

Review of compliance

<p>A Spellman Steeton Court Nursing Home</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>Steeton Hall Gardens Steeton Keighley West Yorkshire BD20 6SW</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>December 2012</p>
<p>Overview of the service:</p>	<p>Steeton Court is a purpose built property located in a residential area of Steeton close to local amenities and public transport routes.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Steeton Court Nursing Home was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 October 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the choice of food and drink available. This was because the inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by a practicing professional. We spoke with seven people who lived in the home, one visiting relative and three staff.

People added that they were able to make choices in their lives and that staff supported this. For example, people were able to lie in bed in a morning. We saw there was a choice of menus available to people and people told us they liked the food in the home. They said "It is very nice, it is hot and well presented. "Additionally the quality assurance system included questions relating to the food provided in the home to ensure that people were satisfied with this.

People told us there had been "no suggestions of anything other than excellent care in the home."

What we found about the standards we reviewed and how well Steeton Court Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about

their care and treatment and able to influence how the service is run

The provider was not meeting this standard.

We judged that this had a minor impact on people using the service and action was needed for this essential standard.

People were involved in their care decisions but some practices in the home did not respect people.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

A lack of the correct assessments meant that people were not fully protected from the risks of inadequate nutrition and dehydration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.

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

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Due to poor record keeping, people were not fully protected from the risks of unsafe or inappropriate care and treatment.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a

variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is non-compliant with Outcome 01: Respecting and involving people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

All of the people we spoke with told us that the staff were polite and discreet. They told us that staff always explained what they were doing. They commented "Staff always speak to me respectfully." People's experiences of being involved in their care plan varies, some people could not recall being involved with other saying, "Yes I get told about my care plan" and " Yes I've seen my care plan".

People told us they had choices in their daily lives, for example they could choose how to spend their own time and this included reading the newspaper or watching television.

One relative told us that they felt that the staff knew and anticipated their relatives needs well and that they were "Excellent" in the way they maintained the person's dignity.

Other evidence

Is people's privacy and dignity respected?

When we spoke with the manager of the home they told us how they observed staff's

daily practice to ensure that they were treating people respectfully. This included making sure staff were polite and used the person's preferred name.

When we spoke with the staff they provided us with examples of how people's dignity was maintained. This included ensuring that people were covered when they were being supported with personal care. Staff told us they encouraged people to continue to complete as much as possible for themselves, promoting people's independence.

We observed staff supporting people to eat their meal at lunchtime. We saw that this was on a one to one basis and that staff sat with the people who lived in the home, using appropriate cutlery and offering enough time between each mouthful of food. We heard staff using positive language about the food, for example "this looks lovely". However, in one area staff were chatting with each other across the room about individual people who lived in the home. This did not respect people's dignity.

We noted that on occasions the language used in care files was not appropriate or dignified. It described people as 'needs feeding' and 'feed later' rather than supporting the person with the eating of their meals. Incontinence aids were described as 'nappy' pads.

We observed that in one area of the home there was an unpleasant odour. This was raised with the manager at the time of the inspection. The odour did not provide a pleasant environment for people and did not respect their dignity.

We also observed that one person had not been provided with footplates on their wheelchair. This did not ensure that the person's needs were comfortably met or their dignity respected.

Are people involved in making decisions about their care?

There was a statement of purpose and brochure about the home available to people. This provided people with information about life in the home which could assist them in their decision making prior to moving into the home.

We also saw there was information on display in the home about the use of advocacy services; these services could assist people with making decisions about their care.

We looked at the minutes of the service user meetings and saw that people were able to raise comments about their care and the support provided within the home. This included if there were any concerns regarding the food provided.

When we looked at people's care files we saw that these recorded some of the choices and preferences for people who lived in the home.

When we spoke with the manager of the home they told us that they discussed people's care plans with the individual and if necessary their family. They said if someone refused something, for example dental treatment, they would ensure the person was aware of the possible outcomes and respect their wishes.

Staff they told us people were able to make choices in their day and this included

whether people wished to be involved in activities and whether they wanted to sit in the lounge or their room.

At lunchtime we observed that the main course and pudding were served one course at a time and that people were able to choose whether to eat their meal in their room or the dining room.

Our judgement

The provider was not meeting this standard.

We judged that this had a minor impact on people using the service and action was needed for this essential standard.

People were involved in their care decisions but some practices in the home did not respect people.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is non-compliant with Outcome 05: Meeting nutritional needs. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

People told us that they liked the food in the home saying it was "very nice" and that they had choices over the meals they had. They told us that the home was aware of their personal preferences and that if they did not like the food on the menu they could request something different.

People told us they were asked daily about their food choices and given options and that the portion sizes were appropriate.

People also told us " If I decide to go out a meal would be kept for me on my return.

People confirmed that they were offered plenty of drinks throughout the day.

One relative confirmed to us that once the staff knew some of the person's dietary preferences they ensured that these were available.

Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

We saw there was a four weekly menu available within the home that offered people two choices for their main meal at lunchtime. We were told that people were asked daily about their choices for their meals.

Staff told us that if someone did not like either of the main meal choices, the kitchen staff were very flexible in providing alternatives for people. We were told people were

asked about their food choices in advance and snacks and drinks were available throughout the day and night.

We were also told that people were involved in meetings where they could discuss the food in the home and that the head chef met with each person as they moved into the home to discuss their dietary needs and choices. Staff told us that for people who were unable to verbally communicate their preferences they would liaise with the person's family to find these out. Also that they would spend time getting to know the person and observing them to understand their needs better.

Are people's religious or cultural backgrounds respected?

The manager informed us that there was no-one living in the home with any religious or cultural dietary needs discussions with the manager reflected that specialist diets were catered for and we saw that there was one person who required a specialist diet due to a medical condition. We saw that the person was well catered for and that a variety of foods were available that met their dietary requirements.

Are people supported to eat and drink sufficient amounts to meet their needs?

When we spoke with the manager they told us how they monitored the food on a daily basis, and regularly met with the head chef to discuss the food options to ensure that these were nutritional and meeting people's needs. We saw that the quality assurance system included an audit regarding people's views on dining in the home and the food available. The manager also told us how they attended service user meetings where the menus and food were discussed and we saw the minutes of these meetings which confirmed this .

The manager raised a concern that they were not able to access a dietitian locally to support the people who lived in the home. This may have meant that people's nutritional needs were assessed but that additional specialist input was not easily available. This created a risk that people's needs were not met.

We looked at three people's files and saw that all contained a formal nutritional assessment tool but only one of these had been completed. People's weights were also recorded. We also saw that there was no nutrition policy in the home, although there was a 'Notification of special diet' form held in the kitchen and on the person's file. The provider may wish to note that without an assessment of people's nutritional needs it was unclear how they could be sure that their nutritional needs were identified and met. This created a risk that people's dietary needs would not be met.

We observed the support offered to people over lunchtime in two separate areas of the home. In both areas staff ensured they were able to support only one person at a time and they sat with this person at the appropriate height. Appropriate cutlery was used and staff were patient, giving people adequate time to eat their meal. Staff asked the person if they were ready for some more food before offering this to them.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

A lack of the correct assessments meant that people were not fully protected from the risks of inadequate nutrition and dehydration.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who lived in the home told us that they felt safe, saying that they felt "Perfectly safe". They felt able to raise any concerns they may have had.

A relative told us they felt their relative was safe in the home and "There has never been any suggestion of anything other than good care." Also they felt able to raise any concerns they may have had. One person who lived in the home told us, when asked if they felt safe, "Oh yes, I am not worried."

Other evidence

Are steps taken to prevent abuse?

When we spoke with the manager they told us they ensured that staff received training regarding the prevention of abuse and keeping people safe. They also told us there was a whistle blowing policy in the home which provided advice to staff about the raising of concerns.

We saw there was information available in the staff room regarding the handling of any allegations of abuse. There was also a policy for the handling of any allegations of abuse. This helped to ensure that staff would take the correct actions to support someone should an allegation of this nature be raised.

When we spoke with staff they were aware of the different types of abuse that could occur and were positive in the actions they would take should an allegation of harm be raised in the home.

We saw there was a system in the home for the handling of people's monies. This included that individual records were kept and that no purchases were made on behalf of people.

Do people know how to raise concerns?

When we spoke with the manager they told us how they explained the complaints policy to everyone as they were being shown around the home and information was included in the brochure for the home. Additionally they operated an 'open door' policy and encouraged people in the home and their relatives to talk to them.

People we spoke with told us they felt able to raise concerns within the home. We saw there was a system for handling any complaints with records kept of complaints received and the actions taken in response. This included the actions taken by the provider in investigating the concerns. However the provider may wish to note that there were no records for the final outcome to confirm whether the complainant had been happy with the investigation.

Are Deprivation of Liberty Safeguards used appropriately?

We saw that there was information on display within the home to inform people about the Mental Capacity Act 2005 (MCA).

The manager informed us that no one living in the home had been subject to a DoLS assessment.

When we spoke with staff they were aware of the MCA but were unclear as to the Deprivation of Liberty Safeguards (DoLS). None of the staff had completed specific training regarding the MCA, although the manager informed us that this had been included in the safeguarding of vulnerable adults training.

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us that overall they felt the staff were competent in their roles. People told us they never had to wait long for staff to answer their call bells.

A relative told us there were competent staff within the home and that staffing levels seemed adequate although there often seemed less staff at weekends.

Other evidence

Are there sufficient numbers of staff?

When we spoke with the manager they told us they completed a monthly audit of the staffing levels and a weekly check of people's dependency levels to help ensure there were adequate numbers of staff in the home.

When we spoke with staff they told us there were usually enough staff and that problems only occurred when people were absent from work due to illness. On a few occasions agency staff had been used to help ensure that staffing levels were correct to ensure people's needs were met.

We saw there were duty rotas held in the home that included varying levels of staff throughout the day, to ensure that people's needs were met. Additionally there were catering and domestic staff employed within the home so that care staff were able to concentrate on supporting people with their needs and not on completing additional tasks.

We observed that staff were not rushed when supporting people and had the time to sit patiently with people, waiting for them and meeting their needs.

Do staff have the appropriate skills, knowledge and experience?

When we spoke with the manager they told us about the different training staff had attended. This included practical training regarding hand washing to ensure that staff were aware of the need for this in relation to the control of infection in the home.

We spoke with three staff regarding their training, one person had received training regarding nutrition but none of the staff had received training regarding the use of the nutritional screening ' tool. This did not ensure that staff were aware of the tool, how to use this and to understand the outcome of the assessment. This could mean that a lack of understanding could jeopardise the meeting of people's needs.

There were two staff who undertook the role of 'nutrition link person' and these staff had received training regarding nutrition. Their role included training of other staff.

We also spoke to staff about how they supported people who were unable to verbally communicate to them. The staff told us how they worked with the person's family and social worker to learn about the person and their likes and dislikes. Additionally they would observe the person to learn about their preferences, for example, where to sit.

We observed staff in the 'dementia' unit of the home. We saw that interactions were respectful and appropriate. People were not rushed and staff were patient.

Our judgement

The provider was meeting this standard.

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

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

People we spoke with did not comment on this outcome area.

Other evidence

Are accurate records of appropriate information kept?

When we spoke with the manager they told us they reviewed a selection of care plans on a monthly basis. This included working with the staff team in each area of the home to undertake this review.

We saw that overall people's records were appropriate and detailed. However although nutritional screening tools were in place these were not always completed. Additionally records were not always written in a person centred way, for example, in the first person and using appropriate language.

Food and fluid charts were not specific, for example, the details of the food offered, the quantity and how much was eaten had not always been completed.

Are records stored securely?

We saw people's records were stored in cupboards within offices. These were not locked and this had the potential for someone to gain unauthorised access to these

records.

Additionally, we saw that records for supporting people with their diet and with moving and handling were kept on a table in a lounge. This did not ensure these records were stored safely and only available to the appropriate people to ensure people's confidentiality.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Due to poor record keeping, people were not fully protected from the risks of unsafe or inappropriate care and treatment.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: The provider was not meeting this standard.</p> <p>We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p> <p>People were involved in their care decisions but some practices in the home did not respect people.</p>	
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p> <p>A lack of the correct assessments meant that people were not fully protected from the risks of inadequate nutrition and dehydration.</p>	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records

	<p>How the regulation is not being met: The provider was not meeting this standard. People were not fully protected from the risks of unsafe or inappropriate care and treatment.</p>
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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