

London Residential Healthcare Limited

Steep House Nursing Home

Inspection report

Tilmore Road
Petersfield
Hampshire
GU32 2HS

Tel: 01730260095
Website: www.lrh-homes.com

Date of inspection visit:
17 March 2021

Date of publication:
24 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Steep House Nursing Home is a care home service with nursing. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. We looked at both during this inspection. The service can support up to 56 people.

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

Risks to people and the environment were assessed, recorded and monitored regularly. There were appropriate policies and systems in place to protect people from abuse. Equipment and premises were maintained and regularly serviced. Effective systems were in place to regularly audit and review the health, safety and quality of the service. Staff were safely recruited, and enough staff deployed to meet people's needs. Medicines were safely managed. We were assured that infection prevention and control was being safely managed. Learning from accidents and incidents was shared with the staff team to minimise future risks.

People were very much at the centre of service provision and we saw caring interactions between people and staff members. People and their relatives were positive about the leadership and quality of care provided. The management team were clear about their roles and responsibilities. Staff were positive about the management team and felt supported. The staff team had worked together to provide an effective service during the COVID-19 pandemic. Quality assurance processes informed the provider how well the service was running and of any improvements required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 03 May 2018).

Why we inspected

We received concerns in relation to the management of health and safety by Steep House's parent company. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concerns 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 found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Steep House on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Steep House 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

The inspection was carried out by two inspectors.

Service and service type

Steep House 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

This inspection was unannounced. However, having consideration of the coronavirus pandemic, we gave the provider notice of our arrival from outside the premises. This was to ensure safe systems were in place to protect everyone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the provider. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included health and safety records, care records for two people and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We spoke to four members of staff including the deputy manager, operations manager, maintenance manager and a registered nurse.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records, training data and quality assurance records. We received feedback from one person, four relatives and eight members of staff to obtain their feedback about leadership and the quality of care provided. We spoke to the deputy manager to obtain additional information in relation to quality assurance, staff support and risk management.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans and reviewed regularly, including any analysis of relevant events. For example, a falls risk review would include analysis of any recent falls and any trends or lessons learnt to inform updates. The deputy manager told us, "Every day we put risk assessments in place; identify the risk and put an assessment in place, share with the team and what we are going to do to minimise the risk".
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Steep House had an established maintenance manager who oversaw all health and safety maintenance and servicing. We saw evidence that checks, and servicing, took place regularly in-line with current guidance.
- Health and safety audits identified when work was required, and the provider ensured that work was completed in a timely way. For example, where additional lighting had been identified as necessary for the car park, the provider had clear records demonstrating their prompt response in meeting that need.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe and happy with the provider. One person told us, "I'm happy here and pleased with everything." Relatives comments included, "They treat the residents with respect and dignity and appear well trained and conversant with up to date practices and regulations", "[resident's name] receives excellent care" and "They have all the equipment they need to deal with her everyday needs, medical and personal."
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us they were confident that concerns would be responded to appropriately. One staff member told us, "I feel very happy that if I had a concern I could go to the manager or deputy manager and would be taken seriously. I feel they would listen and act promptly."
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment

- People and their relatives told us there were enough staff to meet people's needs and keep them safe. One relative told us, "They look after all her needs 24 hours a day". Staff confirmed this, one staff member told us, "I have no concerns on staffing levels. I feel that the residents are happy and well looked after."

- Staffing levels were based on the needs of the people living at the service. We observed sufficient staffing levels throughout the inspection and staff appeared unhurried and responsive to people.
- The provider told us how they adjusted staffing levels in response to people's changing needs. For example, during the COVID-19 pandemic, one person was required to isolate and was supported with one-to-one support for the duration. This resulted in all their needs, including emotional wellbeing, being met.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions.

Using medicines safely

- Medicines were administered in line with people's preferences by staff who knew people well. There were effective systems in place for the ordering, storage and management of medicines. Up to date records were kept of the receipt, administration and storage of medicines.
- Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed, that medicines were administered and disposed of in accordance with current guidance and legislation.
- The provider had implemented in-depth monthly medicines audits and daily checks. In addition, the community pharmacist worked closely with the provider to regularly review medicines for people and the systems in place. The deputy manager told us, "[community pharmacist's name] does a medicines audit on top of our internal audit. We send her the list of who is due and anyone we are concerned about. She reviews the list before she comes and reviews with the GP to look at what they are being prescribed and if it is still appropriate."

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. Staff confirmed they had access to an adequate amount of PPE and were aware, and following, the national guidance in relation to the COVID-19 pandemic.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider had built a separate visitor's room that could be accessible from the outside and effectively cleaned between visits. One relative told us, "Even though we have had COVID-19 restrictions, the staff have made every effort to enable us to see Mum in person."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the registered manager and investigated appropriately. The deputy manager told us, "We investigate, report and look for lessons learnt and then share the learning with staff. We make sure staff all know what action we are taking to avoid it happening again."
- A process was in place to review accidents and incidents on a regular basis. Any trends or lessons to be learned were discussed with staff. This meant the necessary action was taken to reduce the risk of further incidents and accidents. For example, through this process a time of day had been identified where the risks

of falls were higher for one person. The provider successfully worked with other professionals to implement proactive measures which resulted in a positive outcome for the person.

- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice sought from relevant health care professionals.

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. At this inspection this key question has remained the same. 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; 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; Continuous learning and improving care

- The management team were clear about their roles and responsibilities. Staff were positive about the management team and felt supported. Comments included, "I feel all staff are treated with respect and dignity and our manager's office is always open", "I have high praise for our manager, she is very caring but professional", "The manager is approachable and fair, she is helpful" and "They are very good, always open to talk to whenever you want. Both are very nice."
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The provider had robust quality assurance procedures to help drive ongoing improvements within the service. When issues were identified, action plans were made with timescales for work to be completed. To reduce the risks of complacency, or missing any required actions, the audits were rotated amongst different staff to ensure different people completed and reviewed them.
- The provider had regular operational and clinical meetings to review best practice and share lessons learnt. The deputy manager told us, "We have operational support who share learning from other homes and what they have implemented and so it prompts us to review our home and see if anything like that could happen here and what we can put in place to avoid it."
- The COVID-19 pandemic had placed additional pressures on Steep House and the staff told us how the senior managers within the organisation had been present and supportive. The deputy manager told us, "At the beginning we had issues getting PPE, so our managing director came here with masks and drove around to drop things off for us. He provided us with a portal to do video calls with family and brought us tablets, before government recommendations."
- The provider has been open and honest with us during recent safeguarding concerns and timely statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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

- People and their relatives were positive about the service. Comments included, "The carers are marvellous", "The staff all seem well trained and capable and competent in dealing with resident's needs", "There is always someone who will answer queries and staff are good at keeping relatives informed of any

health issues of loved ones", "I can't fault the care my mother is, and has been, given" and "The staff in all areas are supportive and communicate well."

- People were the focus of the service and the staff team had worked together to provide an effective service during the COVID-19 outbreak the service experienced. The registered manager and deputy manager, both registered nurses, had worked alongside team members providing hands on care and support to people.
- The emotional wellbeing of people was prioritised by the provider during the COVID-19 pandemic. They adapted their activities programme and distribution of staff to provide alternative engagement activities and opportunities. One relative told us, "Since COVID-19 the entertainment staff have been doing an amazing job in coming up with activities compliant with the regulations."
- During the pandemic, Steep House continued to complete their audits, including their 'dementia audit' to ensure that they were dementia friendly and doing everything they could to ensure people living with dementia continued to have a meaningful life. In addition, they completed activity audits to ensure people were continued to be supported with person-centred activities and their individual preferences met.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available and displayed within the home. The provider had set up a robust system in place to share important updates and guidance to staff. Guidance and information relating to COVID-19 to support staff's knowledge and awareness of updates to guidance, policies and procedures was easily accessible.

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

- Relatives told us they received regular communication from the service and felt listened to. Comments included, "They have gone out of their way to do everything they can ... keeping as much contact as possible while protecting us all from COVID-19 according to government guidance", "I receive a good level of communication from the teams at Steep" and "Anything I have asked about in the past concerning my mother's care, has been answered immediately and any suggestions about her preferences acted upon."
- Prior to the pandemic some people enjoyed attending the local church displays celebrating various holidays. The provider tried to replicate as many of the experiences people enjoyed within the service. For example, the home had created their own displays within the gardens. Such as, a nativity scene and Easter scene. These were built on a larger scale to enable people to enjoy them from within the home.
- During the pandemic the provider had utilised different communication methods to support people to maintain contact with their relatives and friends. For example, video calls, window visits and socially distanced visits. The mental health and emotional wellbeing of people was a priority for the provider. For example, for one person who was struggling emotionally, the provider contacted their family and arranged a visit that same day. This resulted in the person, and their relatives, being able to comfort and reassure each other and had a positive impact on the person's wellbeing.
- There were systems in place for gathering the views of people and their relatives. Relatives were invited to attend video meetings and had regular e-mails and calls from the provider keeping them updated. People had been involved in making decoration decisions in communal areas. For example, choosing new pictures and decoration colours.
- Staff told us that they felt involved in the service and that the management were supportive. One staff member told us, "I can always say anything. The door is always open. I can make suggestions."
- Staff told us, and we confirmed, that staff meetings were held regularly and covered relevant topics. To support staff, they were held in areas which allowed for social distancing and staff had the option to attend via video calling if they preferred. One staff member told us, "We have regular staff meetings, department meetings and ad-hoc meetings with latest updates."
- The provider had developed close links with external agencies, and we saw evidence of successful partnership working. Such as, with the tissue viability team, Parkinson's team and other community teams.

The deputy manager told us, "We have a very good relationship with the community team, if they can't come to us at the time then they will call us to check if anything urgent is needed and will offer support over a video call or to look at a support plan."