

Godfrey Barnes Care Station Limited

Station House

Inspection report

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

Date of inspection visit:
09 November 2022

Date of publication:
23 November 2022

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

Station House is a residential care home providing personal to up to 6 people in 1 adapted building. The service provides support to people under the age of 65 with learning disabilities, sensory impairments and mental health conditions. At the time of our inspection there were 5 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People received care in a relaxed, homely environment and were supported to personalise their bedrooms to reflect their interests and tastes. Staff worked with people to identify their hopes, dreams and choices, with both short and long term goals. Staff supported people to be active members of their community and take part in activities they enjoyed.

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.

Right Care:

People were supported by sufficient numbers of staff to meet their assessed need. People received support from staff who knew them well and were friendly and caring. Staff had received training in safeguarding and understood how to report concerns and protect people from harm. Care plans contained detailed information about people's needs and reflected people's individual needs and characteristics. Risks to people were assessed and information shared with staff to ensure people received care that promoted positive risk taking.

Right Culture:

People received support from a consistent staff team who knew them well and understood their interests, likes and dislikes. People knew the management team, and the manager was regularly involved in providing care to people. Staff worked together with other professionals to help people achieve their health, well-being and personal goals. The manager welcomed feedback and was proactive in identifying areas where improvements could be made.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 23 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance, staffing and fit and proper persons employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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, which will help inform when we next inspect.

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.

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 Health and Social Care Act 2008.

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 conducted by 1 inspector.

Service and service type

Station House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Station House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We met 3 people who used the service and observed their interactions with staff. People who used the service used different ways of communicating including single words or sounds and body language. We spoke with 3 relatives about their experience of the care provided and 1 professional visitor. We also spoke with 3 staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 2 people's care records, medicines records for 3 people, and quality assurance records. We also looked at 4 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection systems were not in place to ensure staff were consistently recruited safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff had been recruited safely. Gaps in people's employment histories were now explained. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At the last inspection systems were not in place to ensure there were sufficient staff to support people in a flexible way in line with their needs and wishes. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People received the support of staff in accordance with their assessed needs. For example, where people required 1-2-1 support from a staff member, staff were available to them for the time needed.
- The management team had made improvements to staff training, skills and competence. Where people required specific support with needs such as diabetes or distressed behaviours, staff were now trained to support them effectively. Staff who were recently employed at the home were registered for training to ensure they had the skills required to meet people's needs.
- Relatives told us they felt improvements to staffing had impacted on people's safety. One relative said, "The staffing here has stabilised. It feels like this is a lot safer."

Using medicines safely; Assessing risk, safety monitoring and management

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe

care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The manager had made improvement to the systems used for the safe management of medicines. Medicines were now stored upstairs in a quiet area of the home. This reduced the risk of staff being disturbed while dispensing, signing for, or auditing medicines.
- Staff were now consistently measuring people's blood sugars prior to administering insulin. These checks were recorded and reviewed by the manager. Improvements had also been made to the use of prescribed creams; staff were now recording dates these had been first opened.
- Improvements had been made to the checks and audits carried out to ensure people received their medicines as prescribed. Daily and weekly checks were now in place, which enabled the manager and staff team to identify any errors without delay. This meant action could be taken quickly to rectify any concerns.
- The environmental concerns identified at the last inspection had been resolved. People who lived at Station House no longer used the area that had previously posed a risk.
- Information and guidance about how to effectively manage people's risks was clearly detailed in their care plans. Staff we spoke to understood what might pose a risk to each individual person and shared with us action they took to reduce the risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made to ensure staff were aware of safeguarding reporting procedures. This meant they knew how to raise concerns for people's safety. Staff we spoke with were clear about how they would escalate any concerns for people's well-being or safety and knew what action to take if staff employed by the provider did not take appropriate action to protect people.
- People who lived at the home were unable to tell us about their experience of safety. However, we observed their interactions with staff and saw they were confident to approach staff when needed and were relaxed when in the company of staff members.
- Where safeguarding incidents had occurred, the manager had made appropriate referrals to local authority safeguarding teams, and had notified us, as required by law.
- Relatives and professionals told us they felt people living at the home were safe. One relative said, "It's a happy environment. I can't praise the staff enough, they are brilliant with [person's name]."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Where incidents had occurred, we found the manager and nominated individual had reviewed these and

taken action to reduce the risk of reoccurrence.

- Relatives told us they were informed when incidents or accidents happened and felt the manager was open and honest when things went wrong.
- The manager promoted a culture of learning from events. For example, after one person had a stay in hospital, their admission and discharge care plans were updated to reflect learning that had taken place.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. There were no restrictions placed on visiting, relatives told us they could access the home freely.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Continuous learning and improving care

At the last inspection systems and processes were not in place or robust enough to ensure a consistent level of quality care was maintained at the home. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to the quality assurance tools used by the manager and nominated individual, which identified any areas of concern and detailed the actions taken to make improvements. This included medicines checks and audits and oversight of staff training and recruitment.
- The manager had increased oversight of people's experiences of care. This included a review of daily notes recorded by staff. The manager reviewed these notes to identify any patterns and trends in areas which could be improved. For example, the manager had noted that on occasions care records lacked detail about the care provided. This was discussed with the staff member and improvements were made. This meant the person's records more accurately reflected the care they received.
- The service had been without a registered manager since January 2022. However, a deputy manager had been responsible for the service with support from the nominated individual. The deputy had now been appointed as manager and had submitted an application to register with us.
- The manager promoted a strong culture of learning and reviewed records in order to drive improvements. We saw a number of examples where improvements had been made following manager audits. For example, gaps in bowel and bladder recordings were noted and discussed at a staff meeting. The following month's recording were completed and contained no gaps in information.

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

- There was a positive atmosphere within the home. People were relaxed when in the company of staff and visitors were welcomed. People enjoyed a friendly relationship with staff who supported them with good humour and kindness.
- Relatives and professionals spoke positively about the manager. One relative said, "There is brilliant

leadership. As a result, the staff seem happy and seem to enjoy working there." A visiting professional told us, "The manager is very responsive, I am always welcomed and feel part of their team."

- Staff told us the improvements made since the last inspection had been positive. One staff member said, "The manager has done a really good job. People seem a lot happier than last year. I have seen them grow, there seems to be a really good bond between people and staff."

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 and the nominated individual were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the management team had contacted relatives to explain events and relatives described the manager as open and honest.

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

- Relatives told us they were asked for their views on the care provided acting on behalf of their family members. Feedback was gathered both formally, using questionnaires, and informally through conversations with relatives and professionals.
- We reviewed compliments received by the home from external professionals, one describing the staff team as "Friendly, positive and professional." We also reviewed the provider's response to negative feedback and found appropriate action had been taken to address any concerns.
- The nominated individual had recently introduced a 'You said, we did' tool, to demonstrate how information or feedback was acted upon. Staff told us they were able to share their thoughts and ideas in team meetings, or directly with the manager. One staff member said, "The last meeting was really good. Everyone had input about what we want to do as a team."

Working in partnership with others

- People's care plans and records reflected the involvement of external professionals. Staff worked alongside both healthcare and learning disability specialists to ensure people's needs were met.
- A visiting professional told us, "Staff are considerate when I'm at the home. They are accommodating and highlight any potential risk. I am kept updated and when I ask for help, staff are responsive."