

Altogether Care LLP

Winterbourne Steepleton - Steepleton Manor Care Home

Inspection report

Winterbourne Steepleton
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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 24 people lived at the home with nursing, mental health needs, some of whom 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 previous visit to the service on 24 November 2020, we found evidence the provider needed to make improvements. In particular, we highlighted concerns about lack of robust cleaning schedules and housekeeping records. Also, confusion about arrangements for cleaning the rooms of people affected by the virus and a lack of proper systems for managing and monitoring infection prevention and control arrangements.

In response, the Care Quality Commission took enforcement action by serving a warning notice on the provider and registered manager which required them to make urgent improvements by 14 December 2020. The provider sent us an action plan which outlined the improvements being made to improve infection prevention and control standards with a timescale for each action. This inspection was to check required improvements had been made, which we confirmed at our visit.

Risks for people were reduced because infection prevention and control had improved. All areas of the home were clean and well maintained and cleanliness had improved. Staff followed cleaning schedules. Dedicated staff handwash basins had been installed and improvements been made in the laundry to prevent cross infection risks.

Quality monitoring systems had improved to reflect steps the service was taking to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and staff. A nurse had a designated role to lead on infection prevention and control. Frequent comprehensive infection prevention and control audits were carried out to monitor practice and address any areas for improvement. Infection control policies and contingency plans for managing COVID 19 outbreaks had been updated to reflect the latest government guidance and were followed. Staff individual risk assessments related to COVID 19 had been completed.

Staff were committed to keeping people safe. They had received further infection control training and used personal protective equipment (PPE) correctly and in accordance with current guidance to minimise risks to people. Staff and people were regularly tested in line with the government's current testing programme.

Staff understood the impact the isolation could have on people and sought to support people's emotional wellbeing. People were supported to keep in touch with family and friends by telephone and video calls. In

the dining room, people enjoyed lunch and were well supported by staff. Chairs and tables were positioned to encourage social distancing.

Although visitors were not currently permitted, except in exceptional circumstances, as advised by local Director for Public Health. There were plans to resume visiting in the near future with measures in place to prevent the spread of infection by visitors. This included visitors having temperature checks, completing a health questionnaire and being supplied with PPE. The size of the home 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 highlighted at our previous inspection on 24 November 2020 about infection prevention and control measures at the service. A decision was made for us to visit to look at these risks.

We were assured improvements had been made and that this service has met good infection prevention and control guidelines. Please see the Safe and Well led sections of this full report.

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?

Further information is in the detailed findings below.

Inspected but not rated

Is the service well-led?

Further information is in the detailed findings below.

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 the service.

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 10 February November 2021 and was announced. We announced the inspection on the morning of the visit to discuss the safety of people, staff and the inspector with reference to the COVID 19 pandemic.

What we did before the inspection

We reviewed information we had received from the provider about the service since the last inspection. These included copies of updated infection control policies and procedures at the service, contingency plans in the event of an COVID 19 outbreak, cleaning schedules and infection control audits. We received feedback from staff from the Dorset NHS Clinical Commissioning Group (CCG) Quality Improvement Team. We used all this information to plan our inspection.

During the inspection

We followed up what actions had been taken to improve infection control systems. We spoke with the registered manager, nominated individual and with five members of staff including nurses, care and housekeeping staff. We visited all areas of the home, reviewed cleaning records, sampled COVID 19 risk assessments and the findings of the most recent infection control audit. We observed people in communal areas being cared for by staff.

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 comprehensive 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.

At our last inspection on 24 November 2020, we found people were not protected from receiving unsafe care and treatment or avoidable risk because the provider and registered manager were not doing all that was reasonably practicable to mitigate the risks of cross infection at the service. At this inspection, enough improvement had been made and the service was no longer in breach of regulation 12, Safe care and treatment.

Cleanliness and housekeeping arrangements had improved. All areas of the home were clean and well maintained. There were detailed cleaning schedules in place which were well understood and followed by staff. Records of cleaning showed staff took account of the need for increased cleaning of frequently touched areas such as light switches and bedside tables. Improvements had been made in the laundry, so it was easier to keep clean, segregate clean and dirty laundry, dispose of waste and store clean mops to prevent cross infection. Other environmental improvements included provision of dedicated staff hand wash basins on the first and second floors.

S5□How well are people protected by the prevention and control of 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.

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 comprehensive 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.

At our last inspection in November 2020, people were at increased risk because governance and audit systems for managing infection prevention and control at the service were not effective. The provider and registered manager had failed to fully assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service and others. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17, Good governance.

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

- Risks for people were reduced because infection prevention and control quality monitoring systems had improved. Infection control policies and procedures had been updated to take account of government guidance related to the COVID 19 pandemic.
- There was a designated nurse lead for infection prevention and control. A comprehensive infection prevention and control audit tool had been devised which was being used to monitor staff were following best practice. Regular infection control audits meant the provider was proactively ensuring any concerns were swiftly identified and addressed. These improved quality monitoring systems had reduced cross infection risks for people and staff.
- The providers' COVID 19 risk assessment and action plan had been updated and set out comprehensive steps they were taking to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and staff. For example, staff risk assessments had been completed setting out measures to minimise risks for high risk staff with existing medical conditions, or from black and minority ethnic (BME) groups, in relation to COVID 19.
- Contingency plans for managing any future outbreaks had been updated with clear arrangements for managing staffing and isolating people to prevent the spread of infection. For example, 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.
- The provider and registered manager demonstrated they were acting in accordance with latest government guidance. For example, in relation to arrangements for accepting and managing people newly admitted to the service.