

Steps Rehabilitation Limited

STEPS Neurological and Trauma Rehabilitation Centre

Inspection report

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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

About the service

STEPS Neurological and Trauma Rehabilitation Centre is a service providing specialist rehabilitation services to people living with neurological conditions, stroke, spinal cord injuries, acquired brain injuries, orthopaedic and other complex trauma injuries. The duration of stay is dependent upon each individual's rehabilitation programme. It is a purpose built facility in Sheffield, close to local amenities.

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

People received a truly person-centred service which included devising and supporting their rehabilitation and regaining control over their lives. People received care and support that was highly personalised to meet their individual needs.

Staff told us people's dignity and wellbeing underpinned their roles, and spoke with passion about how they supported people through their rehabilitation. Staff were highly skilled in their communication with people, and people told us they felt immensely valued by staff.

Staff were committed to supporting people to avoid social isolation and engage with others. In addition to a comprehensive rehabilitation programme, there were plentiful activities both within the service as well as in the wider community. Staff were skilled at identifying options for people to maintain and improve their family and social lives, and people told us they valued this.

The food provided within the service was of a high quality, and catering staff demonstrated a clear interest in meeting people's needs and preferences in this area.

Staff were knowledgeable about safeguarding people and when to raise concerns. Records showed staff had acted as required when concerns had arisen. People received their medicines safely and recruitment practices were safe.

Managers within the service were highly visible, and displayed a clear passion about the service's aims and objectives. Staff, people using the service, their relatives and external professionals praised the management, describing them as accessible, committed and professional.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published July 2018.) There was also an inspection on 1 July 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered. The provider completed an action plan after the inspection published July 2018 to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

STEPS Neurological and Trauma Rehabilitation Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist advisor. The specialist advisor was a registered nurse who was experienced in the care of people with complex needs.

Service and service type

STEPS Neurological and Trauma Rehabilitation Centre 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.

The service did not have a manager registered with the Care Quality Commission; the registered manager had left their post recently, and a new manager had been appointed who was in the process of applying to register with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted people who commission the service, for their views. We used all of this information to plan our inspection.

During the inspection

We spoke with five people using the service, nine staff members, the service manager and the registered person. We also received written feedback from external professionals, including those who commission the service and one person's relative.

We reviewed a range of records. This included four care records, medication records, four staff recruitment files and a variety of records relating to the management of the service, including policies and procedures, health & safety records, training records, meeting minutes and audits. We observed care taking place and staff supporting people in various tasks. We looked at written feedback the provider had received from people using the service, their relatives and external professionals.

Is the service safe?

Our findings

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

At the inspection published in July 2018 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely.
- Medicines were stored securely and at an appropriate temperature in line with the manufacturer's recommendations.
- Staff kept accurate records of the medicines they administered, and audits were carried out frequently to ensure medicine records were accurately maintained.
- The manager had a good oversight of how medicines were managed within the home.
- In our observations of staff administering medicines, we saw this was done safely and in accordance with the prescriber's instructions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt completely safe at the service.
- Staff told us they were confident raise any safeguarding concerns, and understood how to do so. Staff had received training in relation to safeguarding.
- The service had systems in place for reporting safeguarding concerns in line with local authority and regulatory requirements.
- The home had a whistleblowing policy and staff told us they were confident to report any poor practice if required.

Assessing risk, safety monitoring and management

- The home had effective systems in place to ensure that all areas of the home were safe. This included up to date servicing of equipment, and regular fire safety drills.
- People's care records included assessments of specific risks they were vulnerable to or may present. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- Staff spoke with knowledge about risk management, and spoke with confidence about keeping people safe and managing risks.

Staffing and recruitment

- The provider carried out appropriate pre-employment checks to ensure only suitable staff were employed at the home, although we noted they didn't record the reasons potential staff had left previous posts where they had been working with vulnerable people. The registered person told us this was discussed at interview, and, following the inspection, confirmed they had altered their application form to ensure this information would be recorded in future.

- Staff told us there were enough staff on duty to meet people's needs, and our observations, and conversations with people, supported this.

Preventing and controlling infection

- The service was visibly clean and tidy and there were detailed cleaning schedules in place.
- Staff received training in infection control and understood their responsibilities. We saw personal protective equipment such as gloves and aprons were readily available to staff.
- There was a regular infection control audit, with actions undertaken where required. The head of housekeeping was the designated infection control lead, and was knowledgeable about their responsibilities in this area.

Learning lessons when things go wrong

- The management team monitored the service to ensure lessons were learnt if things went wrong.
- Risk assessments were regularly reviewed when rehabilitation and treatment plans were reviewed, and were changed to reflect changing circumstances.

Is the service effective?

Our findings

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

At the inspection published in July 2018 this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured staff received appropriate support and training that is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Staff praised the training available to them, saying they had seen improvements in this area. They told us they felt they received the right level of training to undertake their roles.
- People told us they felt staff had the training to understand their needs. One person said: "They must have plenty of training as they understand everything about me and everything I need." Another said: "The physio's here understand my body like no other physio's have ever done; that must be down to their training."
- Records showed staff were supported to undertake a broad range of training tailored to the needs of people using the service. This was delivered both by in-house trainers as well as external trainers and experts.
- Staff were supported through regular supervision and appraisal meetings and told us that they felt well supported in their roles. More than one staff member emphasised to us how supportive they found the management team, giving examples to support this. In one staff member's words: "They go the extra mile."

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

- Each person using the service had a thorough assessment of their needs carried out before they began to use the service.
- There was information available to staff about best practice and legal requirements when providing care for people; staff said they were able to access information about best practice and their legal responsibilities.
- People described the initial assessment as a positive experience. One person told us: "I didn't think things were going to get any better for me, but from the initial assessment I started to believe things might get better, the assessment showed me the possibilities."

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

- People were extremely positive in their praise for the food available at the service. One said: "It's restaurant quality." Another said: "The food is very good, I want for nothing." A relative described the food

service as: "The wonderful catering team who provide nutritional and delicious food and who go out of their way to cater for individual dietary preferences and needs."

- In our observations of mealtimes, we saw the ethos was extremely person focussed. The main dining area was designed in a cafeteria style, with drinks and snacks available all day. One of the chefs told us they were devising an all-day menu so people could order food as they wanted, outside of the pre-arranged mealtimes.

- Chefs spoke in a highly person-centred manner about meal planning. In their conversations with us it was clearly evident they thought about food from the perspective of people using the service, taking into consideration people's pre-injury lifestyles and social histories. When people began to use the service one of the chefs met with them to discuss their food preferences. One of the chefs said: "It's ongoing, we have to know people well to make sure we're getting it right." Recent introductions had included a boxed pizza delivery from the kitchen to people's rooms, and a "Fish and chip Friday" routine. Chefs showed they were seeking continuous improvement in the way they catered for people using the service.

- There was a herb garden which people were involved in tending to, and the crops from this were used in the kitchen. There were plans underway to extend this to vegetable growing. Bread provided within the service was home baked as were cakes; one of the chefs told us they were beginning cookery groups with people, and had recently held a sourdough baking class.

- Care records showed that where people had specific needs in relation to nutrition and hydration, advice from relevant healthcare professionals had been taken into consideration when their care plans were developed.

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

- People's needs were met by the decoration, design and layout of the service. This included spacious communal areas and aids and adaptations to make bedrooms, bathrooms and toilets accessible and safe.

- There was a range of facilities consistent with the rehabilitation ethos of the service. These included a hydrotherapy pool and a gym, and additionally there was a choice of lounge areas, one with an adapted kitchen, which people could book in order to entertain visiting family. A member of staff told us: "People can book this area, and order a take away, or arrange a film night; it's a nice space for people to spend time with their visitors."

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

- Records showed the guidance of external and internal healthcare professionals was incorporated into people's care plans, and, consequently, into the way care was provided. The service employed a broad spectrum of healthcare professionals, including physiotherapists, occupational therapists and psychologists, who worked with people in devising and achieving their rehabilitation goals

- External professionals gave positive feedback about working with the service. One said: "Individuals are assessed and programmes agreed with the client, professionals and families in a holistic way. The clinical director in my opinion goes over and above to ensure that assessments are carried out in a timely manner and she will liaise as necessary to ensure they have the full information required as well as providing information to the client and family" Another external professional had told the provider: "[The] team have taken on board the techniques and work we do with our amputees and absorbed them in to the work they do so that everything feels coherent."

- Conversations with members of the management team evidenced they were in regular contact with other agencies to ensure people received the right package of support. They had an in depth knowledge of which agencies were involved with each person.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team had made appropriate applications for DoLS authorisations and records showed these were well managed.
- Staff understood the principles of the MCA and how they applied to their day to day work.
- Care records contained information about people's capacity to give consent, and where they lacked capacity appropriate best interests decisions had been reached and recorded. We noted these were not always stored with people's overall rehabilitation plans, however, during the inspection work was underway to streamline this system.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection published in July 2018 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with told us about how highly respected the service made them feel, and how well treated they were. People described staff as being extremely sensitive to their needs. One person said: "They go above and beyond, every single time, it's more than just a job to them you can see that." A relative said: "The care and professionalism have been exemplary."
- The culture throughout the service was extremely person-centred. All of the staff we spoke with demonstrated a considerable empathy for people, considering everything they did from the person's perspective and exhibiting a passion for this approach. An external professional told us: "I am struck by the motivation of the staff team - all team members are patient focussed, which is a pleasure to see. Once nursing care needs are met, patients are engaged in rehab programmes and are encouraged to be as active and independent as is possible."
- Staff were highly motivated to ensure people's equality and diversity was respected. They gave us examples of how they had taken steps to understand people's diverse needs, supporting them as appropriate, for example, by visits to local places of worship, learning about other cultures or ensuring translation services were accessible.
- Our observations showed people were treated with immense kindness by staff throughout the service. Staff took time to ensure they had genuine conversations with people which reflected the depth of their warmth and respect for the people they were supporting. Staff ensured the atmosphere within the service was respectful, collaborative, warm and kind.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views about the service generally as well as about their own care. People said things like: "When I was in hospital I felt like they were just processing me, here I know they want my life to get better, you can't put a price on that. Everything is subject to my agreement, of course there are options I didn't know about, but they make sure I understand, and agree to the therapy. I feel like we do it in partnership." And: "I feel involved in all decisions...they really listen."
- We saw examples of the steps the provider took to ensure people were involved in the service; a survey for obtaining feedback from people had been designed by one of the people using the service, and a weekly newsletter had just been implemented at the suggestion of another person. The registered person told us about a person who had recently used the service and was able to use their medical training to deliver training and experience-based workshops to staff. One person was involved in running the arts and crafts group as this reflected their profession from before they experienced life changing injury.

- Each person had a range of rehabilitation goals which were devised as part of their package of care and regularly reviewed. People told us this process was a genuine partnership between themselves and their care team. They said they felt their goals were a shared programme, and told us that without fail, every staff member supported them in achieving the outcomes they hoped for. One person said: "I couldn't have imagined the things they've done for me. I came in here on my back and now I'm sitting, moving around, it's unbelievable."

Respecting and promoting people's privacy, dignity and independence

- Staff were highly motivated to support people's independence, and told us this underpinned the entire philosophy of the service. One staff member said: "They [people using the service] come here in what are often traumatic circumstances, their life has changed in ways which are unimaginable to most people, and that's our role. The entire purpose of the multi-disciplinary approach is to develop ways for them to regain independence and re-develop skills. I've never done anything so rewarding."
- People told us the staff at the service upheld their privacy and dignity at every interaction. One person told us that following their life changing injury they experienced incontinence. They said: "When it happens I'm dying inside, but they [the staff] just deal with it in a respectful and professional way, making it so I don't feel humiliated. I hate what's happened to me but I can't think of anywhere better than here to deal with it."
- The provider found imaginative ways for people to spend time with their loved ones. One person described their injury as having an impact on the health of their spouse. They said their spouse had become very unwell since their injury, but said since they had moved to STEPS they could see their spouse had got better. They said: "It's like they are healing us both." The registered person told us the service used the hydrotherapy pool to enable one person to walk holding their child for the first time since their injury, and enabled another person's child to stay overnight on Christmas eve so they could open their presents with their parent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection published in July 2018 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a comprehensive understanding of people's needs. One person told us: "It's unbelievable what they've done for me; when they told me [when I arrived] what I could achieve I laughed at them, but it's been amazing." Another said: "It feels like they've known me forever, I'm involved in everything and feel like I'm in charge, but the things they've helped me achieve has been amazing." They went on to say: "I have control over my programme and have seen real improvements since I came here."
- The rehabilitation packages were highly tailored to each person's individual needs. Staff took into account people's personal and social histories, as well as former employment, when devising rehabilitation packages. One external professional described their client as being "able to see the light at the end of the tunnel" due to the package the provider had devised for them. A relative, commenting on the rehabilitation package told the provider; "When [my relative] showed me they can lift their arm, it made me cry."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and care records detailed people's specific requirements. This included details of any aids or equipment people needed to assist with communication.
- Rehabilitation packages included, where appropriate, work with the speech and language therapists employed by the provider, and this work was undertaken as part of each person's goal-oriented programme.
- In addition to speech and language therapists, the provider contracted an external music therapist which staff told us was beneficial to people's communication skills. A regular book club was also in place, and the wellness co-ordinator described how this had assisted someone who was non-verbal to communicate in writing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Managing the risks of social isolation and enabling people to maintain relationships was an underpinning part of everything the service did.
- Staff excelled in identifying social opportunities, both within the service and in the wider community. People described a wide range of opportunities they had participated in, which were tailored to reflect people's interests and preferences. One person told us about how staff had encouraged them to go

shopping recently. They said since their illness they had preferred not to go out, but said the staff were helping them to "broaden my horizons."

- The service employed a wellness coordinator who arranged activities and social opportunities. We spoke with them and they described, with obvious pride and passion, how they identified opportunities with people, and the benefits of maintaining interests. They told us how they had recently established a book club, and had visited the library and book shops with this group, as well as arranging a visit from an author.
- Staff were enthusiastic about assisting people to maintain family and personal relationships. The service had suitable facilities for people to use when spending time with family and friends, and staff were imaginative in how they facilitated it. The registered person told us about a forthcoming birthday party for a child of a person using the service which was being hosted at the home, and said they had arranged for a well known footballer to attend as a surprise for the child, which they said the person using the service was extremely excited about.

Improving care quality in response to complaints or concerns

- There were policies and procedures relating to complaints, and these were accessible within the service.
- People using the service told us they would feel confident in raising complaints. One person told us: "I had to raise a minor concern and they really listened." Another said: "I can't imagine having anything here to complain about, could you? But I'm sure if I did they would listen and sort it out. The staff and managers made it really clear from day one that they were here to listen and help, as well as everything else they do." A relative told us they had recently raised a concern and said: "We found the management team extremely helpful and supportive."
- The manager maintained a register of complaints, ensuring they were responded to in a timely manner and, where appropriate, any required changes were made.

Is the service well-led?

Our findings

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

At the inspection published in July 2018 this key question was rated requires improvement. At this inspection it improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had a very in depth oversight of the service and how it was operating. This included a wide range audits which took place to help ensure that the quality of care was maintained, as well as gaining feedback from people using the service, their friends and families and visiting professionals, which they told us contributed to a culture of continuous improvement.
- Staff members and the management team shared a vision of continuous improvement; they responded positively to feedback and identified areas for improvement. For example, managers had identified they electronic record keeping system had some shortfalls, and was therefore working with the software developer to improve the system in order for it to better meet their needs.
- Staff were very clear about their responsibilities. All the staff we spoke with demonstrated a good understanding of their roles and how they impacted upon people's wellbeing. Staff were passionate about the difference they made to people's lives, and told us this ensured the quality of the service remained high. One staff member said: "I think we're really good at what we do, but we all want to strive for better and better. The knowledge of what we can help people achieve is all the motivation we need."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continuous learning and improving care.

- The entire philosophy of the service was person-centred and empowering. Every staff member we spoke with demonstrated an engaging empathy for people, and constantly analysed the way they worked with people and the service provided from people's perspective. One staff member said: "They come here in what are often traumatic circumstances, their life has changed in ways which are unimaginable to most people, and that's our role. The entire purpose of the multi-disciplinary approach is to develop ways for them to regain independence and re-develop skills. I've never done anything so rewarding."
- People we spoke with told us they felt the service was inclusive and open. One person said: "The feeling here is like a big family, the staff always have smiles on their faces and are always positive. Sometimes we [people using the service] have the biggest down days, it's hard work, but they never fail to lift me up." A visiting professional described the ethos of the service as: "The sense of family and nurture, the quality of care and rehabilitation, the patients' sense of dignity and wellbeing."
- Staff we spoke with told us they could raise concerns or comments, and were confident they would be listened to. They told us the culture within the staff team and management team promoted positive outcomes for people, and said they were proud to be part of this.

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

- All legally required notifications had been made to the CQC in a timely manner; we saw that where required, the provider had taken appropriate action.
- The philosophy demonstrated by managers within the service was one of honesty and openness, and people and their families confirmed this was their experience.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were comprehensive systems in place to engage and involve people. Relatives told us they felt welcomed and involved, and we saw a considerable amount of positive feedback the provider had received from people's relatives which corroborated this.

Working in partnership with others

- The service worked in partnership with other stakeholders, and many gave us positive feedback about their experience of working with the provider. One told us: "As an organisation I have always found STEPS to be professional to work with." Another said: "As a visiting professional I feel very supported by the senior management team. I have regular contact with them and they have an active interest in the patients that are on my caseload...they are approachable if indeed I have any concerns or questions. "