

A Spellman

# Steeton Court Nursing Home

## Inspection report

Steeton Hall Gardens  
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25 September 2020

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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

Steeton Court is a care home providing personal and nursing care to older people and people living with dementia or physical disabilities. At the time of the inspection there were 19 people using the service which can accommodate up to 65 people in this purpose built two storey home.

Rating at last inspection and update: The last rating for this service was inadequate (published 6 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection 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.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Steeton Court Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

People received safe care and support because systems for assessing and managing risk were robust and staff knew how to safeguard people. Care plans included up to date and comprehensive individual risk assessments which gave staff the information they needed to maintain people's safety.

New and emerging risks including the effects of COVID-19 had been assessed. Improvements had been made to the systems for managing medicines and regular auditing meant these systems remained safe.

Clear processes were in place to prevent and control infection within the home. The provider had been proactive in following government and local guidance in relation to managing the COVID-19 pandemic.

Systems for recruitment of new staff were safe. Staffing was well organised and was appropriate to the needs of people using the service. Staff received the training and support they needed to care for and support people safely and effectively.

People's nutritional needs and preferences were assessed, and plans put in place to make sure they were met.

People were supported to have maximum choice and control of their lives and the provider had made improvements in systems for assessing people's capacity to make decisions. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider assessed peoples' needs before they began to use the service and regular reviews took place to make sure care plans reflected people's current needs. People were supported by a range of health and social care professionals to maintain their overall health and wellbeing.

People were supported to make decisions about their care and care plans reflected a person- centred approach.

People were treated with kindness and consideration and care was delivered in way which met people's dignity and independence needs.

People were supported to maintain relationships to avoid social isolation during the pandemic. Complaints about the service were managed effectively.

Changes in management systems had been effective in improving quality assurance systems. Analysis of accidents and incidents enabled the provider to learn lessons from previous events and implement positive change.

People were unanimous in their feedback in relation to the improvements made at the service. One relative said "I can't praise enough the improvements. There has been a very noticeable change in the home."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Steeton Court Nursing Home

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors visited the service on 24 September 2020 and a medicines inspector visited on 25 September 2020. An Expert by Experience made telephone calls to relatives of people living at the service on 23 September 2020. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Steeton Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

We gave a short period notice of the inspection because we wanted the registered manager to send us some

documentation prior to the visit. We also needed to check the infection status of the home in relation to COVID-19.

Inspection activity started on 23 September 2020 and ended on 2 October 2020. We visited the location on 24 September 2020.

#### What we did before inspection

We had not asked the provider to complete a provider information return prior to this inspection. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. To reduce the amount of time we spent in the service due to the current pandemic, we requested information and documentation about the service prior to our visit. We used all of this information to plan our inspection.

#### During the inspection

We spoke on the telephone with ten people's relatives about their experience of the care provided. None of the people living at the home at the time of our inspection were able to, or did not wish to, tell us about their experiences over the telephone. We spoke with seven members of staff including the provider, registered manager, deputy manager, nurses and care workers. This inspection was completed in line with current infection control guidelines.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and other records relating to the service.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to make sure people received safe care. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager was familiar with safeguarding, they fully understood and followed reporting procedures.
- Staff we spoke with received appropriate training and had a good understanding of their responsibilities to make sure people were safe.
- The registered manager had developed and maintained systems to make sure they had an overview of safeguarding issues within the home.
- All the people we spoke with felt their relative was safe. One said "Yes definitely. I think they look after (person) incredibly".

Assessing risk, safety monitoring and management. Learning lessons when things go wrong. Using medicines safely.

At our last inspection the provider had failed to make sure risks were fully assessed and managed and medicines were not managed safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and wellness had been assessed and reviewed using a number of recognised tools. Areas assessed included mobility, skin integrity, oral health and personal safety. The calculated overall risk to the individual was then RAG (red, amber, green) rated to assess the overall risk to the person's safety.
- Environmental risk assessments had been developed and regular safety checks made sure they were up to date and the environment was safe.
- The registered manager had systems in place to review and analyse accidents and incidents. This meant

actions could be taken to minimise the risk of the incident being repeated.

- People received their medicines as prescribed. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.

### Staffing and recruitment

At our last inspection the provider had failed to make sure staff were recruited safely This was a breach of Regulation 19 (fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely with all necessary checks made before staff started work within the service. This made sure only people suitable to work in the caring profession were employed.

At our last inspection the provider had failed to make sure there were always enough suitably qualified, competent, skilled and experienced staff on duty to keep people safe. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us the staffing levels were appropriate to people's needs. They said they were confident the registered manager would make sure staffing levels were reviewed in line with people's needs and dependencies.
- Staff rotas indicated staffing levels were safe.
- People's relatives said there had been a real improvement in staffing levels over the last year.

### Preventing and controlling infection

- The service was accessing COVID-19 testing for people using the service and staff and promoting social distancing rules.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. Additional measures had been introduced to ensure the environment was COVID-19 safe.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed and the provider was admitting people safely to the service.
- Staff were using PPE effectively and safely and had received additional infection prevention and control training.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 last inspection this key question was rated as inadequate. At this inspection this key question has now 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 the provider had failed to make staff received the training and support they needed. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff followed a comprehensive programme of induction and training.
- There was an overview of training completed and due. This made sure staff were up to date with essential training.
- Staff said they felt well supported by all of the providers management team. They gave an example of a 'Wobble Room', developed to help and support them dealing with the effects of the pandemic.

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

At our last inspection the provider had failed to make sure people received appropriate nutrition and hydration. This was a breach of Regulation 14 (meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Peoples needs and preferences in relation to nutrition and hydration had been assessed and detailed care plans were in place.
- Where people were assessed as being at risk of poor nutrition and hydration, food and fluid charts were completed. Fluid charts included daily intake targets, and these were reviewed daily.
- People's weights were monitored and when people were losing weight due to known reasons such as poor health, this was well documented and appropriate health care professionals had been involved.
- People appeared to enjoy their meals and were able to make choices about what they received.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other

agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to make sure healthcare professionals were involved as needed or that their advice was followed. This was a breach of Regulation 12 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care plans contained detailed information about their health needs.
- Involvement of healthcare professionals was clearly documented, and their advice included in care plans. This included advice from GP's, speech and language therapists (SALT) and tissue viability nurses. We also saw specialist nurses were involved in people's care where appropriate.
- Records were in place detailing interactions with healthcare professionals and the outcomes of their involvement.
- The 'Red bag pathway' was in place. This is a system to aid communications with health care professionals particularly when people are admitted to hospital.
- During the pandemic the registered manager called all relatives, where appropriate, to let them know the results of each of their relative's COVID test.
- The registered manager completed a detailed monthly overview of each person's clinical status.

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.

At our last inspection the provider had failed to make sure DoLS were managed properly. This was a breach of Regulation 13 (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager had a system in place for making sure DoLS were managed well. An overview of the system was up to date and included detail of any conditions applied to the DoLS.
- One person's DoLS had a condition applied and this had been met.

At our last inspection the provider had failed to evidence clarity in relation to how decisions had been made in relation to people's care. This was a breach of Regulation 11 (need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager maintained an overview of how decisions were made in relation to people's care. Details of who should be involved in making decisions were clearly documented.
- People we spoke with said they had been involved, where appropriate, in making decisions about their relatives care.
- Care files included people's decisions about their care, for example, whether or not they had consented to having a flu jab.

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

- Care files included a number of assessments of need. People's individual choices and preferences were clearly documented within the assessments.
- People's needs were assessed prior to them being offered accommodation at the home. Due to the pandemic and in line with infection control guidelines, all people moving into the home, or being readmitted from hospital isolated in a separate unit for the recommended length of time.

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

- The service was well designed and provided people with a pleasant and accessible environment. A member of staff told us there had been improvements to the environment recently. They said, "The home is much brighter and more homely now."
- One unit had been designated as an area for people needing to isolate.

# 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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to make sure people's dignity needs were met and they were treated with respect. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People appeared well supported and cared for. For example, it was evident staff had supported people in their personal hygiene, dressing and hair care.
- People were treated respectfully. One staff member said, "We are guests in their home. This is their home."
- Staff said people were encouraged to go at their own pace and make choices. One told us, "Everything gets done in their time. We are people orientated not task orientated."
- People we spoke with were unanimous in their response that their relative was treated with dignity and respect. One said, "The staff are just welcoming and warm we are over the moon with it." Another person told us "The care (relative) receives is faultless".

Respecting and promoting people's privacy, dignity and independence. Supporting people to express their views and be involved in making decisions about their care

At our last inspection the provider had failed to make sure people's individual lifestyle choices were included within their care plans. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were detailed and person-centred. They included people's choices about how they received care and how they could be supported to retain as much independence as possible
- Care files included a 'One page profile' which detailed what is important to the person and what people appreciate about them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. 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. End of life care and support.

At our last inspection the provider had failed to make sure care practices and records promoted person-centred care. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff described how people were involved in the development of their care plans. Although this involvement was evident from the detail included, people had not signed their agreement to their care plans, or, where the person was unable to sign, record had not been made of how the person had been involved. The registered manager said this was an area they had identified for further development and would be addressing it without delay.
- Where appropriate, people told us they had been involved in the development of their relative's care plan although one said it had taken longer to complete the process than they thought was needed.
- Advance Care plans were in place. These were entitled 'My Future wishes' and detailed any worries the person may have and how they would like to receive care if they became ill and were approaching the end of their life. The documents also included details such as the person's preferred undertaker and where they would like their funeral to take place. Details of family members who would be involved in making arrangements were also included.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to make sure complaints were managed properly. This was a breach of Regulation 16 (receiving and acting on complaints) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The registered manager maintained an overview of complaints and concerns which detailed the issue, actions taken and the response from the complainant.

- Relatives told us they would know what to do if they had cause to complain and said they had had confidence the registered manager would take their concerns seriously.

#### 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.

- The registered manager understood the AIS and said they would be able to produce information in a way that would meet people's needs as necessary.
- People's communication needs were detailed in care plans. One person told us their relative had difficulty with verbal communication, but staff understood how they communicated their needs. They told us, "They (staff) recognise (their) gestures".

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

- People were supported to take part in appropriate activities.
- People told us about various ways in which staff had tried to keep them in contact with their relatives during the pandemic. This included use of video calling, phone calls and socially distanced visiting. The registered manager also produced a monthly newsletter to keep people informed about what was going on at the service.

# 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 inadequate. At this inspection this key question has now 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had failed to make sure effective management systems were in place to assess and improve standards within the service. This was a breach of Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems had been introduced and maintained to make sure the service was well led.
- At the last inspection the manager was new to the home. They have since registered with CQC and established robust systems for auditing safety and quality within the service to continue to drive improvement.
- The new auditing system involved staff throughout the service including the provider and other members of the management team.
- Relatives commented very positively on the improvements the registered manager had made. Comments included; "It has come on so much from 12 months ago. It was a horrible time then, but it has gone from strength to strength. (Name of registered manager) said she would turn it around and she has. It is just a lovely place to be again. That stress and anxiety that was there before has now gone and the staff are so much happier" and "I can't praise enough the improvements. There has been a very noticeable change in the home."
- Staff were universally complimentary about the registered manager and all commented on the amount of improvement in the service. A recent staff survey showed an overall satisfaction rate of ninety three percent. This was an increase of seventy four percent since the survey completed a year ago.
- Systems were in place to gain feedback from people using the service and their relatives. A recent satisfaction survey showed all but one respondent had rated the service as good or outstanding in all areas. The registered manager had produced an action plan in response to the survey.

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. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The registered manager had been open with the commission about the issues identified at the last inspection. They had provided an action plan and regular updates to demonstrate how they were addressing issues and driving improvement.
- The registered manager had maintained good contact with people's relatives during the pandemic. People told us they appreciated this contact.
- Staff said they could speak with the registered manager and other members of the management team whenever they needed to.
- The registered manager had worked with the local authority and Clinical Commissioning Group (CCG) who had recognised improvements and had lifted their embargo and started to place people at the home again.