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?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 20 and 23 July 2015 and was unannounced.

Steephill is a care home providing accommodation for people requiring personal care. Care is provided over three floors and the home can accommodate up to 37 people. At the time of our inspection 22 people were living at Steephill. The home has a large dining room, two lounges and outside space which was accessible to people.

The home had a registered manager. 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.

Care provided at Steephill was not always safe. Risks to people's health were not always assessed and managed effectively. People did not always receive their medicines appropriately.

Summary of findings

Staff were aware of the need to ensure people's consent was obtained before providing care. However, where people might not have capacity to make decisions for themselves, the legal processes to protect their rights were not always followed.

Staff were knowledgeable about safeguarding people from abuse and were confident to report any concerns they may have. There were sufficient staff to meet people's needs and the registered manager ensured equipment used to support people was properly maintained.

A variety of nutritious food and drink was available to people, and people were complimentary about the meals provided. Staff supported people to eat and drink where this was required. People had access to health care and staff supported people to attend appointments.

Staff were suitably trained for their role, and were supported by supervision meetings and guidance from the registered manager. Staff had formed positive relationships with people in the home and a relaxed and friendly atmosphere was created by staff. People said staff were caring and kind and staff showed a patient and attentive attitude to people's needs. Staff knew how to protect people's privacy and dignity and showed a genuine concern for people's wellbeing.

People had no complaints about the service, but said they knew who to talk to if they wanted to make a complaint. A variety of meaningful and enjoyable activities were available to people. The service monitored the quality of the care provided and made improvements as a result of feedback from staff and people living in the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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?
The service was not always safe.

Risks to people's health and wellbeing were not always assessed and action taken to reduce the risk of the person coming to harm. Medicines were not always managed safely.

Staff were knowledgeable about safeguarding adults from abuse. There were sufficient staff to care for people's needs.

Requires improvement

Is the service effective?
The service was not always effective.

People's rights to make decisions for themselves were not always protected.

Staff received support and training to equip them to carry out their role in the home.

People had access to a choice of nutritious food and drink, and staff provided people with the support they required. People's health was monitored and people were supported to access healthcare services when this was required.

Requires improvement

Is the service caring?
The service was caring.

Staff created a friendly and relaxed atmosphere and cared for people with patience and kindness.

People's privacy was respected and staff took care to ensure people were cared for in a dignified manner.

Good

Is the service responsive?
The service was responsive.

People were involved in care planning and their choices and preferences were respected.

A variety of activities were arranged weekly, as well as day trips. Staff worked to involve people in activities they would enjoy.

Complaints were responded to in an appropriate and timely manner.

Good

Is the service well-led?
The service was not always well-led.

Care records were not always up to date, reflecting people's current needs.

The registered manager was accessible and open to feedback from staff and people using the service.

Requires improvement

Summary of findings

Quality assurance processes resulted in improvements to people's care.

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 20 and 23 July 2015 and was unannounced. The inspection was carried out by an inspector, a specialist advisor and an expert by experience in the care of older people. 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, we reviewed the information we held about the service. The provider had 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 also reviewed notifications about important events which the home is required to send us by law and our previous inspection report.

We spoke with nine people who lived at Steephill, one relative and a visitor. We also spoke with six care staff, the cook, the activities co-ordinator, the registered manager and the deputy manager. We observed care and support provided in the lounges and over the lunchtime period.

We reviewed six people's care records and selected parts of four others as well as three staff files. We also looked at the records of accidents and incidents, the provider's policies and procedures and the records of complaints and concerns.

At our last inspection in August 2013 we identified no concerns.

Requires improvement

Is the service safe?

Our findings

People said they felt safe in the home. One person said, "Oh yes, I'm safe here". A relative told us their family member was, "safe and well looked after".

Some risks to people and staff safety were not adequately assessed and managed. One person was known to experience some aggression towards staff and other people. Several episodes had been documented in the daily records of care provided to the person. However, no risk assessment had been produced to help staff mitigate the risk and support the person, and others, to remain safe. The deputy manager said that an Antecedent, Behaviour and Consequence (ABC) record should have been implemented to reduce the risk. This had not been done. The section of the person's care plan entitled 'Behaviour causing concern' had not been completed. Another person's care plan showed they sometimes acted in a way that put themselves and others at risk. No triggers for their action were recorded but the assessment said staff should monitor the person hourly in order to keep them, and others, safe. This had not been recorded and the registered manager and deputy manager were unsure whether staff had done this.

Another person's weight record showed that over a five month period they had lost almost eight kilograms in weight and was now below average weight for their size. The deputy manager said they would have expected this person to be on a diet monitoring chart to ensure they received enough nutrition and that staff would have been informed to encourage the person to eat more. There was no record of this information being passed on and a monitoring chart was not in place for the person. The risk had not been assessed and managed appropriately.

The failure to assess and manage risks to people's health and wellbeing was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's health and wellbeing, such as pressure injury, falls and nutrition were recorded and in most cases, mitigating action to reduce the risk was documented.

Medicines management procedures did not always ensure people received their medicines appropriately. One person's record of care stated, "in considerable pain and said she's not happy". The registered manager said they would have expected care staff to inform the senior in charge of the shift and for pain relief to be offered to the person. They added that the person's health should have been monitored and their condition handed over to the next staff shift. Records did not show that the person's condition was monitored or that they were offered pain relief.

Two people had been prescribed a medicine which must be given on an empty stomach and the person should have no food and fluid for thirty minutes afterwards. The Medicines Administration Record (MAR) for one showed they were given this medicine together with 8 other medicines. The MAR for the second person showed the medicine was given with three other medicines. This is contrary to the manufacturers' instructions. The deputy manager said this was a recording error and that care staff had administered the medicine earlier.

Clear instruction on the application of topical medicines was not provided to staff and as a result people may not have received their skin treatments when they needed them. The MAR for topical creams stated people should receive these "as directed". The topical medicines tubs and bottles also said they should be applied "as directed". No information about how frequently the creams should be applied and to what parts of person's body was provided for staff. Records showed that creams were applied to people in differing amounts of times over a number of days.

The failure to ensure that people received their medicines in a safe manner was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All medicines were stored securely and appropriate arrangements were in place for obtaining and disposing of prescribed medicines. Staff administering medicines did so in a gentle and informative way. They took a drink to the person and stayed with them whilst they took their medicines, explaining, "Here are your antibiotics and your usual tablets", adding, "How are you feeling?"

The provider had an appropriate safeguarding policy and staff had been trained in the safeguarding of adults. Safeguarding incidents were responded to appropriately, and action was taken to help people remain safe. Staff were knowledgeable, and spoke passionately about, protecting people from abuse or improper treatment and

Requires improvement

Is the service safe?

knew how to identify potential signs of abuse. Staff knew the process to follow if they had any concerns about people's wellbeing and felt confident to report it. They were aware of outside agencies they could contact if they felt their concerns were not dealt with appropriately, and knew where to find the contact details for these. Staff commented, "We are the eyes and ears for safeguarding" and, "We have a duty of care; if anyone tells you anything you report it and record it, whether the person has dementia or not".

We observed people being supported by staff using equipment such as a hoist. This was done in a safe manner and according to the manufacturer's instructions. One piece of equipment was out of use and was clearly labelled, "Do not use – awaiting parts". Equipment and accessories were labelled with the date they were last checked and when the next check was due.

There were enough staff to meet the support needs of people living in the home. Each member of staff was designated an area to work in and they were aware of their responsibilities. Staff took time to provide care in a safe manner and sat and chatted with people regularly throughout the day. Call bells were not activated often but were answered promptly when they were. Staffing needs were reviewed regularly in line with the support needs of people living in the home.

The recruitment and selection process for staff was safe. Checks on staff conduct in previous employment were carried out, as well as a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Requires improvement

Is the service effective?

Our findings

Staff received sufficient training to support them to carry out their duties effectively. People said staff knew how to care for them, and felt confident in their abilities.

The provider failed to follow the Mental Capacity Act (MCA) 2005 code of practice. The MCA aims to protect the rights of people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Several people living in the home had restrictive equipment in place, such as bedside wedges to prevent them falling out of bed or alarmed pressure mats to monitor their movements. Two people had signed consent forms for the use of this equipment. Three people had been deemed to not have the mental capacity to do so although their care records did not contain an assessment of their mental capacity in this regard. Therefore the provider was unable to confirm whether the restrictions to their movement were lawful or in their best interests. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in their care plans which had been signed by relatives to show they had been consulted about the decision. The forms indicated that the person they referred to had not been consulted even though there was no evidence that the person lacked capacity to be involved in a discussion about this.

The failure to ensure the MCA 2005 code of practice was implemented in the home was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff showed an understanding of the need to gain people's consent before providing care. They used simple questions and gave people time to understand and respond. For example, people were asked where they would like to sit in the lounge, whether they would like to join in an activity, and if they required any further support, such as a foot stool or a blanket.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. One person had a DoLS in place and the manager understood their responsibilities in this regard.

Staff completed the provider's mandatory training and records confirmed this was all up to date. Staff said they were, "always doing training", and all the staff we spoke with said they felt they had the skills to meet people's needs. Staff said they had recently completed training in safeguarding vulnerable adults and the Mental Capacity Act. As a result they were more conscious to "report and record" any concerns they had and ensure consent was gained from people before any care was provided. Staff were confident in the way they cared for people and communicated effectively with people as they carried out their duties. Competency assessments were carried out after training in the administration of medicines to ensure staff applied the learning in practice, and these were recorded.

Staff received regular supervision and review meetings with senior staff. Although the registered manager said they aimed to arrange six reviews a year, including an annual appraisal, for each member of staff, records showed staff received, on average, two supervision meetings and an appraisal each year. These were productive conversations, where training needs were identified and addressed. For example, we saw two members of staff had requested training in blood sugar monitoring and this had been arranged. Staff said they were able to approach senior staff and the registered manager at any time for support and advice and we observed this on our inspection. Staff were encouraged, and supported, to gain a care qualification if they wanted to.

New staff worked through an induction programme which covered statutory responsibilities, care practice, and the company's policies and procedures. Staff knowledge was tested using scenario based competency questions. Shadow shifts were arranged for new staff to accompany and observe more experienced staff and learn how to provide care to individual people living in the home. The registered manager regularly reviewed new staff practice and monitored their progress through the induction programme.

Staff were aware that some people, due to swallowing difficulties, required their fluids to be thickened. Their

Requires improvement

Is the service effective?

needs were recorded in their care plans and we observed people received drinks appropriately thickened. When people had been identified as requiring food and fluid recording, staff kept accurate records of these. Fluid charts, however, did not have target amounts on the charts and the daily amounts were not totalled which meant it would not have been possible for the provider to effectively monitor people's fluid intake.

People received sufficient food and fluids to maintain their health. All the people we spoke with were positive about the meals served in the home. They said meals were, "very good" and, "lovely". Most people chose to eat in the dining room which was spacious and had ten tables which were set with placemats, cutlery and glasses. People could have clothes protectors if they chose to, and adapted cutlery and crockery was available for people who required extra assistance to eat and drink independently. The atmosphere in the dining room was unrushed and staff promoted a friendly and relaxed environment.

People said they had a choice at every mealtime, and we observed people were asked what they would like for the lunchtime meal. People at each table were served together and the accompaniments, such as vegetables, were brought in serving dishes so people could serve themselves. Staff were on hand to provide assistance and encouragement if people required it. One staff member said, "Let me put some veg on there for you. Bit of swede? Courgette? There's more if you want some." A variety of drinks were on offer, with most people choosing squash or tea, and one person had a beer. Staff on hand offered second helpings to everyone. Four different desserts were offered to people, and the chef had adapted one of them for people with diabetes. If people did not want a dessert after lunch, staff said, "Shall I do you one for later?" Once people had left the dining room staff offered them a choice of hot drink, and cold drinks were available in the lounges.

People said they were able to see a GP or other healthcare professional when they needed to. Records confirmed that staff called the doctor of district nurse when this was required. People were supported to attend hospital appointments. We saw that staff were observant about people's health and reported their concerns to the office staff and action was taken to ensure the person received the medical attention they required.

Good

Is the service caring?

Our findings

People said staff were caring and took time to listen to them. One said staff were, “ever so kind”. Others commented that staff were, “very good”, bringing them tea regularly, and “I love it here. I’m happy to stay here for the rest of my life.” A relative said, “The staff are great, and caring; there’s always laughing going on.” Another commented on a survey that, “Staff are all friendly and kind. Mum loves them all”.

Staff responded promptly to people who requested assistance and they did so in a patient and attentive way. When a person became distressed staff were quick to provide comfort and reassurance to them. When one person became disorientated staff were attentive and kind to them. They gave them time and patiently allowed them to choose what they wanted to do. As a consequence, the atmosphere in the home was relaxed and calm.

Staff chatted with people and promoted a friendly and relaxed atmosphere in the home. People’s care records were detailed about their personal history, in some cases providing information on people’s children, grandchildren, great-grandchildren and even their pets. Also included were their pastimes and interests before they came to live in the home, and their music and television preferences. Staff said this enabled them to talk familiarly with people and show an interest in their family and history.

When staff assisted people to move using equipment, such as a hoist or stand-aid, we observed they communicated with the person throughout. They told them what was happening, how long it would take and reassured them that they were safe. Staff encouraged people when they were moving around, and provided reminders to, “go slowly”, and “take it steady”.

People expressed their preferences as to how their care should be provided and staff knew and respected these. One person had asked to be checked every half an hour during the night as they were not able to use a call bell to request support from staff. Records confirmed that staff checked at this frequency. People who had requested to go to bed or be supported to get up at a particular time were able to do so.

Staff ensured people’s privacy was protected by ensuring all aspects of personal care were provided in their own rooms. One member of staff described how they preserved people’s dignity by using towels when they were assisting them with personal care. They said, “[the person] gets embarrassed, so it is important we have a towel to cover, for modesty”. Staff knocked and waited for an answer before entering people’s rooms, and ensured bathroom and toilet doors were closed when in use.

People said they had the right level of support when they needed it. We observed people being assisted where this was required, and staff asked people if they needed more support, such as an arm, when mobilising. Visitors were able to come to the home whenever they wanted to and staff welcomed visitors warmly.

Good

Is the service responsive?

Our findings

Staff discussed people's care plans with them, and their relatives, where this was appropriate, to ensure they were involved and their choices and preferences were known. Where people had a particular preference this had been recorded and staff respected it. People said their needs were met, and they were satisfied with the way their care was delivered. One person said, "I get up when I'm ready which is normally early", adding, "it's very easy going and so, so nice".

Care plans included information about people's preferences and how they liked to be supported. Where people had a particular religious belief, staff were aware of how to support the person appropriately. Their care plan stated, "support [the person] in following [their] beliefs according to [their] preference". Care plans also showed what values were important to people, and the level of support people needed for individual activities, for example, from moving from bed to chair, or from chair to standing . Staff followed these when assisting people and this enabled the person to remain as independent as possible. People and their families said they were involved in their care planning. A visitor said, "yes, we discuss [the person's] needs and changes if necessary".

Some people's care plans lacked some detail. For example, when staff tested the blood sugar levels of people with diabetes there was no record of their normal range or what action to take if their level was above or below the norm. We drew this to the registered manager's attention and they put in place a new form which showed the specific range for each person and the action to take where necessary.

People enjoyed the arranged activities. One person said, "There's things to do if you want to, but it's ok if you don't". The provider employed an activities co-ordinator who had attended training relevant to the role. They said, "I do relaxation and self-massage, badminton with a balloon, armchair exercises to music, arts and craft, reminiscence. There is a core group who join in everything and others dip in and out". One person living in the home was able to crochet. The activities co-ordinator had arranged for them to teach several other people and we observed six people engaged in crocheting activity together. They had identified a number of activities that were short in duration which care staff were able to carry out when the activities co-ordinator was not in the home.

One member of staff said they knew that some people enjoyed recalling the films of a previous Hollywood era. They had brought in from home their laminated photographs of film stars. They said this, "sparks conversation about that era, what people were doing at that time. It helps their long term memory and helps them relive their younger days". We observed people looking at these and chatting enthusiastically about their past. Another member of staff sat with five people and played a game. We observed people laughing together as they played the game. People benefitted from the opportunities for social interaction because staff provided meaningful activity for them.

The registered manager arranged day trips occasionally, when the weather permitted. People had recently visited a local attraction, and also had visited gardens for a picnic. Photographs were displayed in the home showing people had enjoyed the trips and people confirmed they had. A cream tea and a visit to a donkey sanctuary were arranged for August and once a month musical entertainers also visited the home.

People had no complaints but felt able to complain if they needed to. A relative said, "No complaints at all, in fact I've booked my room already." Information on how to complain was displayed in the hallways, with details of how to escalate a complaint to the local authority or to CQC. Staff said they would always refer any complaint made to them to the registered manager. One complaint had been received and investigated since our last inspection. The registered manager had responded to the person who made the complaint and they were satisfied with the response.

People were invited to 'residents' meetings' and notes were made of the discussions. These showed people were involved in discussions about suitable activities, day trips, and the future of the home. Staff had taken time to find out what people's favourite films were, and had managed to obtain copies. People at the meeting were invited to ask for their favourite television programmes and films so staff could locate copies for them to watch.

Requires improvement

Is the service well-led?

Our findings

The system in place for ensuring records were accurate and up to date was not always effective. Some records relating to the care and treatment of people using the service did not reflect people's most current needs. Care plan reviews were not always thorough and where the person's needs had changed this had not been addressed in the review.

The registered manager said if there were problems with the computer system, which were encountered on both days of our inspection, staff could refer to paper care plans. They said paper care plans were updated, "every six weeks or so". However, when we requested to view three people's paper care plans we were informed these were last reviewed and updated five to six months ago, and as a result were, "out of date". This meant that paper records could not be relied upon to guide staff in the provision of appropriate care for people, should the computer records not be available. The registered manager said they would remind staff to ensure the paper care plans were updated.

The management team were open to feedback from staff, people using the service and relatives.

Staff said they could talk to the manager or to supervisors freely. They said, "We can talk anytime; we don't need to wait" and, "You can make suggestions, and [the management team] see what they can do". Records showed that when staff suggested amendments to people's care these were implemented where possible and monitored to see if they were successful. All the staff praised the manager and the deputy manager. They told us the home was well led and they felt supported.

The registered manager was well known by people living in the home, and had a "hands on" approach to caring for people in the home. We observed people were welcomed into the registered manager's office, and frequently came in, sat down and chatted with senior staff. Ideas and requests people made at residents' meetings had been implemented, and people were encouraged to make suggestions about their care and treatment. A "You said, We did" board displayed some of the suggestions people had made and the provider's response. People had asked for more activities, including exercises, arts and crafts and we saw these had been arranged in the weekly schedule of activities. The provider had made available a fund for "valuing staff and customers' which was used as a 'thank you' or 'apology' as needed.

A visitor told us they were able to talk to the registered manager, and other management staff, at any time about their friend's care. They said if they asked for anything to be changed, this was done without delay. A visiting health professional said the registered manager responded promptly to their advice, as did all the staff. The registered manager ensured that CQC was informed of any legally notifiable event in the home.

The provider had a formal process in place for monitoring the quality of the service. This consisted of a monthly rolling programme of conversations with people living in the home and staff members, audits of a sample of staff files and care records, and observations of care provided. The records for the June 2015 quality assurance programme showed an action plan had been produced and this was in progress. Observations were carried out over three days and showed people were supported whilst eating and drinking, with the appropriate level of assistance without impacting on people's independence. Spot checks on care were carried out by the registered manager and senior staff. These had resulted in improvements to the quality of care provided by night staff.

An annual survey was carried out with people living in the home, their relatives and health professionals visiting the home. We noted that, in a survey completed in June 2015, one person had made the comment, "some carers are rougher than others". This comment had not been investigated further, and a summary of the survey responses which had been sent to the provider stated, "the majority come across as positive". The deputy manager said they should have investigated this matter further with the person and would do so.

Staff were invited to meetings periodically, and at these staff were reminded about the provider's policies and procedures, the outcome of audits and any other issues that staff raised. Actions were recorded with dates of completion and these had been addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against risks their health and wellbeing because risks were not always assessed and managed appropriately. Medicines were not always managed in a safe manner. Regulation 12 (1), (2) (a) (b) and (g).

Regulated activity	Regulation
	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People's rights were not protected because the provider did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (1) and (3).