

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Steeton Court Nursing Home

Steeton Hall Gardens, Steeton, Keighley, BD20
6SW

Tel: 01535656124

Date of Inspection: 05 April 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

| | |
|-------------------------|--|
| Registered Provider | A Spellman |
| Registered Manager | Mrs. Jill Gartland |
| Overview of the service | <p>Steeton Court Nursing Home is located in the residential area of Steeton. The home is registered to provide care to a total of 71 people. The home is built on two floors with access to the first floor by means of two passenger lifts and a stair lift. The majority of bedrooms are single rooms with en-suite facilities. The communal areas of the home includes lounges, dining rooms and conservatories. The home has well maintained gardens and car parking is provided at the front of the building.</p> |
| Type of service | Care home service with nursing |
| Regulated activities | <p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p> |

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

One person who used the service said they were "comfortable at the home" and another person said it was like "home from home." One person's relative said "they had no complaints at all" and "staff were excellent."

We found that people were involved in making decisions about their care and staff treated people with respect and dignity. We found that people's nutritional needs were being met but the choice of food wasn't particularly varied. The environment of the home was clean and also well maintained. There were sufficient numbers of staff to meet the needs of people but on occasion, during meal times in particular, staff could be very busy which meant care duties could be rushed. We found that the provider had appropriate systems and processes for monitoring the quality of care and maintained people's care records in a format that could be easily understood.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During the inspection we spoke with the registered manager about how people that used the service were involved in making decisions about their care and treated with dignity and respect. If someone was interested in living at the home they would initially, in most cases, be shown around the home and this usually involved the person's family and/or friends. From that point, if the person wanted to live at the home on a permanent basis, a full pre-admission form was completed by the manager or other senior member of staff. The pre-admission form gathered key information about the person including, but not limited to, personal details, medical history, medication, diet, preferences, social needs and mobility. This information provided a detailed view of the person which then complimented the care planning process and risk assessments.

In relation to dignity and respect, the manager had full confidence in the staff working at the home because they had a strong presence in the home and spent a significant amount of time each day working alongside the care staff whilst care and support was being provided. Because of this the registered manager had first-hand assurance that people were being treated in a dignified way and was in an ideal position to challenge any practices that were of concern.

In addition, all staff had received specific training in relation to dignity and respect and this included at induction and at training updates provided throughout the year. To compliment this, the manager also conducted role-play with the staff to support their understanding and ability to apply theory to practice. Staff also received training in dementia care which provided staff with additional skills to help meet the specific needs of people with dementia.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

For this outcome we focused on people's care and welfare including how risk was assessed, care was planned and how the provider ensured people's needs were met. We reviewed four people's care records in detail and they were set out in a logical format that enabled the necessary information to be located easily. The records included the necessary risk assessments to help protect people from harm and included assessments in relation to pressure area care, nutrition, pain, wounds and falls. The information gained from the completed risk assessments fed directly into the care planning stages. Care planning was centred on people's activities of daily living including eating, sleeping and mobility.

During the visit we observed staff interacting with people who used the service and observed that staff were caring and attentive to people's needs. Staff interacted with people in an engaging way and it was clear that staff understood people's individual needs. The provider had made positive steps to adjust some practices to meet people's particular needs, for example, purchasing low beds to improve safety and a long bed to improve comfort for one person.

We spoke with three relatives during the inspection and the comments were positive. One person said they "had no complaints at all" and another person said the care was "first class". One relative commented that staff could be particularly busy at some meal times and an extra person would help on such occasions. We did discuss this point with the registered manager and an immediate review of staffing levels and the needs of people during meal times was planned.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During the inspection we spoke with the registered manager, chef and other staff about nutrition and the assurances that people were protected from the risks of poor nutrition and dehydration. We spoke with the chef about meals and drinks and there was a four week menu available and this offered two choices for lunch and the tea-time meal. The chef said the menu was very varied and kitchen staff tried hard to cater for people's individual tastes. Staff said that the breakfasts in particular offered a varied choice including porridge, toast and cereal.

We were told by a member of care staff that during the day, up until about five o'clock, kitchen staff were available and were accommodating to people's needs. We were told that kitchen staff would provide separate meals for people if the main choices of the day weren't favoured. After 5 o'clock, kitchen staff were not available but sandwiches were prepared for supper and/or if people wanted a bite to eat and/or drink later in the evening or during the night.

The provider may find it useful to note that staff commented on the choice and variety of food. On occasion, tea-time options included sandwiches and a choice of one hot meal and soup for people requiring a liquefied meal. Sandwiches were the only option for supper. People regularly had sandwiches for tea and also for supper. Staff commented the menus had started to lack variety and sandwiches and jelly and ice cream were common choices. We were also told that the options to have jacket potatoes and/or omelettes were no longer available and sandwiches were the main option for a lighter meal. We discussed the meal options and variety with the registered manager and the issues had already been noted from the comments made in the recent relative's survey. They told us the menu, choice and variety of food were currently under close review and changes were being made.

During our review of care records, we noted that people's nutritional assessments had been completed as necessary and the care plans were clear about people's particular likes and dislikes. Of the diet and nutrition care plans we reviewed, all were clear, well structured and easy to follow. The registered manager described how all staff had been trained in the use of nutritional assessment tools and had also received training in healthy eating and food hygiene.

We spoke with two residents and one person said that there was a reasonable choice of

food and they were comfortable at the home. A second resident said the variety of food was good and they were happy at the home.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

During the inspection we spent a significant amount of time touring the home and observing cleanliness and other aspects of infection prevention and control. The environment of the home appeared physically clean including communal areas and people's bedrooms. There were no unpleasant odours whilst walking around the home and the general environment was well maintained with intact services which made cleaning more effective.

There was a designated lead for infection prevention and control and the registered manager completed a detailed infection control audit designed specifically for care homes every 12 months. We reviewed the latest infection control audit and the provider was meeting the necessary standards. The registered manager stated that there were cleaning schedules in place and an adequate number of cleaning staff to ensure schedules were being met. In total, there were five cleaners working at the home and four laundry assistants.

All staff received infection prevention and control training at their induction and specific updates each year. Thirty staff had also been enrolled on a specialist infection control course provided by an external company.

We spoke with people that lived at the home and they said it was like "home from home". Someone else we spoke with said the home was "pleasant and well maintained."

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During the visit to the home we spoke with the registered manager about staffing levels and the suitability of people's qualifications. The home was split into key areas; the downstairs included a unit caring for people with advanced symptoms of dementia, 17 people were living there, and a mixed sex residential/nursing area where six people were living. The upstairs of the home was also mixed residential/nursing and split in to two areas, 14 people were living on one side and 14 people were living on the other side.

We reviewed the numbers of staff in relation to the numbers of people living at the home, observed care and also spoke with staff, people that used the service and relatives. On the whole, we found staffing levels were adequate enough to meet the needs of people but we observed that during some meals staff were particularly stretched. There was a risk that people's needs could have been overlooked because of the work-load in relation to the numbers of staff versus the needs of and number of people needing support.

The provider may find it useful to note that some staff felt the needs of the six people living on the downstairs residential unit had increased which meant it was becoming increasingly difficult to ensure everyone's needs were being fully met during busy periods of the day with two staff. All staff we spoke with felt people's needs were being met but there was a risk that the work-load on occasion was too demanding to ensure consistent delivery of necessary care and support.

We discussed this with the registered manager and it was acknowledged that balancing numbers of staff with the number of residents and accounting for everyone's individual needs was challenging. Staffing levels were under constant review and any short-falls were being addressed.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

For this outcome we reviewed the systems and processes in place that assessed and monitored the quality of service provision. A key way in which the provider gained valuable feedback in relation to the service provided and outcomes for people involved conducting a bi-annual relative's survey. The survey included key questions on topics such as quality of care, cleanliness of the home, choice of food and quality of food. 54 surveys were sent out in January 2012 and 33 were returned. 60 surveys were sent out in December 2012 and 42 were returned. Overall, feedback about the service was positive particularly in relation to care planning, direct care and quality of life. There were more mixed reviews in relation to catering, presentation of food, choice and quality.

The registered manager had developed an audit programme that had been in place for a significant period. Monthly audits included infection control, health and safety, care plans and medication. There was also a weekly pressure sore audit. The registered manager reviewed the results of all the audits and created action points for areas that needed development.

The registered manager described how they spent a significant amount of time working closely with staff providing direct care and support and this was an invaluable way of monitoring quality on a one-to-one level. The registered manager had no problems with challenging poor practice and ensuring all care was delivered to a high standard.

The provider monitored all adverse events and near misses and had been reporting what was required to the necessary external agencies, for example, the local council safeguarding team. We provided some clarity on the day in relation to the notifications required by the Care Quality Commission. The provider recorded all comments and complaints and reviewed them periodically to spot any patterns and also learn where possible.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During the inspection we conducted a detailed review of four people's care records and other supporting documents such as nutritional assessment tools and risk assessments. The care records were logically set out and the needs of people could be promptly understood. This enabled people to accurately understand the needs of people and ensured the appropriate care and support was provided. We reviewed people's daily records and the information was written in a logical format and captured the necessary information.

Audits of care records were conducted on a monthly basis and this ensured that standards remained consistent and the information documented protected people from unsafe and/or inappropriate care.

Whilst walking around the home we noted mixed practice in relation to the storage of care files. We saw people's care records stored in cupboards within offices but the provider may find it useful to that some offices and/or the cupboards were not consistently locked. There was potential, on some occasions, for people to gain unauthorised access to some records which could have compromised confidentiality.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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