

# Community Health Services Limited

# Station House

## Inspection report

Victoria Avenue  
Crewe  
Cheshire  
CW2 7SF

Tel: 01270250843  
Website: [www.stationhousecrewe.co.uk](http://www.stationhousecrewe.co.uk)

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## 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 nursing home providing personal and nursing care for up to 71 older people including people living with dementia. The home is divided into two separate units, one for people living with dementia the other for people who need general nursing or residential care. The home also provides Intermediate Managed Care and Transitional Care. Intermediate Managed Care promotes rehabilitation and/or recovery following accident or illness. Transitional Care offers short term care and support during a period of health or social care crisis. At the time of the inspection 70 people were living or were placed at the home.

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

People's needs had been assessed, care plans developed, and risk assessments put in place to ensure people's individual needs could be met and risks reduced or mitigated. Care plans were regularly reviewed and updated.

Regular staff had developed positive relationships with people and their relatives. They had a good understanding of how to meet each person's individual needs and fully understood their routines and preferences. There was a high level of agency use that people told us affected some of the continuity of care. The registered manager used regular agency staff where possible. People's privacy and dignity was consistently respected.

Safe recruitment procedures were in place and staff were supported in their role with appropriate training and supervision. The staff and management team worked closely with health and social care professionals.

Medication was managed safely by trained and competent staff. Medicines policies and procedures were available for staff along with best practice guidance. Emergency procedures and contingency plans were in place.

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.

People's dietary needs were assessed and met. People spoke positively about the food choices available at the home.

People had access to a variety of activities within the home and spoke positively about these. People were encouraged to maintain contact with relatives and friends.

Staff had access to and understood the importance of personal protective equipment (PPE). An infection control policy and procedure were in place and staff had completed training in this area.

The registered provider had effective audit systems in place that identified areas for development and improvement

Rating at last inspection and update: The last rating for this service was requires improvement (published 20 September 2018) and there were multiple 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 inspect:

This was a planned inspection based on the rating of the last inspection.

Follow-up:

We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

#### Inspection team

The inspection was completed by one inspector, an expert by experience and a specialist nurse advisor who attended on day one of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had personal experience of caring for older people living with dementia.

#### Service and service type

Station House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (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.

#### What we did before the inspection

We reviewed information we received about the service since they had been registered. 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. 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 spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager, two team leaders, one senior support worker and one support worker. We spoke with one professional who regularly visits the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at five 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. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to reposition people in accordance with their care plan and accurately record food supplements relating to the health safety and welfare of people. This was a 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.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Systems were in place for the checking the safety of the environment and all equipment.
- Regular fire safety checks were completed, and a fire risk assessment was in place. All staff were in the process of receiving up-to-date training and we received confirmation of this following our inspection visit.
- People had individual risk assessments in place that reflected their individual needs. These gave clear guidance to staff to minimise or mitigate risk and were reviewed regularly.

### Systems and processes to safeguard people from the risk of abuse

- Feedback from people and their relatives told us that they felt safe living at Station House. Their comments included; "I feel safe and happy", "The alarm system is very good. Usually if you press the emergency button they come quickly", "Oh yes, I feel safe. Whatever is wrong, someone will come and see to you and help."
- Staff received safeguarding training and had access to a whistle blowing policy. Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

### Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were consistently undertaken.
- There was a high usage of agency staff. The management team were actively seeking to recruit permanent staff. They used regular agency staff wherever possible.
- Staff knew people well and had a good understanding of their individual needs and routines.

### Using medicines safely

- Medicines were administered by trained and competent staff.
- Medicines were ordered, stored, administered and disposed of safely.

- Policies and procedures for the management of medicines were readily available to staff along with other good practice guidance.
- People told us they received their medicines on time. Their comments included; "The nurses bring my medicines" and "I get my medicines at the right time."

#### Preventing and controlling infection

- Infection control procedures were in place and staff had all received training.
- Staff maintained a safe and clean environment for people to live in. The service was clean and free from any offensive odours throughout our visits.
- Staff had access to personal protective equipment (PPE) that included disposable gloves and aprons.

#### Learning lessons when things go wrong

- There were effective systems in place for the recording of accidents and incidents at the service.
- Accidents and incidents were regularly reviewed by the registered manager and registered provider to identify any trends or patterns within the service. Analysis was undertaken to minimise future risks and occurrences.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were fully assessed, considering their physical, mental and social needs prior to moving in to the service. Staff worked closely with medical professionals in the development of these plans.
- Care plans reflected people's individual needs, preferences and personal choices. They included guidance for staff to follow.
- Not everyone we spoke to had been involved in the development and review of their care plan. The management team stated they would immediately start to address this. One person was immediately reviewed and told us they now felt more involved in their care and felt more reassured that staff did understand their condition.

Staff support: induction, training, skills and experience

- People's comments included; "The staff come and ask if I need help – they seem well trained. I feel confident and comfortable when they hoist me" and "The knowledge and skills of staff is variable, but I understand that as some have worked in care longer than others."
- All staff completed an induction at the start of their employment.
- Staff had the necessary knowledge, skills and experience for their roles.
- Staff received regular supervision and had their working practice regularly observed.

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

- People were supported to eat and drink in accordance with their assessed needs and personal preferences.
- People mostly spoke positively about the food and their comments included; "The food is good", "The meals are good, bordering on excellent", "The food isn't wonderful but it is edible and about what I would expect" and "We always have a choice at every meal."
- Guidance was available for staff to follow which included risk assessments and speech and language guidelines for people with swallowing difficulties.
- Staff had a basic understanding of people's food and drink, likes and dislikes. Staff were also aware of people's allergies.

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

- People had access to a GP and other healthcare professionals as required. Clear records were held of all healthcare visits to ensure staff had access to the most up-to-date information to support people.

- People had access to local advocacy services if required to ensure their views were represented.
- Staff worked closely with external agencies and professionals including the commissioners of the service.

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

- The home would benefit from additional signage to aid people's orientation around the building in particular people's bedrooms and social areas.
- The home would benefit from introducing additional colour, utilising natural light and seeking ways to increase independence for people living with dementia. The home had undergone some redecoration and improvement since our last inspection. The registered manager overviewed future plans that included the full inclusion of people living at the home.

#### 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.

- Applications for DoLS had been made appropriately when needed for people living at the home.
- Staff received training in the MCA and DoLS and understood the importance to assume a person has capacity to make decisions, unless assessed otherwise.
- Where people had been assessed to not have capacity to make specific decisions, systems were in place to ensure they retained maximum choice and were supported by staff in the least restrictive way.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At the last inspection we found improvements to the standards of care had improved, however further action was needed to eradicate poor and unacceptable standards of care. At this inspection enough, improvements have been made to meet the requirements of good.

- Some people and their relatives had developed positive relationships with staff. People told us "The staff are very nice. They will fetch anything for you. They have a pleasant word and they'll do anything for you", "The staff are kind and caring, they make us feel welcome", "The staff are wonderful" and "All the day staff are kind and caring but the night staff just do their job and most are agency."
- Relatives and visiting professionals told us they were always welcomed, and their comments included; "The staff always complete all actions asked of them. The management team are visible and accessible. I have a chat each time I visit before I complete my rounds" and "I can visit whenever I want and am always made to feel welcome."
- Many compliments had been received from relatives and some of the comments included; 'Thank you for looking after [Name] so wonderfully. We will be forever grateful for your care and compassion' and 'Thank you for the care and companionship you gave Mum while she stayed with you. You are worth your weight in gold' and 'Thank you for giving us peace of mind while [Name] lived with you. He was happy living at Station House. The staff were amazing, kind, caring and happy to always go above and beyond the call of duty.'
- Staff interacted with people in a natural and familiar way. They were polite, courteous and attentive to people's needs.

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

- People told us they were mostly involved in decisions about their care and support. Reviews of people's care plans took place regularly however people did not consistently participate in this process.
- People's individual communication needs were clearly documented, and guidance included for staff to meet these needs.
- People were given the opportunity to express their views and opinions through regular meetings.
- People were given the autonomy and independence to live their lives.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People's dignity was maintained, and they were treated as individuals.
- Comments from people included; "Staff always respect my privacy and dignity. They keep me covered when they are hoisting me and always ensure my clothes are straight" and "Staff always knock and wait for

an answer before they come into my room."

- People's independence was promoted wherever possible. Staff were considerate and offered assistance in a discrete manner. They explained what they were about to do before starting any intervention.
- People appeared well cared for, groomed and appropriately dressed. Staff ensured people were dressed in clothes of their choice and appropriate to the season.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they knew the regular staff that supported them. Staff understood people's needs and had written guidance available to them.
- Care plans were consistently completed and contained sufficient information about people for their individual needs to be met.
- People living temporarily at the home as short stay residents told us they were not always involved in the development of their care plans. We discussed the importance of this with the registered manager and they began to address this during our inspection visit.

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.

- People were provided with information to meet their communication needs. Staff understood how people communicated and used appropriate methods when communicating with them.
- Guidance on how best to communicate with each person was recorded in their care plan.

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 had access to a selection of activities within the home. People's comments included; "I enjoy the visiting singers, they are always very good", "There is a new coffee lounge opening this week and we have been asked for suggested names for it" and "I love all the creative activities they offer and will always join in these."
- A variety of activities were available daily for people to participate in.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available in different formats. People and their relatives told us they knew how to raise a complaint and felt confident any concerns they had would be listened to and acted upon by the management team.
- Complaints were investigated and responded to in line with complaints policy. Any complaints were analysed and used as opportunities to further improve the service.
- People and their relatives were actively encouraged to share their views through regular contact with the management team.

#### End of life care and support

- People's specific wishes and preferences were recorded within their care plan documents.
- Appropriate healthcare professionals and relatives of choice were involved in people's 'end of life' care plans.
- Staff understood the importance of providing end-of-life care that was tailored to each person's individual wishes and preferences. Staff described clearly how they supported people at the end of their life to have a comfortable, pain-free and dignified death.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to ensure that effective systems and processes were in place to monitor the quality and safety of the service. This was a 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.

- Auditing processes were clear and effective with the registered manager and management team undertaking a range of checks. Staff were positively encouraged to gain new skills and increase their knowledge.
- Learning was highlighted from the monitoring of accidents and incidents that occurred at the home and actions were promptly taken to mitigate or minimise future risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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 staff and management team had developed positive relationships with many of the people they supported and their relatives.
- The staff team had clear roles and responsibilities within the home that they fully understood.
- Policies and procedures to promote safe, effective care to people were available at the home. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The provider supported the registered manager to work with the right resources and funding to provide learning opportunities to promote continuous improvement.

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

- Staff were clear about their responsibilities.
- People and relatives felt assured that they could raise any queries with the staff team or registered manager.

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

- There were clear processes in place to obtain the views and opinions of people, relatives and staff about

the home and the provider. This information was used for future development and improvement. People told us they were involved in the planning and development of the new café that was due to open including choosing its name.

- People's individual needs and abilities were respected. Their independence and ability to live full lives was enabled by the registered manager and staff team. The atmosphere at the home was warm and welcoming.

Working in partnership with others

- The registered manager had forged good working relationships with a range of external health and social care professionals. They worked collaboratively to ensure the best outcomes for people.

- We received positive feedback from healthcare professionals that work with the staff and management team.