

Altogether Care LLP

# Winterbourne Steepleton - Steepleton Manor Care Home

## Inspection report

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Date of inspection visit:  
24 November 2020

Date of publication:  
14 January 2021

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Steepleton Manor is a 'care home'. It provides long term and respite accommodation for up to 32 older people with personal care and nursing care needs. At the time of the inspection 20 people lived at the home with nursing, mental health needs and some people were living with dementia. Steepleton Manor Care Home is a large detached period property in Winterbourne Steepleton. The accommodation is arranged over three floors.

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

Following a COVID 19 outbreak at the service, we received concerning information about poor infection prevention and control and hygiene practices at Steepleton Manor. This was following an infection control visit on 19 November 2020 by staff from the Dorset NHS Clinical Commissioning Group (CCG) Quality Improvement Team.

At the inspection, several improvements had been made following the CCG visit, such as improvements in staff handwashing facilities and in correct use of personal protective equipment. However, concerns were highlighted, particularly about lack of robust cleaning schedules/housekeeping records and confusion about arrangements for cleaning rooms of people affected by the virus. Also, about lack of proper systems for managing and monitoring infection prevention and control arrangements.

Staff reported people were in good spirits despite the current restrictions of being cared for in their rooms. An activity co-ordinator visited people regularly to support them with one to one activities. People were supported to keep in touch with loved ones via telephone, mobile phone and via internet.

Staff had received update training on how to keep people safe during the COVID-19 pandemic and had plentiful supplies of personal protective equipment. Staff morale was good, they said they felt well supported by registered manager and nursing staff.

Staff and people were regularly tested in line with the government's current testing programme. The size of the home and variety of spaces meant there were light and airy, well ventilated spaces and large gardens, which helped promote social distancing.

### Why we inspected

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to follow up on specific concerns we had received about infection prevention and control measures at the service. A decision was made for us to visit to look at these risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We requested an action plan from the provider by 14 December 2020 to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

The service was not always safe.

**Inspected but not rated**

### **Is the service well-led?**

The service was not always well led.

**Inspected but not rated**

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## **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.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

#### Inspection team

An inspector visited Steepleton Manor.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 24 November 2020 and was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and the inspector with reference to the COVID 19 pandemic.

### What we did before the inspection

We received feedback from an infection control visit carried out by staff from the Dorset NHS Clinical Commissioning Group (CCG) Quality Improvement Team on 19 November 2020 following a COVID 19 outbreak at the service. Prior to the visit we requested copies of infection control policies and procedures at the service, cleaning schedules, a COVID 19 risk assessment, the most recent infection control audits and contingency plans in the event of an COVID 19 outbreak. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

### During the inspection

People were being cared for in their rooms when we visited, so we did not speak with them.

We followed up what actions had been taken to improve infection control systems. We spoke with the registered manager, nominated individual and eight members of staff including nurses, care, housekeeping and kitchen staff. We reviewed infection control policies and procedures, cleaning records, a COVID 19 risk assessment and action plan and findings of an infection control audit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Preventing and controlling infection; Assessing risk, safety monitoring and management;

- We found people were at increased risk of infection because cleaning and housekeeping arrangements did not meet current guidance on infection control, nor fully take account of current COVID 19 advice. The service did not have cleaning schedules to guide care and housekeeping staff of the cleaning regime they needed to follow, nor of the frequency of cleaning required. This meant the provider was not assured cleaning regimes followed national infection prevention and control (IPC) guidance or enhanced COVID 19 cleaning requirements.
- The registered manager had compiled a risk assessment and action plan in relation to COVID 19 pandemic. Other than twice daily cleaning of main door handle and all other door handles around the home, the COVID 19 action plan had not identified need for increased cleaning and cleaning of other frequently touched areas around the home. Records of cleaning seen did not include people's rooms but were limited to communal areas such as entrance, library and visitors toilet.
- The lack of cleaning schedules was compounded by fact that housekeeping staff, who normally clean people's rooms were not going into the rooms of nine people who were self-isolating. The registered manager said care staff were currently responsible for undertaking the cleaning of those rooms. However, three care staff we spoke with all described different expectations of these cleaning responsibilities.
- For example, one care staff member thought housekeeping staff were still cleaning rooms of people who were self-isolating. A second care staff member thought they were responsible for tidying and for changing bedding, but were not aware they were responsible for cleaning. A third care staff member said they did clean sink and toilet areas, but were unfamiliar with the colour coding cloths systems used by home for different cleaning tasks to prevent cross infection. The lack of effective cleaning arrangements/cleaning records increased cross infection risks for people.
- We found cleanly laundered wet mops stored on the floor in an open container alongside the bed pan washer. This created a high risk that these mops would become contaminated with splashes of body fluids and further increase cross infection risks. We asked the registered manager to arrange for these to be moved and they confirmed they had been.
- The COVID 19 risk assessment for Steepleton Manor showed contingency plans to segregate people infected with the virus in a corridor area on the ground floor and for them to be cared for by a dedicated team of staff to minimise cross infection risks. However, when an outbreak occurred, these plans were not implemented effectively, which increased cross infection risks.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked the registered manager why the planned arrangements for nursing people affected by the virus

in a designated area, with a dedicated staff team had not been implemented. They said people and families were unhappy about moving rooms, so the plan wasn't implemented. They said arranging for a dedicated team of staff was impractical due to widespread nature of outbreak on all three floors of the home.

- Following the CCG visit, improvements were being made to improve infection prevention and control systems and reduce cross infection risks. Additional handwashing facilities for staff handwashing had been arranged. Single use visors and non-touch pedal bins with yellow clinical waste bags had been introduced, so clinical waste was being safely disposed of.
- Staff had been retrained in best practice in putting on/removing personal protective equipment. We observed good hand hygiene and safe practice in putting on and removing personal protective equipment.
- The nurses office had been cleaned and decluttered as had the sluice room. Plans to refurbish the laundry room to include easier segregation of clean and dirty laundering and resealing of floors/walls were due to be completed by 31 December 2020. However, these improvements needed to be achieved more quickly. When we visited the laundry room, we found infection risks remained because the handwashing sink looked dusty and unused. Access to the sink was obstructed by two unsuitable waste bins. The registered manager has since advised us that cleanliness and access to this sink has been addressed. Also, that waste bins have been replaced with suitable pedal operated bins and single use mops introduced to further reduce cross infection risks.
- Some handwashing signage was in place to remind staff but needed to be further improved by displaying posters on best practice in putting on and removing personal protective equipment around the home. The registered manager has confirmed these were implemented on 25 November 2020.
- A nurse had been designated as an infection prevention and control lead. There were plans for them to have some dedicated time to support further improvements once nurse staffing improved on 27 November 2020.
- Regular COVID 19 testing of people and staff was carried out at the service. This enabled the service to take action to arrange for people and staff infected with the virus to self-isolate to prevent the further spread of infection.
- The provider was working with the local infection prevention and control team to make further improvements. We have also signposted the provider to other relevant resources to develop their approach.



# 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 last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

- People were at increased risk because quality monitoring systems for infection prevention and control were ineffective. This meant the provider had not sufficiently mitigated risks relating to the health, welfare and safety of people using the service.
- The infection prevention and control policies at Steepleton Manor had not been updated to meet current guidance on COVID-19: how to work safely in care homes. The most recent audit completed by registered manager on 25 September 2020 was of poor quality. The audit tool had not been updated to monitor any COVID specific issues such as use of personal protective equipment and donning/doffing, so these were not checked. The lack of regular audits using an appropriate audit tool meant opportunities to identify and swiftly address the widespread concerns found at the CCG visit on 19 November 2020 were missed. For example, about poor standards of cleanliness, lack of sufficient staff handwash facilities, incorrect disposal of used personal protective equipment and reuse of single use items. This showed the provider's quality monitoring systems were not effective, as they had not identified and addressed these issues. These failures increased cross infection risks for people and staff.
- The providers COVID 19 risk assessment and action plan was not comprehensive and did not fully assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. For example, staff risk assessments had not been completed on high risk staff with existing medical conditions, or from black and minority ethnic (BME) groups, to demonstrate what steps had been taken to minimise risks for those staff in relation to COVID 19.
- When a COVID 19 outbreak occurred, contingency plans to segregate people infected with the virus and arrange for them to be cared for by a dedicated team of staff to minimise cross infection risks were not effectively implemented. No clear explanation was given by the registered manager for this decision. Failing to have separate staff teams caring for people who had tested positive for COVID 19 and those who had tested negative, increased cross infection risks between people.
- The registered manager demonstrated a lack of awareness of some aspects of government guidance. For example, prior to closing to admissions, the registered manager said the service only accepted admissions from hospital where person had a COVID 19 negative test. They explained people were then self-isolated for 10 days following admission. However, the current guidance for self- isolation recommends a period of 14 days.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the CCG visit, the provider had arranged for a management consultant to help the registered manager develop an improvement plan of more robust infection prevention and control measures. For example, undertaking further staff training and making environmental improvements such as the provision of additional handwashing areas for staff.
- A new infection prevention and control audit tool had been developed to monitor staff compliance with hand hygiene and use of personal protective equipment, the environment of care and management of the current outbreak. However, the tool had not yet been implemented when we visited on 24 November 2020. We have since been informed it was started on 25 November 2020.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not protected from receiving unsafe care and treatment and avoidable risk because the provider/registered manager were not doing all that was reasonably practicable to mitigate risks of cross infection at the service.  12 2(b), (d) and (h)

### The enforcement action we took:

A warning notice was served which required the provider/registered manager to make urgent improvements by 14 December 2020

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were at increased risk because governance and audit systems for managing infection prevention and control at the service were not effective. The provider/registered manager had failed to fully assess, monitor and mitigate those risks relating to the health, safety and welfare of people using the service and others.  17 (1) (2) (a) (b)

### The enforcement action we took:

A warning notice was served which required the provider/registered manager to make urgent improvements by 14 December 2020