

Altogether Care LLP

# Winterbourne Steepleton - Steepleton Manor Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Steepleton Manor Care Home was last inspected on 11 November 2014. The home was found not to be meeting all requirements in the areas inspected. We told the provider that improvements were required in the standard of record keeping, the quality assurance auditing and the arrangements to establish consent or to act in people's best interests. We were also concerned that there was insufficient staff to meet people's needs, that the staff employed had not undergone the necessary checks to ensure their suitability to work at the home and people were not treated with consideration and respect.

The provider wrote to us and told us the necessary improvements would be completed by 8 April 2015. We found that the necessary improvements had been made.

Steepleton Manor Care Home provides accommodation, nursing and personal care for up to 30 older people. There were 24 people living at the home there when we visited.

There was no registered manager in place, however a manager had been appointed and had applied for registration with the Care Quality Commission. The application was in the latter stages of the approval

# Summary of findings

process. 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 provider was meeting the requirements of the Mental Capacity Act 2005 but further improvements could be made in the assessments of people's mental capacity. The manager was aware of this and took steps to make these improvements during the course of the inspection, in-between the two inspection dates. Staff understood some of the concepts of the Act, such as allowing people to make decisions for themselves.

The risks people took were understood by staff and in general terms had guidance on reducing those risks. The risks people took had been reviewed and updated. We found that one person's risk assessment could be improved; the management acknowledged this and took steps to further review the person care records.

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements made. The new management at the home were developing an open culture through regular meetings with the people living there and people important to them. The staff told us they felt supported by the management and that their opinions were valued.

The staff knew people's needs well and the care records reflected their comments. One person told us, "they (staff) help them with things I find difficulty with such as tying their shoes" saying "they do just enough, too much and I might become lazy, I have no complaints". Another person told us "I don't rely on staff much, but they are always there when I need them, they're kind and listen to me, sometimes they have time to sit and talk and share a cup of tea which is nice".

The staff demonstrated a caring and compassionate approach to people living at the home. People were offered choices at mealtimes such as where to sit and what to eat. The provider had a system to offer a choice of food during mealtimes that was effective.

People told us there were enough staff to meet their needs and our observations confirmed this. The provider was able to demonstrate that extra staff were available to support people should their needs change or if extra support was required.

The staff told us they worked well as a team and enjoyed working at the home. They told us things had improved and there was now some flexibility within their working hours to sit and talk with people and to do things with them that they knew interested them.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People were safe but some improvements were identified in relation to risk assessments. People's risk assessments had been updated but one person's records did not give staff sufficient guidance on how to minimise the risk.

Medicines were stored safely and the provider had a system for auditing the medicines on a weekly basis.

There were sufficient staff to respond to the needs of people living at the home.

Staff had a good understanding of their responsibilities to report any safeguarding concerns they may have.

Requires improvement



### Is the service effective?

The service provided was effective but some improvements were noted in relation to ongoing Mental Capacity Act assessments.

The Mental Capacity Act (MCA) was understood by staff but there were some weakness in the recording of people's MCA assessments.

People were provided with sufficient food and drink and were offered a balanced diet. Where people required support this was provided in a discrete manner.

The staff were enabled to update their training in order to support their understanding of the needs of the people they cared for.

Requires improvement



### Is the service caring?

People were well cared for. The staff were attentive to people's needs and treated them with respect and dignity.

People's views about their care and support were actively sought. When people could not explain how they felt due to their mental incapacity, people important to them were consulted.

Good



### Is the service responsive?

The service was responsive to people's needs and wishes. The provider had a system to review people support needs and made adjustments to the support given when required.

People were provided with a choice of activities and outings away from the home

The provider had a system for addressing complaints and acted upon any issues raised.

Good



# Summary of findings

## Is the service well-led?

The service was well led. The change in management at the home was driving standards up. An open culture was developing where people and staff could contribute to the development of the service on offer.

Auditing systems were being implemented to ensure that any issues were identified and an action plan drawn up to address these.

Staff were supported to contribute to the development of the service. Staff confirmed the manager was approachable and listened to them. Regular staff meetings took place; staff told us they felt supported by the management.

Good



# 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 took place on 17 and 22 July 2015 and was unannounced. The first day of the inspection was carried out by two inspectors and on the second day by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. We also looked at the Provider Information Record (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. Not all the people

living at the home could tell us how they experienced care due to their enduring mental health illness. In order to gain further information about the service we spoke with six people living at the home and three visiting relatives. We spoke with seven members of staff. We also looked at some concerns about the service raised by members of the public.

We looked around the home and observed care practices throughout the inspection. We looked at five people's care records and the care they received. We reviewed records relating to the running of the service such as environmental risk assessments and quality monitoring records. Observations, where they took place, were from general observations. 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.

Before the inspection we spoke with representatives of the local authority's contract monitoring officer.

# Is the service safe?

## Our findings

At our last inspection on 11 November 2014 we were concerned that the risks people faced were not managed in a way that protected them from avoidable harm. At this inspection we found improvements had been made but one person's risk assessments did not consistently illustrate the risks they faced. These records did not give staff sufficient guidance to enable them to protect the person from avoidable harm. This instance related to when the person was eating. The risk assessment stated the person should be supervised when eating however we observed they were not. We spoke to senior staff about this who told us the person only required supervision whilst drinking and not eating, however their care records did not make this specific. We spoke with the manager who told us that the person understands they are at risk of choking but the person had variable mental capacity to understand this risk. We spoke with the person who confirmed they knew the risks they faced and told us "I haven't choked so far". This meant that the person may be at risk as the staff did not have sufficient guidance to ensure the risks the person faced were minimised. We spoke to the manager about this issue who took steps in between the two inspections to provide staff with more specific guidance to minimise the risk to the person.

At our last inspection on 11 November 2014 we were concerned that there were not enough staff to meet people's assessed needs which was evidenced by the time it took to respond to call bells. At this inspection we found that the provider had installed a new call bell system which allowed them to monitor call bell responses. This system showed staff had responded to calls for assistance within reasonable time scales. The people living at the home told us they did not have to wait long for assistance, for example, one person said, "things have improved" in relation to asking for assistance. We spoke with staff who told us there were enough of them on duty to meet people's needs. One staff member told us "it can be really busy in the mornings but we always respond to call bells and check if people are ok."

We carried out a SOFI during the dinner period in one area of the home. We observed that the staff were well

organised and all of the people got the support they required in an unhurried manner. We spoke to staff who told us that at times they could do with an extra person. They also told us that the management had deployed staff in different ways to increase the amount of staff at key times of the day to help out. Two staff members told us the current deployment of staff was about right and things were working well. Another staff member shared their concerns that if people's dependency increased the current staff levels may not be sufficient. We spoke to the provider about how they assessed staffing levels. They told us they take into account factors such as "layout of the building, dependency levels, staff and relative feedback and then increase staff levels in line with feedback received".

People's medicines were stored, administered and recorded safely. People received their medicines when they needed these and at the required times. The staff responsible for administering medicines had been suitably trained. We observed people receiving their medicines safely and saw staff carry out safety checks, including staying with people while they took their medicines. The medicines were stored in a lockable area and were well organised. The provider had a system to audit medicines received and dispensed in the home. This system ensured that people were given their medicines safely and provided a check to ensure if any errors occurred these were identified quickly and rectified. It further ensured that all medicines available to be dispensed were in date and safe to use.

People were safe. Staff told us, and records confirmed that they had recently received training in safeguarding adults. We spoke with four members of staff who told us how they would respond to allegations or incidents of abuse. In addition, we saw evidence that the manager had notified and worked with the local authority when safeguarding concerns had been brought to their attention. Three people living at the home told us they felt safe living at Steepleton Manor. We observed the staff interactions with people living at the home and found them to be positive and empathetic. One person told us they did not have concerns about abuse or bullying from staff.

# Is the service effective?

## Our findings

At our last inspection on 11 November 2014 we had concerns that people were not protected from inappropriate or unsafe care arising from a lack of proper records. We asked the provider to take action to ensure that the records were adequate to ensure people received appropriate care. At this inspection we found there had been a number of improvements in the records relating to people's care. The management of the home had reviewed all people's care records and had taken action to update them. We noted that all people had received a basic review of their needs. From this review the management had prioritised more in depth reviews to ensure people's needs were being consistently met and had made amendments to people's plans of care where required. We looked at care records and found that all but one had been updated as required. The manager accepted the need to update this person's records and amended them in between the two inspection days.

At our last inspection on 11 November 2014 we had concerns that the provider did not have suitable arrangements in place to establish consent or to act in people's best interests. At this inspection we noted improvements had been made but further work was required. We spoke to the manager who told us about what had been done to address the issues identified in relation to Mental capacity assessments (MCA) 2005. They told us they had contacted the local authority and had worked with them to ensure MCA assessments were appropriate. They also confirmed that, where appropriate, the person's relatives had been involved in the process. They told us that they are making referrals to the supervisory body in relation to deprivation of liberty safeguards. We looked at people's care records and found two issues that required more robust documentation. For example, one person had been assessed as requiring bed rails in 2014 to keep them safe whilst in bed but the records did not indicate they had been consulted with regards to their use. Whilst staff told us the person lacked capacity to make a decision regarding their use there was no MCA assessment to establish this. Another example was where a person was judged by senior staff to have 'variable capacity' to make decisions, however this was not illustrated in their care records. Whilst a best interest decision had been made and recorded in 2014 there was not a mental capacity assessment made to

support this. This meant that MCA codes of practice had not been fully applied in making the best interest decision. The manager reassured us that this oversight would be rectified.

At our last inspection on 11 November 2014 we had concerns that people were not supported to eat and drink when required. At this inspection we found that people were supported to have sufficient to eat and drink and maintain a balanced diet. We spoke to one person who told us the food was good and they were consulted about what was on the menu. The care records demonstrated how people's preferences were taken into account and recorded their likes and dislikes. Staff described how they were supporting people to make decisions and encouraging them to make healthier choices. Staff described how they offered choices at meal times to people living with dementia. They told us that they will show people what is on offer to enable them to make a choice. We carried out a SOFI during the dinner period in one area of the home. We observed that the staff were well organised and all of the people got the support they required in an unhurried manner. We observed people being offered a choice of food.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs and choices. Staff completed induction training when they first started working at the service. We spoke with one member of staff who had recently been employed. They told us the training they had received gave them good insight into the requirements of the role and the needs of the people living at Steepleton Manor. The people we spoke with told us that staff understood their needs and supported them how they wished.

Staff told us there was sufficient training available such as health and safety, dementia care, end of life care, activities and person centred care. We were told training was a combination of e-learning and face to face methods with some training being provided by external providers and through the providers training suite in Weymouth. Three members of staff confirmed they had regular one to one meetings with a senior member of staff, where they could discuss their role and their training needs. They also explained that there had been a period when these meetings were not being carried out but things had improved recently.

# Is the service caring?

## Our findings

At our last inspection on 11 November 2014 we had concerns that people were not always treated as respectfully as they should have been by staff. At this inspection we observed staff speaking respectfully with people, speaking at a pace the person appeared to prefer. We observed that staff spoke with people as they went about their duties. The manager told us about the introduction of dignity at work initiatives which involved a standing agenda item at team meetings and a daily diary of good and poor practice completed by staff. The manager told us this had led to improvements in the way each of the staff team think about how they approach not only the people they care for and the work that they do but also between themselves. Staff told us that they felt things are continually improving and they feel more confident to talk about dignity and respect at work, one staff member told us “ I have changed how I work with people, I take more time now, I don’t feel pressure to complete the work and move onto the next task now, its somehow calmer”.

People told us they were well cared for. One person told us they were waiting for a taxi to take them to a pre-arranged hospital appointment. They told us “staff have arranged for a taxi to take me to my appointment, I am happy to go on my own but someone would have come with me if I wanted, they did ask”. They also told us that staff help them

with things they find difficulty with such as tying their shoe laces saying “the do just enough, too much and I might become lazy, I have no complaints”. Another person told us “I don’t rely on staff too much but they are always there when I need them, their kind and listen to me, sometimes they have time to sit and talk and share a cup of tea which is nice”. The relatives we spoke with told us about how they viewed the care their loved ones received. One person told us about their mum and how she did not like to receive personal care support, becoming anxious and angry. They told us, “Mum was not happy with their routine and staff accepted this and changed. The staff are calm, they no longer try to help mum when she doesn’t want it, they just come back later and provide flexible support which helps with her wellbeing”.

People told us about how staff gained their views about their care needs. One person told us, “staff sit and talk with me about what I like and what help I need. I need some help dressing in the mornings and like to go out as much as possible”. We observed that another person, who could not tell us how they experienced the care they received, was anxious. We observed staff sit and talk with them and gently hold their hand. One visiting relative told us “the family’s experience (of care provided) has been very good in relation to their mothers care over the last eighteen months”.



# Is the service responsive?

## Our findings

The service was responsive to people's changing needs. We looked at people's care records, some of which showed people had been consulted and others had not (due to their enduring mental health illness). The words used in people's care records demonstrated that people were treated with respect. Through our discussions with staff it was clear that staff knew people's individual support needs well and people's care records reflected what we had been told. Staff described how they ensured people could choose how they were supported. They told us about people's right to have choice in respect of who should care for them and how to ensure people had choices about what to wear and how the person wished to look.

People's needs had been reviewed and action taken to address any concerns noted. There was recorded evidence that people's needs were assessed prior to them coming to live at the home. One of the assessment records demonstrated that an initial assessment had recently taken place. The assessment was comprehensive and the outcome was that the provider did not consider they could meet the needs of the prospective person. This demonstrated that due consideration was given to meeting people's needs.

Staff told us about how people chose to spend their time and what activities they enjoyed. An activities coordinator was employed by the provider to help meet some of the

wishes of the people living at the home. The people we spoke with told us about the activities available; some joined in, some did not, although all agreed there were things to do if they wanted to. The staff told us that they tried to take people out to places of local interest at least twice a week. The provider had a mini bus to enable this to happen and people confirmed this happened. They also confirmed they were consulted about where they went.

People knew how to make a complaint if they wished to. One person told us that, "Staff sort out the problems without fuss, I have never had to talk with the manager about concerns but I would." Another person told us about the 'residents meetings' where they can raise issues and comment about things they would like to change or make suggestions. A member of the public had raised concerns with us about overflowing bins in the toilet areas. We spoke with the manager about this. They told us that no one had raised the issue with them but through their auditing they had noted the bins in some toilet areas were too small and had replaced them with larger ones. We observed this to be the case.

The provider had a complaints procedure which informed people what they needed to do to make a complaint and the time scales for the complaint to be rectified. We looked at the records relating to dissatisfaction about issues at the home. These records demonstrated that the management had addressed issues in line with their procedure.

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager in post. However a manager had been appointed and had submitted their application to become registered; the application was in the later stages of the registration process. The manager demonstrated good leadership and along with the staff team, was in the process of developing an open and transparent culture. The manager told us about initiatives relating to better relationships with relatives. They had met with most of them and discussed any concerns and things the service could do better. (this also formed part of the review of people's needs and records confirmed this)

At the last inspection on 11 November 2014 we were concerned that people were not protected from the risks of unsafe care and treatment by the means of an effective quality assurance system. At this inspection we found improvements had been made. The quality audits and quality systems at the home had been updated and work was in progress to address the issues that were established. We spoke with the manager about the systems in place to audit the service's performance and ensure ongoing improvements were implemented. They showed us a full care audit carried out by the provider's operations manager in July 2015. This audit also contained an action plan for the next month to ensure ongoing improvements were made. Care records had been audited and the information from this was used to prioritise a timetable for improvements.

There was a management structure in place at the home consisting of a manager, deputy manager and senior careers. They were supported by an operational director. The people living at the home could identify who the manager was. One person told us about how approachable the manager was and how they often come and talk with them when they were on duty. This was also mentioned by one visiting relative. Staff were aware of the roles of the management team and they told us the manager was approachable and available to discuss issues most of the time, however if not the deputy manager was there to provide advice and guidance. They told us they felt valued and their opinions were listened to. They told us about staff meetings where they could bring up issues and make suggestions for improvement. There was evidence of regular meetings taking place between the people who used the service, their relatives and other professionals involved in their care.

Records showed that staff had recorded accidents and incidents. Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, the injuries and the immediate actions or treatment that had been delivered. These accident / incident records were checked by the manager, who assessed whether an investigation was required and who needed to be notified. There was evidence of the manager notifying other professionals following incidents at the home.