". Staff knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. Staff told us about the action they had taken when a person informed them of a safeguarding concern which was reported to the registered manager. One member of staff told us ''Safeguarding is important, we learnt about all the different types of abuse and what to do about them". The registered manager described the action they would take should a safeguarding concern be brought to their attention. The actions described would help ensure people remained safe.

Recruitment processes were in place to ensure suitable staff were employed. Staff files contained pre-employment documentation and checks including: Application forms with full work history, references, right to work documentation, competency based interview questions and a Disclosure and Baring (DBS) check. The DBS helps employers to make safer recruitment decisions. Staff told us that they completed these processes before starting work at in the home.

There were sufficient numbers of suitably trained staff to keep people safe and to meet their needs. The registered manager determined staff levels for each shift. Staff were constantly present within the communal areas of the home and were able to quickly respond to people's needs whilst taking the time to talk to them in an unhurried manner. People told us care staff were available when they needed them and that call bells were responded to quickly. One person told us, "Having staff around 24/7 and knowing I only have to ring for help makes me feel safe". Staff duty roster's showed that there was always a senior member of staff on duty. This meant that there was always somebody supervising the shift that was able to assist people if they required PRN medication for pain relief or other conditions.

Good

Is the service effective?

Our findings

At the last inspection in July 2015 we found the provider had failed to follow the Mental Capacity Act (MCA) 2005 code of practice. The provider sent us an action plan telling us they had taken the necessary steps to ensure people's legal rights were assured. We found that the necessary action had been taken and Steephill was following the appropriate procedures.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions such as the decision to live at Steephill. Where necessary, best interest's decisions had been made following involvement of external professionals and people related to, or who knew the person well.

Staff sought verbal consent from people before providing care and support by checking they were ready and willing to receive it. Staff complied with people's wishes; for example, they recorded where people had declined medicines, baths or other personal care. Staff described how they respected the person's decision and would then return shortly after and try again. We observed staff do this when a person was reluctant to move from their wheelchair to a more comfortable lounge chair. Staff were aware that if a person was unable to make one decision they may still be able to make other decisions. For example, they described how they would show people options of meals if they were unable to make a verbal choice.

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). We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found Steephill was following the necessary requirements. The registered manager had applied for DoLS authorisations where necessary and was waiting for these to be assessed and approved by the local authority. Staff understood their responsibilities and knew how to keep people safe in the least restrictive way.

The home had made improvements to the environment to make it supportive of people living with dementia or visual impairment. People living with dementia and/or have a visual impairment can struggle to judge the depth of surfaces and distinguish between objects which are similar colours. Hand rails on the main corridors were in a contrasting colour which would help people locate and use them more easily and there were signs around different rooms in the home which would help people navigate around the home safely. People's rooms were personalised with pictures and items personal to them. However, not all aspects of the environment were supportive of people living with dementia or visual impairment. The carpets in the main hallway were patterned which may have confused people with visual perception

difficulties. Care staff told us that they had seen people try to pick up items from the carpet although nothing was on it. Toilet seats were not contrasting colours which may have made them difficult for people to distinguish. The registered manager told us they had brought this to the provider's attention and plans were on going to adapt the environment to improve it further.

People were supported to access healthcare services when needed. People were seen regularly by doctors, specialist nurses and chiropodists. An optician had visited the home enabling everyone who wished to have their vision checked and purchase new spectacles to do so. Health information about people was known and when required, staff consulted GP's and out of hour's services such as paramedics and 111. Some people who had hospital admissions had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. A visiting health professional was positive about the way Steephill met people's health care needs. For example, they commented on how the service monitored people with diabetes and that when they requested records related to this they were always well maintained. They told us they were contacted appropriately and that staff followed their guidance.

Staff had sufficient knowledge and skills to carry out their roles and responsibilities. New staff received induction training, which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff received training in dementia, which helped to give them effective communication skills and an understanding of individual needs when supporting people living with dementia at the home. Some staff had completed or were in the process of completing work based qualifications in health and social care to further their knowledge in their job role and to support them to take on senior positions. Staff were competent and safe with moving and handling practices including the use of hoisting equipment which enabled them to safely support people to mobilize around the home.

Staff were supported through supervision to build their skills and knowledge. Staff received regular supervision in the form of an individual meeting with a senior member of staff, observed supervision whilst working, yearly performance appraisals and group supervisions where specific areas of learning, legislation or best practice were discussed. One staff member told us, "They [the senior carers] are always observing us; sometimes they will give us advice or pointers if there is something that needs to be done differently". The registered manager carried out 'themed supervisions' which focussed on awareness of MCA. These included competency assessments staff completed to ensure that they understood and applied the principles of MCA at work. The registered manager acted on feedback from supervisions to support staff to build their skills and improve their working practice. Examples of this were a staff member requesting a different shift pattern and for additional support around medication administration.

People received a varied and nutritious diet. People told us, "The food here is good'', ''The menu often changes, there is always something to eat'' and, ''They always serve the food on time and its hot''. People were given a choice of what they wanted to eat. Staff asked each person individually in the morning about their preferences for lunch. Staff took time to explain menu choices and confirmed back choices made to people who struggled to make a decision about their meal. However, when we spoke to people after staff had sat with them, some people were not able to recall their choices and at lunch time some people were unable to read or understand the menu which was on the table. The registered manager acknowledged that this was an issue which had been identified in quality assurance reviews. They told us about plans in place to introduce pictorial menus to promote people's understanding of choices available.

People's individual dietary needs and preferences were assessed and met. When necessary to support

people's health and wellbeing, staff monitored the amount people ate and drank using food and fluid charts, staff were aware of people who specifically needed to be monitored and action to take if they were not having sufficient food or drink. The cook was aware of people's preferences and specific dietary needs which they said they were able to meet. For example, we saw one person preferred to have their main meal in the evening not at lunch time. The cook said that if the person did not want to eat at lunch time their meal would be served later. We heard morning staff informing the afternoon staff that a person had not eaten much during the morning. Staff discussed this and were aware that when the person was reluctant to eat they would often eat a particular food. Staff tried to encourage them to eat later and the person ate this meal well.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person said of staff, "They're wonderful, couldn't be any better". Another person told us, "Everyone's so kind, nothing's too much trouble". A health professional commented, "Really nice staff, lovely staff". All staff were positive and enthusiastic about their role. One care staff member told us, "I have huge respect for my profession and the people we work with, it's important we get it right for them".

All interactions between people and staff were positive, encouraging and friendly. Staff were knowledgeable and familiar of people needs and life history, using humour to engage them in activities. One person was being supported to look at pictures of their native country on the computer after spending some time reminiscing with staff. The staff member was guiding the person through the pictures and talking with them about memories and events from their past. Care files contained information about people's preferences, and we saw a 'this is me' document produced by the Alzheimer's society had been completed for a person. This detailed information about the person's life, their preferences and what was important to them. Care plans contained information about what people liked and how they would like to be cared for.

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. The registered manager showed us examples of a programme the home was running called 'My Special Wish'. This was where the activities co-ordinator was working with people to identify things that they really wanted to do. The registered manager explained that not all wishes were realistic to achieve but they sought to find similar experiences to evoke memories or positive emotional responses for people. In the examples we were shown, the service had written to an Archbishop requesting a meeting or signed photograph, were arranging to have a barbecue on the local beach at Christmas, and had collected personal items and photographs of a person and their partner to put in a memory box. The purpose of this was so staff could go through the items in the box with the person to evoke memories and talk about events and people from the person's life.

People said that they staff would discuss if there were any changes needed to the way they were cared for. One person told us that they told staff that they were not happy with the food and the menu was changed shortly after. The registered manager showed us assessments of people's health needs, life history and their preferences around: food, sleeping, personal care, hobbies and interests. They told us that this document was completed with the person and was used as the basis for monthly updates of care plans which staff completed in consultation with people.

People were supported to maintain friendships and important relationships. Staff were friendly and welcoming to visitors. Relatives told us the home was, "fantastic" and that staff were always very accommodating. One person told us, "It's peaceful, everyone gets on extremely well". Relatives told us that staff were pro-active in providing updates about their family member's health and wellbeing and were consulted if any changes to their care needed to be made. Staff interacted freely with relatives appearing familiar and friendly whilst joining in conversations and activities.

Staff understood the importance of respecting people's choice privacy and dignity. One person told us, "It's free and easy, nobody interferes with you". Staff knocked on the door before entering people's rooms and people were supported to receive personal care away from communal areas. Staff told us that they were trying to encourage a person to come into the communal area to participate in activities but they respected their choice to remain in their own room as the person enjoyed their privacy and personal space. Without exception, staff were patient promoting, people's dignity by treating as individuals. Staff knelt down to speak to people at eye level and gave them lots of time to respond to questions or requests. One person was very confused about having to pay for meals and tea. Staff were patient and compassionate when reassuring them that they did not need to pay them for these items. They acknowledged each request at face value rather than referring back to previous requests which the person did not recall.

People's confidentiality was respected and upheld by staff. People's personal information was securely stored in the home and people who paid for their care privately had their financial details kept securely and separately from their daily care files. This meant that this information was not easily accessible to staff, visitors or other people living in the home. People had care plans and daily health recordings in their bedroom; they were kept in a discreet place and were not immediately accessible to somebody entering the room. Staff were observed to be going away from communal areas to discuss people's health needs or care. One staff member came into the office to speak to the registered manager about a person as she did not want other people to overhear some sensitive information about that person.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their needs. Staff demonstrated a good awareness of people's individual support needs and how each person preferred to receive care. For example, they knew which people needed to be encouraged to drink; the support people needed with moving about the home; and when people liked to get up and go to bed. They recognised that some people's mobility or cognitive ability varied considerably from day to day and were able to assess and accommodate the level of support they needed at a particular time. Staff handed over information to each other between shift rotations in a meeting where important updates were discussed. Staff told us they felt they received the right amount of information at the start of their shift to ensure they could meet people's needs.

People received appropriate care and staff responded effectively when their needs changed. We saw staff support a person when they were becoming anxious and agitated. Staff were patient, empathetic and used distraction techniques in order to help settle and calm the person. This followed the guidelines in the persons care plan about how to support them when anxious. Care plans provided information to enable staff to provide appropriate care in a consistent way and included information about what people could do for themselves and what they required support with.

Steephill had a weekly timetable of activities for people. People told us, ''They get a hairdresser in for us when we want one, it's very good'' and, ''I'm quite happy and have enough to do to keep me busy''. Activities were organised into morning and afternoon sessions which were displayed pictorially on a board in the hallway. There was a wide variety available designed to fit into people's interests, from chair exercises to encourage circulation, hand massage to card games, quizzes and use of reminiscences boxes (encouraging memory by handling objects from people's past). Staff told us they encouraged people to join in with activities but if people did not want to participate they were not forced. There was lots of informal activity during our visit with staff taking the time to engage people on a one to one basis by laughing, joking, encouraging them to talk about their past or plans for the coming day. People were occupied and engaged with informal activities available and staff provided other activities such as puzzles when people requested them.

The registered manager told us how people had helped to repaint garden furniture and fences to make the outside space a nicer environment. They also said people had been involved in planting and taking care of plants in the garden. People had free access to the garden and some people used the outside space to relax in the sun. The service had a selection of sun hats and sun screen available for people to use when accessing the garden and there was adequate shade available for people to sit under in the event of a hot day. Staff regularly checked on people who sat in the garden to ensure they were receiving enough drinks.

The service sought and acted upon feedback. The registered manager showed us quality assurance questionnaires sent out to people who used the service, families and also professionals such as social workers. The majority of the responses from these questionnaires were positive about the service and the care they provided for people. From the results of the questionnaires and other quality assurance reviews, the registered manager was able to show action plans and areas where the service had made improvement.

One person was admitted to the home struggling with their mobility but wanted to remain as independent as possible. Through feedback from the person it was identified that additional equipment was required to enable them to independently mobilise in the home. The necessary arrangements were made to obtain the equipment needed and as a result the person's mobility improved.

People knew how to complain and there was a suitable complaints procedure in place. People were positive about how the service would deal with a complaint. One person told us, "The manager would listen if I said something was wrong". Complaints were dealt with promptly and people were informed out outcomes and changes that were made as a result of investigations by registered manager. The registered manger told us about how a complaint by one person had resulted in rearranging the furniture in the dining room to provide a more communal space for people to eat at tables together. Complaints were also logged centrally with the provider so all issues would be transparent to senior managers in the organisation.

Requires Improvement

Is the service well-led?

Our findings

Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory work. We identified incidents in daily records where people required paramedic and hospital treatment for injuries following falls which had not been reported to us. We also identified that we had not been notified about a visit to the home by police investigating an historical matter and when police had contacted the home following up on a phone call they had received from a person living at the home. We raised the lack of notifications with the registered manager who had not realised that these incidents required notification. We had been notified about other events in the home where necessary.

The failure to notify CQC of allegations of suspected abuse was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 registered manager had completed the Provider Information Return (PIR) when it was requested. This is a form provider of services complete before the inspection, telling CQC about important aspects of the service. The home had displayed its previous inspection rating on a notice board near the entrance of the service and on its website showing a culture of openness and transparency.

Auditing and quality assurances processes were in place, but did not always pick up key areas of risk or drive improvement. The registered manager undertook formal audits of the service including those relating to medicines, health and safety, care plans and other records. However, the medicines audit had not identified errors around, safe storage, time critical medicines, stock control and the correct application of topical creams. The audit tool did not give prompts to look into all key aspects of safe medicines management. The registered manager showed us an internal service improvement plan which was completed in May 2016. In this plan it was identified that weekly fire equipment checks were not always occurring. However, action had not been taken to ensure they occurred weekly in accordance with the provider's policy and procedure.

The registered manager had made links with the local community. The service had recently worked in partnership with the pharmacy which supplied medicines to recently undertake a medicines management audit at the home. This was in order identify best practice and promote improvement. They told us they planned to introduce this process on a regular basis. The home also held an open day for families and members of the community to visit the home. The registered manager told us that they planned to do this again as it give people the opportunity to take part in the wider community outside the home environment.

The registered manager had recognised the challenges of making improvements needed for the home and had taken steps towards meeting them. They told us about further actions taken since our last inspection.

These included: improving internal communication and handover processes, developing more person centred activities for people and improving staff competence and knowledge through training and supervision. To support these actions they had attended training in risk assessment and health safety, which they had applied learning from to evolve their assessment tool used identify risks to individuals.

The registered manager told us she received regular visits from the provider's area manager and they attended regional managers meetings where changes in legislation and policy were discussed. Senior staff from other homes frequently came to Steephill to help with quality assurance and to help with aspects of service improvement. The registered manager felt that the provider was supportive of her plans to implement changes needed at the home, although they did say that not all changes needed had been possible at the time of our inspection.

People and relatives felt Steephill was well run. Most people we spoke with were positive about their experience of living at Steephill and felt that it was well run. People told us, "They do a good job looking after us" and, "All the staff are very good". People told us there were always plenty of staff around to talk to and they felt the manager was doing a good job. Relatives of people using the service were positive about the home and told us that they were always made to feel welcome by the staff and felt confident that if they needed to raise any issues they could do so with the registered manager.

Staff felt that they were supported well by senior care staff and the registered manager through supervision, appraisal and observations and believed that the registered manager would listen to them if they had concerns or had suggestions. Staff told us that they enjoyed working at Steephill. One staff member said, "I feel I am very lucky to work with some lovely people". Staff told us that they felt confident in raising issues and were aware of different organisations they could contact if they had concerns. For example, they told us that they would be able to contact the local authority or The Care Quality Commission if they had concerns.

Staff knew their roles well when directly caring for people and were knowledgeable about the people they cared for. Staff were knowledgeable about key areas which helped to keep people safe such as safeguarding and MCA. However, tasks assigned to staff to carry out checks around storage temperatures of medicines, records of medicines administration and essential fire safety equipment were not always carried out effectively to promote safe medicines and home management.

There was an open and transparent culture within the service. The registered manager told us that there had been many changes in the home over the past year. They told us that they felt it was important to be transparent and communicate any updates to staff about updates and changes that come from the provider and reassure them about how any changes may affect them. Staff told us that the registered manager was upfront and honest and had been very quick to give updates about changes in policy from the provider or changes that were happening in the home. The registered manager told us that it had been a difficult time for the service with the staff feeling uncertain for the future. They told us that it was their priority to continue with the improvement plan for the home and ensure the safety of the people living there.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify CQC of incidents of serious injury and allegations of abuse involving the people who used the service. Regulation 18 (1) and 18 (2) (b)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g)