

# Keelex 176 Limited

# Station Villa

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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.

### About the service

Station Villa is a residential care home providing personal care to up to 16 people. The service specialises in the care of people who have a learning disability and autistic people. At the time of our inspection there were 15 people using the service.

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

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

### Right Support

The model of care and setting maximised people's choice, control and independence. The service was within walking distance to the town and there was good access to the local community and amenities.

People were supported to make their own decisions and included in the day to day running of their home. This included attending work or college, going shopping, attending clubs and accessing the community.

Staff supported people to learn new skills and maintain their independence. People had fulfilling days and meaningful goals they chose. Staff supported each person by focusing on their strengths and encouraging each person with what they could do.

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 observed people making real choices in the structure of their day and the activities they took part in. They were in control of how they spent their time; what they wanted to do and when.

People were supported by enough staff on duty who had been trained to do their jobs properly. People's risk assessments were clear and up to date. People received their medicines in a safe way and were protected from abuse and neglect. People told us they were able to access timely support from health and social care professionals.

### Right Care

There was a strong person-centred culture within the staff team. Care is person-centred and promoted

people's dignity, privacy and human rights. People were treated in a dignified manner and staff were aware of people's support needs.

Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. Staff gained consent from people prior to providing any support.

People received good quality care, support and treatment because staff had the skills they needed and supported each other effectively. Comments included "Staff are kind", "Staff are lovely" and care is "Perfect."

People communicated with staff with no hesitation. Staff understood their individual communication needs and were consistent in their approach and response. Risk assessments informed staff of any specific ways to best communicate with each person.

### Right Culture

The managers and staff team were highly motivated and proud of the service they delivered to the people they supported. There was a visible person-centred culture at the service.

People led their life that reflected their personalities and preferences. People were supported by staff where the ethos, values, and attitudes of management and care staff ensured they led confident, inclusive and empowered lives.

Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People's quality of life was enhanced by the staff team's commitment to ensuring a respectful and inclusive culture. Systems were in place to monitor the quality of the care and support people received.

There was clear leadership and visions and values for the service, that ensured people were at the heart of everything they did.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Last rating and update

The service was rated Good at our last inspection. (Published 18 September 2017).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

### 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 Villa

## Detailed findings

### Background to this 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 carried out by 1 inspector.

#### Service and service type

Station Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post.

#### 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.

The provider had completed 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 spent time observing interactions between people and with supporting staff. We spoke with 7 people who used the service about their experience of the care provided. We spoke with 7 members of staff. This included the newly appointed manager, registered manager, regional manager, administrator and support staff.

We reviewed a range of records. This included 2 people's care records, and medication records. We looked at a variety of records relating to staffing and the management and oversight of the service.

After the inspection visit, we received feedback from 6 support staff regarding their experience of working at Station Villa. Relatives had recently completed a CQC questionnaire about the service. We reviewed their comments.

# 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 good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they were happy with the care they received and believed it was a safe environment to live. Feedback from relatives echoed this view.
- People were empowered and encouraged to report any concerns they may have about their welfare to the manager or staff.
- The service had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team.
- The management team were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.
- The service supported people to manage some aspects of their finances. We checked the monies for some people in the service and except for one, they all tallied with finance records. The manager agreed to look into this.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- The managers reviewed all accidents or incidents and ensured that action was taken to minimise future risks for people and staff.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Staff had undertaken training so that they were aware of what action to take in an emergency.

Staffing and recruitment

- People told us they felt there were enough staff on duty to meet people's needs. People told us that staff were available to support them with their chosen activity at a time that suited them.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.

- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs. Staff told us there were sufficient staff on duty.
- During the inspection we saw staff promptly responded to requests for assistance, recognised when people needed support and supported people with their activities.
- The organisation had a dedicated department to ensure recruitment practices were safe and all necessary pre-employment checks had been completed. This ensured prospective staff were suitable for employment in the care sector.

#### 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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's human rights were upheld by staff who supported them to have control over their own lives. We observed people making real choices in the structure of their day and the activities they took part in.
- People were supported to make decisions about their care. Staff were clear about the need to seek consent before providing care and staff had a good understanding about each person's ability to consent and what to do if they could no longer give consent.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

#### Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required', person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.
- Medicines audits were completed on a regular basis. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements.

#### Preventing and controlling infection including the cleanliness of premises



- 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.
- People confirmed the service was supporting visits from their families and friends

#### Learning lessons when things go wrong

- There was a genuinely open culture in which all concerns raised were highly valued as integral to learning and improvement.
- The managers maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

# 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 good. The rating for this key question has remained 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 at the heart of the service and there was a strong commitment to provide person centred care and enable them to achieve their full potential.
- Some staff felt there were at times issues with the team dynamics in how they worked and supported each other. Other staff reported they felt supported by the management team. The registered manager was aware of the issues raised and was actively trying to address this.
- People were complimentary about the management of the service.
- The manager had built an open and trusting relationship with all stakeholders.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs, and this helped to ensure people received care and support that promoted their well-being.
- People's records demonstrated a person-centred approach to the care and support provided for people.

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 understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Some staff said they were confident concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

- The registered manager for another of the provider's services was overseeing the management of Station Villa. They had applied for dual registration so that they would become the registered manager for both locations. There was a deputy manager at Station Villa who could oversee the service when the manager was not present.
- The provider had a defined organisational management structure. This provided clear lines of responsibility and accountability across the staff team. There was regular oversight and input from senior management.

- The management team had comprehensive oversight of the service and understood the needs of the people they supported.
- People, and the majority of staff were positive about the management team and told us they felt valued and were well supported. Comments included "They are very supportive and approachable if there is ever a problem. Any concerns are dealt with there and then, not left for a couple of days".
- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified, appropriate action was taken to ensure they were addressed, and the service's performance improved.

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

- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made to the quality and safety of the care provided.
- People and relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. Resident and relative meetings were also held to provide an opportunity for people to share their views. Questionnaires had recently been sent to people, relatives and visitors for their feedback. All feedback seen was extremely positive.
- Staff team meetings were held and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- The registered manager was passionate about developing staff and ensuring their knowledge and skills were maintained, updated and promoted best practice. Staff told us that they had attended training.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- Staff had received one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.

Continuous learning and improving care; Working in partnership with others

- The manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.