

Steps Rehabilitation Limited

# STEPS Neurological and Trauma Rehabilitation Centre

## Inspection report

Alexander House  
30 Troutbeck Road  
Sheffield  
South Yorkshire  
S7 2QA

Tel: 01142587769  
Website: [www.stepsrehabilitation.co.uk](http://www.stepsrehabilitation.co.uk)

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

STEPS Neurological and Trauma Rehabilitation Centre is a residential care home providing personal and nursing care to people with a brain injury. At the time of the inspection there were 18 people living at the home. The service can support up to 23 people. The building is purpose-built to support the rehabilitation of people who have had a brain injury.

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

Risks to people's safety were not always assessed. Medicines were not always administered safely or in line with guidance. Systems were not always in place to monitor safeguarding concerns. Infection prevention and control procedures were in place. Systems for learning lessons were established.

We have made a recommendation about how the provider records safeguarding concerns.

Staff received regular support and training. Induction programmes were in place. 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.

Managers were not always clear about their regulatory requirements. Risks were not always tracked and monitored. Governance processes were in place. Managers engaged with people, relatives and staff.

We have made a recommendation about how the provider puts their policies into practice.

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

### Rating at last inspection

The last rating for this service was good (published 4 March 2020).

### Why we inspected

We received concerns in relation to the management of medicines and the management at the service. As a result, we undertook a targeted inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for STEPS Neurological and Trauma Rehabilitation Centre on our 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?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# STEPS Neurological and Trauma Rehabilitation Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of specific concerns we had about medicines management, staff skills and management of the service.

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 and a specialist advisor visited the service. An Expert by Experience conducted telephone calls with relatives of people living at the home. 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

STEPS Neurological and Trauma Rehabilitation Centre 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 did not have a manager registered with the Care Quality Commission. The registered manager left the service at the beginning of September 2020. The nominated individual was responsible for managing the service at the time of the inspection. The service was making interim plans for the registered manager post.

## 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

## During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, the business manager, the head of nursing, and the deputy head of nursing. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and six medication records. We looked at five 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 receive feedback from seven staff members and one relative. We continued to seek clarification from the provider to validate evidence found. We looked at data and quality assurance records.

# 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.

The purpose of this inspection was to check a specific concern we had about medicines management. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- Risks to people's safety were not always assessed and action to mitigate these risks was not taken. For example, some people were at risk of a medical emergency because of their health conditions and did not have a risk assessment in place. We checked with a nurse who said people should have an emergency card detailing this information however there was not any in place. Emergency cards were completed for all the people who needed one by the end of the inspection.
- People who were at risk of seizures had a flow chart containing information for staff, however it did not mention any emergency medication (which had been prescribed). This was revised following our inspection visit.
- Some people were supported to self-administer their medication. We found one person had not had all the risks considered as part of their self-administration. This was produced and provided following the inspection.
- One person, who needed monitoring to manage risks to their health, had not had this completed regularly.
- Incidents had occurred which compromised the safety of staff. Risks about this had not been considered or mitigated against.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the provider had not ensured risks to people had been assessed and mitigated against.

- A pre-admission assessment was completed which identified and recorded key areas of managing risks to people's safety. This was used to inform the support plans which recorded how to care for people safely.
- External contractors undertook regular servicing of the premises and equipment. Internal checks also took place to ensure the environment was safe

### Using medicines safely

- People were not always receiving medicines as prescribed.
- Systems relating to the safe administration of medicines were not robust. A system for recording self-administered controlled drugs was not in place. A system for recording topical medicines was not in place. The service provided evidence following our inspection visit that systems had been put in place.
- Appropriate protocols for the administration of 'as and when' medicines were not in place. We discussed this with the nominated individual. The nominated individual provided evidence these were in place following the inspection.

- Where people were supported to self-administer medicines they were not always safely and appropriately stored. We discussed this with the nominated individual and were assured this was reviewed. Following the inspection the service had reviewed and revised their Medication Administration Policy.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the provider had not ensured the proper and safe management of medicines.

- Relatives confirmed they were involved in discussion about people's medicines, where appropriate. Comments included, "We have regular updates of medications", and, "They contact me regularly about medications".

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns should abuse occur. A relative told us, "I feel [relative] is safe."
- Staff confirmed they knew how to report safeguarding. One staff member told us, "One hundred per cent people are safe and well cared for here." However, one staff member when asked to describe the signs of abuse said, "to be honest not much training about this".
- The system used for recording safeguarding concerns was not effective. We discussed this with the nominated individual who told us they would review this system. Following the inspection we received evidence to show this had been completed.

We recommend the provider establishes and operates effective systems and processes to record and track safeguarding concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- A relative confirmed, "When they (staff) Skype, I can see they're wearing every inch of PPE."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Incidents were reviewed by the Head of Nursing, who tracked actions from these to mitigate against future risks.
- Discussions took place with staff to learn from these incidents.
- There had been some discrepancy about staff understanding of reporting accidents, incidents and behaviours. Additional information had been provided to staff to explain differences and ensure incidents were reported appropriately.
- The nominated individual had access to an overview of accidents and incidents. A monthly process of analysing this information had just commenced and was yet to be fully embedded.



# 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 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.

The purpose of this inspection was to check a specific concern we had about staff induction, training, skills and experience. We will assess all of the key question at the next comprehensive inspection of the service. We did not find evidence to substantiate this concern during our inspection visit.

Staff support: induction, training, skills and experience

- Staff received regular training. The service gathered feedback from staff to improve training for staff. One person told us, "(I receive) very good care."
- A relative said about staff, "They're trained and knowledgeable as well as approachable". However, one relative told us, "[Name of person] said that the weekend staff didn't seem to know what they were doing as much", and, "I think it's agency staff on a weekend". The provider told us they were recruiting staff and had used some agency staff recently. We saw from rotas these staff worked alongside experienced staff.
- People had nominated key workers, who were knowledgeable about their individual needs.
- A thorough induction programme was in place. A staff member confirmed, "Induction was quite good, it was thorough".
- Staff confirmed they received regular supervisions and appraisals, as well as regular staff support meetings and drop-in sessions. One staff member commented, "One thing about this place is they are very supportive. This company listens and deals with things well."

# 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.

The purpose of this inspection was to check a specific concern we had about the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The nominated individual was not always clear about their responsibilities. Safeguarding concerns were investigated thoroughly, however one safeguarding concern had not been reported to the Care Quality Commission. We discussed this with the nominated individual who made arrangements for this to be completed retrospectively.
- The provider had a comprehensive set of policies and procedures, which included grievances and whistleblowing. However, the processes for dealing with grievances were not fully embedded throughout the whole service. For example, concerns raised with the chair of the board were not followed up as specified in the service's grievance procedures. One staff member was not aware about the whistleblowing policy. We discussed this with the nominated individual who provided a revised staff handbook containing this information following the inspection.
- Governance arrangements were in place. An audit tracking system was used to ensure all aspects of the home were checked and analysed, however, this was not working as effectively as it could be because the concerns we found had not been identified.

We recommend the provider review their policies and procedures and update their knowledge about their regulatory requirements.

- There was a risk register in place. This had not been updated to reflect recent concerns raised.
- A registered manager was not in post when we inspected. The nominated individual had already notified us about this and their interim plans for the management of the service.
- The nominated individual visited the service daily and was involved in the day to day running of the service.

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

- The provider told us they understood their responsibilities and acted according to duty of candour requirements. However, we found the information provided to the board of directors was limited. There was no record in board meetings about concerns raised or reports about how the service was being delivered. For example, the risk register was not shared with board members and directors had not been informed of concerns raised. The nominated individual told us they planned to introduce system of reports

to be provided to the board of directors to enable them to have oversight of the service.

- Relatives told us the nominated individual was open and honest. A relative told us, "[Name] spent 30 minutes talking to me, [they] dropped what [they were] doing."
- Staff told us about weekly drop-in sessions with managers where they could discuss anything.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were clear about the vision for the home and this was shared with people, relatives and staff. People were positive about the ethos in the home. One person told us, "(It's been a) life changing experience." Another said, "(I've) never seen such a happy bunch of people working together."
- Relatives' comments included, "It's a family environment and they're approachable", "They take joy in achieving it (fulfilling people's needs)", and, "There's a sense of possibility when you go in there".
- Staff confirmed the positive culture in the service. One staff member told us, "Like a family, we all look after each other."

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

- People, relatives and staff were engaged with and involved in how the service was run. A person described how they had spoken with the nominated individual who had been receptive to their suggestions and had arranged to meet again. Relatives' comments included, "They listen to us and take on board things", and, "My [relative] has felt welcomed and listened to".
- Regular meetings took place for people, relatives and staff. Staff comments included, "[Managers] definitely take things seriously", and, "As a team we really care about all the people living here and that comes across in everything we do. We actually get time to spend with people".
- The service undertook surveys with people, relatives and staff to get their opinions about the service and drive improvements.

Continuous learning and improving care

- The nominated individual described how they consider improvements. Staff were asked to consider what they do well and what could be improved, and took action from suggestions.
- A staff member said, "If it can be done they [management] will change it if it's the right thing to do", and gave an example of when this was done recently.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 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  The provider had not ensured risks to people had been assessed and mitigated against. Reg 12 (1) (2) (a) The provider had not ensured the proper and safe management of medicines. Reg 12 (1) (2) (g)