

Godfrey Barnes Care Station Limited

Station House

Inspection report

93 Station Road
Rolleston-on-dove
Burton-on-trent
DE13 9AB

Date of inspection visit:
28 April 2021

Date of publication:
04 June 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Station House is a residential care home providing personal care to people living with autism or a learning disability. The service can support up to six people and six people were living there at the time of inspection.

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

People were supported by staff who understood how to keep them safe. People's risks were assessed, and staff understood how to manage risk. People's medicines were administered safely. Staff wore Personal Protective Equipment (PPE) in line with current guidance and promoted good Infection Prevention and Control (IPC) practice.

People's needs, and choices were assessed, and care was delivered in line with their care plans. People were supported by staff who had adequate training and the skills to meet their needs. People were supported to choose their own meals and were encouraged to maintain a balanced diet. Staff worked alongside health professionals to deliver effective care to people.

People were supported by kind and caring staff who respected them and promoted their dignity. People were supported by staff who promoted their independence.

People were involved in their own care planning and were encouraged to make choices for themselves. People were supported by staff who understood their communication and sensory needs. People were encouraged to engage in activities of their choice. A complaints policy was in place and was followed.

People were supported by a provider that was proactive in empowering people to achieve optimum outcomes. Staff felt supported by the management team. Effective audits were in place to check the quality of the care provision and action was taken to address any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were provided with the right support that enabled them to make choices and promoted their independence. People received the right care that was provided in a person centred

way and promoted their dignity. The service provided the right culture for people in an environment where they were included and empowered by management and care staff.

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

Rating at last inspection

This service was registered with us on 23/06/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the home's ability to manage people's complex needs. A decision was made for us to inspect and examine these risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Station 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Station House

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 team consisted of one inspector.

Service and service type

Station 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. The registered manager is no longer located at Station House. A new manager was in post and present on the day of inspection. They are not yet registered with the Care Quality Commission but intended to register imminently.

Notice of inspection

This inspection was announced 2 hours prior to arrival at the location. This was because we needed to check whether anyone had tested positive for COVID-19 at the location and whether there were any different access requirements to the home in light of the current pandemic.

Inspection activity started on 28 April 2021 and ended on 29 April 2021. We visited the office location on 28

April 2021.

What we did before the inspection

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

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including managers, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication 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, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and to address concerns raised by professionals following the inspection. We looked at audits and quality assurance records. We spoke with professionals who supported people who lived at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that people were safe. One relative told us, "I am happy, the safety protocols appear to work here."
- Systems were in place to protect people from abuse and staff understood how to keep people safe. One staff member told us, "If someone was to shout at a person or be aggressive, I would raise it as a safeguarding. I am really confident the managers would address it but I also have phone numbers to whistle blow."

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff how to manage and mitigate people's risks.
- Staff understood how to manage risk to people. For example, where there had been an incident that required the use of intervention, staff had managed the risk in line with the risk assessment.
- People's risks were reviewed when needed.
- Accidents and incidents were monitored and trends analysed to identify any patterns. Action was taken when needed to reduce risk to people.

Staffing and recruitment

- Concerns had been raised prior to inspection around whether there were sufficient staff to meet people's needs at night. We checked staffing rotas which showed people were supported by a sufficient number of appropriately skilled staff to meet people's needs. One relative told us, "They have got sufficient number of staff to meet [Person's name]'s needs. It's the quality of the staff that is so good."
- Agency staff were currently employed due to recent high staff turnover. Agency staff knew people well and we observed positive interactions between agency staff and people. The new manager told us a recruitment plan was in place to recruit more permanent staff.
- Staff were safely recruited. New staff were required to shadow shifts on a supernumerary basis and complete mandatory training before their induction was signed off as complete.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were stored and administered safely. People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed to ensure topical creams were administered safely and as prescribed.
- Clear and personalised protocols were in place to guide staff when to administer 'as required' medicines.
- The provider was proactive and learnt lessons when things went wrong.

- Following the inspection, concerns were shared by health professionals regarding the administration of some medicines. Whilst no people were harmed as a result of this, this was explored, and concerns were identified regarding how the medicines were prescribed. This was addressed immediately by the provider with support from health professionals and has now been rectified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed. People's care plans were personalised to each individual and considered each person's diverse needs. For example, one person had care needs related to their religion which were considered in their assessment and care was delivered in line with these needs.
- Assessments and care plans were reviewed and updated as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were sufficiently trained to meet people's needs. One staff member told us, "They have provided me with sufficient training to do my job."
- Where there were gaps in staff training records due to cancellations as a result of COVID-19 and people shielding, training had been rebooked at the earliest opportunity.
- People were supported by staff who had the skills to meet their complex needs. One relative told us, "The staff look after [Person's Name] in a way that I would, perhaps even better as they don't panic."

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of food and drink and were involved in choosing their own menus. People's dietary and religious needs were considered when menus were created.
- Nutrition guidance was available in the kitchen which guided staff how to ensure people maintained a balanced diet.
- People's weights were monitored when needed and referrals were made to healthcare professionals when appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals when they needed it. One relative told us, "They 100% make referrals when needed to health professionals. [Person's name] had a health concern recently, they called the GP the same day and then followed it up when it hadn't cleared up."
- Health professionals supporting the home told us the provider was very receptive to their advice and engaged positively with them.

Adapting service, design, decoration to meet people's needs

- People were supported in an environment that had been adapted and personalised to meet their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA and asked people for consent before supporting them.
- People were supported to make decisions for themselves and staff helped people with decision making when needed. Where people lacked capacity, staff supported them in the least restrictive way.
- DoLS applications had been made where needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One relative told us, "[Staff member's names] are off the scale, amazing carers, they are like a parent to [Person's name]. They are exceptional."
- People were supported by staff who respected them and treated them well. One relative told us, "The carers speak to [Person's name] in a way that they understand them, they talk to them very nicely and are respectful. The carers talk to [Person's name] like they would me and you."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their own care when they were able to do so. One relative told us, "[Person's name] is quite comfortable and is clearly making decisions themselves."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood how to promote their dignity. One staff member told us, "Their dressing and personal care is always done in the bedroom, no other staff go in while we are doing personal care to maintain their dignity."
- People were supported by staff who promoted their independence and encouraged them to take positive risks.
- People were supported to devise their own personalised weekly independence planners so time could be allocated to tasks to promote their independent living such as laundry and walks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in their own care planning. Care plans identified people's personalised likes and dislikes and guided staff how to meet their needs.
- People were supported by staff who knew them well and who provided personalised care to meet their specific needs. One relative told us, "The staff seem to have picked up very quickly on knowing [Person's Name]'s likes and needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how to communicate with people to meet their sensory needs. One staff member told us, "[Person's name] is hard of hearing so sometimes you have to speak slower and louder and use your hands a lot."
- People were given information in a way they understood and this was compliant with the AIS. Easy read documentation was visible throughout the home including complaints policies and healthy lifestyle posters.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend college.
- People were encouraged to engage in activities of their choice. One staff member told us, "We try and give options and do activities that each person is interested in. So, if they don't like arts and crafts, we do something else. We go for walks with people. We still managed to do theme days during lockdown."

Improving care quality in response to complaints or concerns

- A complaints policy was in place.
- The new manager told us that no complaints had been received from people who use the service or relatives. Where complaints had been received from external sources, we saw that the complaints policy was followed.
- One relative told us, "If I had a complaint, I would soon say something but I have never really had to."

End of life care and support

- People's end of life preferences were discussed with them and their relatives and documented in their

care plans.

- We saw end of life plans including detail such as preferred funeral arrangements and what flowers, colours and songs people would like.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by a manager and staff who were passionate about empowering people and providing person centred care.
- The provider instilled a positive culture in the home that was disseminated from senior positions and throughout the staff group. One relative told us, "Credit needs to be given to the current registered manager who set it all up. They are just wonderful and think about people. They set the standards and the standards are maintained."
- Staff provided positive feedback regarding the culture at the home. One staff member told us, "Teamwork is very good here, there is always someone there to help if we have issues. There is nothing that I can think of that could be improved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was open and honest when something went wrong and understood the duty of candour. The manager told us, "The duty of candour is about transparency, honesty, openness, offering apologies and lessons learnt from it."

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

- Effective audit checks were in place to check the quality of the service. Where actions were identified by the audits, these were addressed.
- Systems were in place to monitor accidents and incidents and information was analysed so that trends could be identified in order for appropriate action to be taken.
- The manager was aware of their legal responsibilities in relation to making notifications to CQC and appropriate notifications had been submitted when required.
- Staff had regular supervisions and felt supported by the management. One staff member told us, "We have monthly supervisions. We can discuss any worries or anything we need to disclose with the team leader."
- The manager was not yet registered with CQC but confirmed that they were applying to be registered.

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

- People being supported at the home had three monthly residents meetings and key worker meetings

where easy read questionnaires were undertaken to obtain feedback regarding the service.

- Relatives were involved in the service through open dialogue with the managers. Plans were also in place to issue feedback questionnaires to relatives.
- Staff were involved in the service and felt supported by the manager. One staff member said, "I feel extremely supported by the manager, they are the most supportive manager I've ever had in my career. I feel like I can go to them for anything."

Continuous learning and improving care

- The provider was proactive in learning and improving the service. Professionals who supported the service told us that the home was very receptive to improve care and keen to learn.

Working in partnership with others

- The service worked closely and proactively with other agencies such as commissioners and healthcare professionals to meet people's needs.