

Barchester Healthcare Homes Limited

Station Court

Inspection report

Station Road
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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

Station Court is a care home that provides accommodation for a maximum of 63 people, some of whom are living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Station Court accommodated 61 people at the time of the inspection. Care was provided on two floors. The ground floor was the main residential unit and people living with dementia were accommodated on the first floor Memory Lane unit.

At our last inspection in March 2017, we identified a breach in the regulation relating to safeguarding people from abuse and improper treatment. Applications to the local authority to deprive people of their liberty had not all been made in a timely manner. Best interests decisions were not always in place in relation to any restraints used such as lap belts, where people lacked capacity. We asked the provider to take action to make improvements and this action has been completed.

People told us they felt safe living at Station Court. There continued to be systems in place to protect people from abuse including policies and procedures for the safeguarding of vulnerable adults, safe recruitment processes, and suitable numbers of staff.

Accidents and incidents were recorded and monitored for patterns or trends to help prevent reoccurrence. Risks to individuals were assessed as were risks associated with the premises and equipment. Infection control procedures were followed by staff.

Medicines continued to be safely managed and regular medicine audits were carried out. Staff competency to administer medicines was checked on a regular basis.

There had been a major programme of refurbishment which included redecoration of most areas in the home. The home was clean and well maintained and people told us they were happy with the results. The provider told us they would ensure best practice in dementia design was considered for the memory lane unit which was due to be refurbished at a later date.

People were supported with eating and drinking. Where people were found to be losing weight or had swallowing difficulties, staff consulted relevant health professionals.

Staff received regular training, supervision and appraisals. They told us they felt well supported. Compliance with training deemed mandatory by the provider was monitored closely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Improvements had been made to records relating to mental capacity and consent. There was some variation in the quality and detail of records relating to best interests decisions. We spoke with the registered manager about this

who told us they were arranging further training.

We observed numerous kind and caring interactions between staff and people during our inspection. People told us they were well cared for and were happy with the care provided at Station Court.

Where possible, people were supported to maintain their independence and were offered choices. Visual aids and easy read material were used to help people with difficulty communicating.

Person centred care plans were in place which were up to date and regularly reviewed. Some information held in care records was duplicated. We spoke with the registered manager about this who said they would review records with a view to streamlining where possible.

A complaints procedure was in place and complaints had been responded to in line with the company policy.

We observed a number of activities taking place during our inspection and an additional activities coordinator had been appointed to improve access to activities in the home.

Systems were in place to monitor the quality and safety of the service. People and relatives told us the home was well-led and the registered manager was approachable and helpful. There were close links with the local community and morale was good in the home.

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

There were enough staff deployed to meet people's needs. Safe recruitment procedures were followed.

There were systems and procedures to help protect people from the risk of abuse.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective

The service was operating within the principles of the Mental Capacity Act. Some staff lacked confidence in recording information relating to capacity and consent so further training was planned.

People were supported with eating and drinking. People received support for any nutritional concerns identified.

The home had been recently refurbished and people were very happy with the results. Future plans to refurbish the memory lane unit were planned and included attention to dementia friendly design principles.

Is the service caring?

Good ●

The service was caring

We observed numerous kind and caring interactions between staff and people during our inspection.

People told us they were well cared for and were happy with the care provided at Station Court. Staff promoted people's privacy and dignity.

The service supported people and relatives to be actively involved in people's care.

Is the service responsive?

Good 

The service was responsive

Person centred care plans were in place. Information about people's life history, hobbies and occupation were included.

There was an activities programme in place. An activities coordinator was employed to help meet people's social needs. An additional activities coordinator had been appointed to help improve people's access to activities.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Is the service well-led?

Good 

The service was well-led

Improvements had been made with governance and quality assurance systems since the last inspection. The registered manager told us they felt more in control since they moved back to the home permanently.

Staff and visiting professionals spoke highly of the management of the service and staff told us they felt well supported by the registered manager and wider provider organisation.

Feedback mechanisms were in place to obtain the views of people, relatives, staff and visiting professionals.

Station Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 and 10 September 2018. The first day of the inspection was unannounced. This meant the provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted the local authority contracts and safeguarding teams. We used the information they provided when planning the inspection.

During this inspection we carried out general observations. We also spoke with the local authority contracts and safeguarding teams. We used the information they provided when planning this inspection.

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.

During our visit we spoke with five people, three relatives, the registered manager, two senior care workers, one care worker, a laundry assistant, an activities coordinator and a kitchen assistant. We also spoke with a specialist doctor and a care manager from the local NHS Trust.

We looked at care records for five people, three staff recruitment records, and four medicines records. We also looked at a variety of records relating to the quality and management of the service.

Is the service safe?

Our findings

At our previous inspection in March 2017, we rated this key question as good. At this inspection, we found that the provider had continued to ensure good outcomes for people in this key question.

People told us they felt safe living at Station Court. One person told us, "I feel very safe. I don't have to worry about who is at the door."

Risk assessments were in place relating to individuals, the premises and equipment. A number of individual risk assessments contained information which was repeated in other areas of people's care files which could be confusing to read. We spoke with the registered manager about this who said they would look at where risk assessments could be streamlined and combined to reduce the volume of paperwork and to make information more easily accessible.

Procedures were in place for the safeguarding of vulnerable adults and a whistle blowing policy was in place. Staff received regular training and were aware of the procedure to follow in the event of concerns. One staff member told us, "I have never seen any untoward practice here. I would report it straight away; all the staff would."

A log of concerns of a safeguarding nature was maintained and the service worked closely with the local authority safeguarding team where necessary. The local authority had visited the service during our inspections and told us they found no concerns during their visit.

Suitable numbers of staff were on duty during our inspection. They were visible throughout the home and we observed they provided care in a relaxed unhurried manner. A relative told us, "Their strength here is that they are always available for you."

People told us their needs were met in a timely manner although one person said there could sometimes be a wait to be attended to. They said however, this was never too excessive and they recognised there were other people with high care needs.

A record of accident and incidents was kept and the registered manager reviewed these on a regular basis. This helped them identify any patterns or trends and put plans in place to try to prevent reoccurrence. This meant the provider was proactive in learning lessons from incidents where possible.

Staffing had been increased on night shift to try to reduce the number of unwitnessed falls that could occur at times. Staff were doing an additional falls prevention eight week training course via distance learning to help with this goal which is an issue in all care settings for older adults.

Safe recruitment procedures continued to be followed. Files we checked included an application form with full employment history, references, right to work and identification checks and checks by the Disclosure and Barring Service (DBS). The DBS checks on the suitability of staff to work with vulnerable people. This

helps employers make safer recruitment decisions.

We checked the management of medicines and found safe procedures continued to be in place. The registered manager carried out medicines audits and the competency of staff to administer medicines was assessed on a regular basis.

Medicines records we checked were fully complete and contained detailed instructions. For example, there was guidance that should one person miss a specific medicine for more than three days, their GP must be contacted.

The home was well maintained and regular checks were carried out on the safety of the premises. Checks included weekly checks on fire alarms, doors, fire-fighting equipment and lighting. Electrical safety checks were also carried out. Fire safety plans had been updated following the refurbishment programme.

Infection control procedures were followed and there were ample supplies of gloves and aprons for staff to use. There was mild malodour on the first day of the inspection on the first floor, memory lane unit but this had gone by the second day of the inspection. We spoke with a care manager who told us the home was odour free. They said, "I have noticed an odour only once in this home. I reported it to the manager and it was addressed immediately and the carpet was steam cleaned."

We spoke with a relative who told us they were very happy with the care in the home but wanted us to "praise the domestic staff" for their hard work in keeping the home spotlessly clean.

Is the service effective?

Our findings

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 with appropriate legal authority. 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.

At our last inspection on 22 March 2017, we found applications had not been made to deprive people of their liberty in line with legal requirements. This was a breach of Regulation 13: Safeguarding people from abuse and improper treatment.

At this inspection we found the service was operating within the principles of the MCA and were no longer in breach of this regulation. DoLS applications had been made and a clear record of DoLS granted and awaiting approval was held.

We found some records relating to the MCA and best interests decisions varied in quality and detail. Staff we spoke with demonstrated a good understanding of issues relating to capacity and consent but some said MCA paperwork could be confusing. We spoke with the registered manager about this who told us they had arranged additional training in this area.

The home had undergone a major refurbishment and a number of improvements to the environment had been made. People told us they were happy with the results. One person told us, "This place is a bit different now, it's marvellous!" Staff told us they were happy with the changes and had worked hard to minimise disruption to people. People were consulted about the design by being shown very realistic design boards and had chosen the style they preferred.

Best practice in relation to design to support people living with dementia was not evident in all areas of the home, including the memory lane unit for people living with dementia. For example, there was a patterned carpet in the lounge which can cause difficulties for some people with a dementia related condition. We spoke with the registered manager about this who told us this had been taken into account in plans for the refurbishment to the memory lane unit.

Staff received regular training, supervision and appraisals. We spoke with a new member of staff who had

recently completed a corporate induction course. Training was over three days. Day one, included the provider's values, including, equality and diversity, an introduction to protected characteristics, discrimination and prejudice, attitudes and behaviours, customer care and making a difference. Days two and three covered safeguarding, DoLS, moving and handling and dementia awareness. The staff member confirmed they spent time shadowing other staff and felt well supported and weren't afraid to ask for help.

Training records we saw showed good compliance with training deemed mandatory by the provider. A dementia specialist was employed by the provider who carried out unannounced visits to monitor practice in this area. There was also a regional training manager who provided support to ensure staff were suitably trained.

People's needs and choices were supported through care planning and preadmission assessments were carried out before people moved into the home. A care manager told us the information contained in preadmission assessments had improved since our last inspection. Assessments we read contained details about people's needs, preferences, life history and past and current medical history.

People were supported with eating and drinking. Nutritional care plans were in place which identified the level of support people needed when eating and drinking. The Malnutrition Universal Screening Tool (MUST) was in used. This tool identifies people who are at risk of malnutrition.

People were referred to the GP or dietitian for advice if they were found to be under weight. Kitchen staff were provided with a list of special dietary requirements and care plans contained information about people's food preferences. It was clear that staff knew people's preferences. One staff member was offering people tea and coffee and said, "I'll get you some apple juice, I know you like that." The person confirmed they would prefer that.

We observed people being well supported at mealtimes. Two meal choices were plated up and shown to people to help them to choose their meal. This is useful when people have difficulty reading menus. Easy read questionnaires were provided to people to rate the standard of meals provided. Most comments were positive with some people feeling meal choices lacked variation. The registered manager was aware of this and keeping menus under review. They also told us, "We have joined an online vegetarian club so we can find new ideas for vegetarian choices."

Record showed that people had access to a variety of health professionals. People had access to GP, nurses, mental health services, podiatry, opticians and audiology. They were also supported to attend routine hospital appointments.

Is the service caring?

Our findings

At our previous inspection in March 2017, we rated this key question as good. At this inspection, we found that the provider had continued to ensure good outcomes for people in this key question.

We observed numerous kind and caring interactions between people and staff during our inspection. People and relatives told us the care was good at Station Court. One person said, "It's lovely, I am very happy here. Staff are very good, they have a nice manner." A relative told us, "I think the staff are super. I knew you were here so I waited to tell you. I am over the moon with the place."

We observed that staff were attentive to people's needs. One staff member noticed that a person looked cold and went to get them a cardigan. Another person was upset and asking to go home and staff distracted them effectively so they could eat their meal.

People were supported to make choices. We observed kind and sensitive interactions at lunch time. Staff were skilled in persuading people to have something to eat without being forceful. One staff member offered person a meal which they refused. They discreetly asked another staff member to try a short time later who said, "I have a small portion here for you, would you like it?" The person agreed. This meant staff respected people's wishes but used positive techniques to ensure people were encouraged where this was important to their health for example.

People told us they were supported to maintain their independence. Care plans recorded the level of help people needed and what they could manage for themselves. One person told us, "I try to be as independent as possible and the staff let me."

The privacy and dignity of people was maintained. People told us staff were polite and treated them with respect. One person told us, "My door is never closed but staff always knock before they come in. They are courteous, yes." We observed staff offering support sensitively and discreetly. One staff member told us, "If someone needs their food cut up, it is cut up in the kitchen not at the table to avoid embarrassment." This was good practice.

People's records were stored securely to maintain confidentiality.

People were supported to be involved in their care and support. Care plans documented that they had been written with the person and their representative where appropriate. Care reviews were carried out.

No one was currently accessing any form of advocacy. Staff were aware of how to access this service when the need for an advocate arose. Advocates can represent the views and wishes for people who are not able express their wishes.

A number of visitors commented upon the welcoming atmosphere in the home and told us they were greeted warmly by staff that appeared "happy and friendly".

Is the service responsive?

Our findings

At our previous inspection in March 2017, we rated this key question as good. At this inspection, we found that the provider had continued to ensure good outcomes for people in this key question.

People told us their needs were responded to. One person told us, "I can't say a bad thing about it (the home). They have lovely food, games, and they give me medicine three times a day. They do all that for you!"

We observed people taking part in a variety of activities during our inspection. People enjoyed a game of Bingo which was run by the activities coordinator. They were supported where necessary and prizes included chocolates and toiletries. On the second day of the inspection people were enjoying Bollywood style armchair exercises.

In addition to group activities, the registered manager and activities coordinator told us they were carrying out more 1:1 activities. This was in response to a survey where people requested more individual activities. The activities coordinator told us and we saw records of trips with people to the local bookmaker, pub, cafes, football games and shops. A 'resident ambassador' was appointed who chaired regular meetings with the activities coordinator to discuss activities. 12 people had attended the last meeting and had made a list of activities and places they would like to go in the future.

There continued to be mixed views about the activities available to people with some people being satisfied and others feeling there could still be more. We spoke with the registered manager about this who told us they were continuing to monitor satisfaction with activities and said another member of staff had been moved into the role of activities coordinator to support with this.

The provider's dementia care programme also included training about the provision of meaningful activities for people living with dementia, and this was something that was monitored by the provider's dementia specialist during their visits to the home. This was important as people living in the memory lane unit were less able to share their views about activities.

Person centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Information about people's life history, hobbies and occupation were included. People's routines and preferences were recorded for example, one person liked to get ready for bed at 7pm then watch television in their room. They got into bed when they felt tired.

People's end of life wishes were recorded in a "Priorities for future care" record where they were happy to share this. This gave details of their wishes at this important time. End of life care was provided at the home although no one was receiving end of life care during our inspection.

Information was often duplicated in care records. For example, each care file contained a number of risk assessments and information from these was repeated in care plans. Some care plans were very long and

sometimes included unnecessary detail which added length to plans which then had to be read and digested by staff.

We spoke with the registered manager about this who said they would review plans to see if some information might be condensed and streamlined in order to make them more succinct and easier for staff to follow and evaluate.

A complaints procedure was in place. The registered manager told us they took all complaints seriously and we saw records which confirmed the action taken when concerns were raised. Not all concerns were raised as formal complaints but we found that the registered manager had addressed concerns with staff at staff meetings for example. We spoke with a care manager who told us, "Feedback from families here is positive. There are not a lot of complaints at all; on the whole it is very positive."

We spoke with a care manager who told us, "Feedback from families here is positive. There are not a lot of complaints at all; on the whole it is very positive."

The registered manager was aware of the Accessible Information Standard to ensure the information and communication needs of people were met. Care plans contained details of people's communication needs. Picture surveys were available. The registered manager told us that they would contact head office if information was required in any other format.

Technology was used to help ensure people received timely care and support. Call bell systems were in place in people's rooms. Sensor alarms were also in place if people were at risk of falling.

Is the service well-led?

Our findings

At our previous inspection in March 2017, we rated this key question as requires improvement. The registered manager had recently returned from covering another home. People and relatives told us standards had "slipped" during that period but things were improving since their return. We also found gaps in records and audits had not picked up all of the issues we identified during our inspection.

At this inspection, people, staff, and a visiting professional told us things had improved and they thought the service was well-led. One person said, "Registered manager is very good and a good person." We asked what they liked about them and they replied, "He is honest." Staff told us they felt more settled since the registered manager had moved permanently back to the home full time. A specialist doctor told us, "I find this is one of the better homes I visit. (Registered manager) is very good. In terms of management it is definitely one of the better ones."

Staff told us things had improved since the last inspection. One staff member told us, "Things weren't right but we are back to where we should be now." Another staff member said, "Staff seem more settled now (registered manager) is here permanently. He is firm but fair." Staff and visitors told us they thought morale was good in the home. The registered manager told us they felt back in control of the home.

There were clear lines of accountability in the home and staff told us they felt well supported by the registered manager and wider organisation. One staff member told us, "(Registered manager is very approachable. If you go to them with anything they will sort it." Another said, "I can go to the senior carers if I need anything." Staff also thought the provider organisation was good, and said they were pleased to see the investment in the environment for example. Another staff member told us, "It is a good company to work for. They have an app with offers (discounts) for staff."

A system of audits and checks was in place. The registered manager also walked around the home on a regular basis to check on the quality and safety of the service. We observed the registered manager speaking with people who used the service and providing guidance to staff as they walked around the home.

The registered manager worked closely with visiting professionals and was open to trying new ways of working and was honest and transparent where things might not have gone as planned. A care manager told us, "We had a bit of a hiccup with communication earlier this year and (registered manager) introduced new reporting documentation and things have turned a positive corner."

Feedback mechanisms were in place. Regular "resident and relative" meetings were held and surveys were also sent to visitors. A "You said we did" initiative had been introduced whereby the provider displayed feedback about the action they had taken following suggestions made by people and relatives about how the service could be improved.

There were close links with the community. The home had developed a relationship with a sheltered housing facility nearby and had shared an evening of entertainment with "Elvis". People from the scheme

were also invited to the home for Sunday lunch alternate weeks.

We checked the information we held about the service and found the registered manager had sent us statutory notifications in line with legal requirements. Statutory notifications are notifications of events the provider is legally obliged to inform us of.