







Keelex 176 Limited Station Villa

Inspection report

18 Station Hill
Hayle, Cornwall, TR27 4NG
Tel: 01736 755251
Website: stationvilla@swallowcourt.com

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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	

Overall summary

This was an unannounced inspection, carried out on 12 May 2015. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Station Villa provides accommodation for up to 16 people living with a learning disability. The service uses a detached house arranged over two floors and has five separate chalet rooms in the external grounds. There were 16 people living at the service at the time of our inspection.

People told us they felt safe. Comments included; "I am happy here. Station Villa is a nice place to live and there are lots of staff who can help us out." Another person said, "I feel safe and well looked after." We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes.

People were treated with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to staff. Comments included; "The staff are lovely" and "I love it here. I really like my key worker, she is lovely". Staff were trained and competent to provide the support individuals required.

Summary of findings

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on. People were actively involved in meal preparation and chose to sit together for lunch in the dining area. Comments included; "The food is great. I like it and I choose what I like".

Visitors were always made welcome and were able to visit at any time. People were able to see their visitors in lounge areas or in private. People knew how to complain and told us they would be happy to speak with the registered manager if they had any concerns.

People told us they and their families were included in planning and agreeing to the care provided at the service. People had individual support plans, detailing the support they needed and how they wanted this to be provided. A person told us, "I meet with my key worker and talk about my plan regularly".

Staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were appropriate systems in place to deal with incidents and accidents.

The home was not cleaned and maintained to a high standard. However, the service had a plan in place to improve the standard of cleaning.

Systems for the administration and recording of medicines helped to protect people from risk.

Good



Is the service effective?

The service was effective. People received the support they needed to see their doctor and other appropriate specialists.

Staff induction, training, supervision and appraisal were consistently carried out. Staff were competently supported by management in their roles.

Managers understood the legal requirements of the Mental

Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. People told us that they were well cared for and we saw staff were caring and people were treated in a kind and compassionate way.

Staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Good



Is the service responsive?

The service was responsive. People were involved in all aspects of their care planning.

People made choices about their day to day lives and took part in a wide variety of activities both at the service and in the local community.

There was a good system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well-led. There were systems to assess the quality of the service provided by the service and these were effective. The systems used ensured people were protected against the risk of infection and the risks of receiving inappropriate or unsafe care and support.

The culture of the service was open and friendly. People told us they were happy living at the service and had no complaints or concerns about staff

People said they knew the registered manager and staff team well and would be confident speaking to them if they had any concerns about the service provided.

Good



Station Villa

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.

The inspection took place on 12 May 2015. The inspection was unannounced and was undertaken by one inspector and a specialist pharmacy inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give

some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed care practices. We spoke with six people who lived at the service, five members of support staff and the registered manager. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home. Following the inspection we also spoke with three external professionals who were familiar with the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. The atmosphere was friendly and inclusive. The building was comfortable and personalised to reflect people's individual tastes.

We walked around the service and saw it had been recently decorated and was modern in its décor. However, we did note there were areas of the service that required cleaning, in particular carpeted areas looked unkempt and in need of a deep clean. One staff member told us, "I think we need a better cleaning system. We have been having a lot of decoration done but the deep cleaning of rooms, windows, carpets and bathrooms needs to be prioritised and dedicated rather than someone moving from cleaning to caring roles. When this happens the cleaning standards fall off". We spoke with the registered manager about the standard of cleaning at Station Villa and it was acknowledged that there were improvements to be made in this area. After the inspection we received an action plan from the registered manager about how the standards of cleaning would be addressed.

We looked at the arrangements for the management of people's medicines. Medicines were stored securely in a locked cupboard. The Controlled Drugs (CD) requirements were being adhered to although there were no controlled drugs in use at the time of inspection. There was a separate refrigerator for medicines requiring cold storage. Recording requirements demonstrated room and refrigerator temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for. The service kept separate supplies of non-prescription pain killers and had procedures in place which recorded how and when these were given to people if they required them.

Medicines records were accurately recorded. Any changes to people's medicines were clearly recorded on charts. All incidents of medicines not signed for were recorded and followed up appropriately to ensure people had received their medicines.

Staff had recently received updated medicines training and demonstrated a sound knowledge of the service policy and procedure for managing medicines. The registered manager carried out medicine administration checks to ensure safe practices were followed. A staff member told

us, "We have a wonderful team here. The manager is very supportive. I have recently updated my medication training, we have two people doing the ordering and signing medicines in. I feel confident doing the medicines rounds".

Staff said people were supported in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

The service's safeguarding and whistle blowing policies were readily available to staff in the office. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly.

Staff had received updated safeguarding training. We asked two members of staff what they would do if they suspected abuse was taking place. They described to us the correct sequence of actions. They also outlined the different types of abuse. Both said they would have no hesitation in reporting abuse and were confident management would act on their concerns. One staff member told us, "I treat people here the way I treat my own family. I have raised a safeguarding alert in the past and was supported by my manager in doing this and going through the process".

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records contained appropriate individualised risk assessments which were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction as to what action to take to minimise risk. Assessments documented where alternative options had been considered and benefits and risks of actions were balanced against each other. This meant that people could take informed risks. For example, one person exhibited challenging behaviour. Staff had a behavioural support plan in place for the person. This supported the person's desire to be independent and access the local community safely because of the staff knowledge of the potential risks, triggers for behaviour and de-escalation methods that supported the person.

Is the service safe?

People were protected by a safe recruitment system. We looked at staff files and saw the home operated a robust recruitment procedure. Files contained photographic identification, evidence of disclosure and barring service (DBS) checks, references including one from previous employers and application forms.

There was enough staff available to provide care and support for people at all times. People told us they felt well supported and we saw there was enough staff available to meet people's needs.

Is the service effective?

Our findings

Staff were knowledgeable about the care people required and the things that were important to people in their lives. They were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. One person told us how much they loved dogs and how they had enjoyed trips with their key worker to 'pat dog' sessions in the local community. People and their relatives confirmed that the staff knew the support people needed and their preferences about their care.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. People told us they saw their GP when they needed to and this was documented in records. Medical professionals told us they had no concerns about the care and support they saw at the service and appropriate referrals were made.

People were supported to eat and drink enough and maintain a balanced diet. People who required it were prepared specialist meals in line with Speech and Language assessments. The service routinely uses the 'malnutrition universal screening tool' (MUST). This is a five step screening tool used to identify adults who are malnourished or at risk of malnutrition or obesity. People were encouraged throughout the day to drink fluids. Menu planning was done in a way which combined healthy eating with the choices people made about their food. We saw people were given sufficient support at a meal time to allow them to eat with others and be able to share a comfortable social meal.

Newly appointed staff received an induction when they commenced employment at the service. This included a period of shadowing more experienced staff prior to working alone. We spoke with a member of staff who had started work at the service since the previous inspection. They confirmed this procedure had been followed. They told us the induction and on-going training had made them feel confident about their ability to carry out their role competently. One staff member told us, "I think it is a marvellous work place. It has given me much pleasure and lots of opportunities over the years".

Staff received enough training to do their job effectively. A relative we spoke with described the staff team as: "Very good. Knowledgeable and professional." Training in areas

such as infection control, moving and handling and safeguarding were up to date. In addition the service provided training in areas specific to the people living there; for example challenging behaviour management.

Staff received regular supervision, which was an opportunity to discuss working practices and identify any training or support needs with their line manager. Staff commented, "I have formal supervision once every four months as well as completing a personal development plan. I also speak to management at any time. We have staff meetings and can discuss how the home runs or any issues or suggestions as they happen". Staff said they felt more reassured and valued by having the acknowledgement for the work they did.

Staff also received annual appraisals from management. This provided an opportunity to look at staff development and future training requirements. We saw development plans were implemented as a result of this. Staff told us that they enjoyed working in the home. One staff member said, "I enjoy working here. It's a good team".

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLs) with the registered manager. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLs provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager was aware of changes to the legislation following a court ruling in 2014. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw applications for Deprivation of Liberty Safeguards authorisations had subsequently been made. We were confident management were familiar with the formalities required and were able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

Is the service effective?

Staff demonstrated an understanding of the importance of upholding people's human rights including the right to make risk assessed decisions for themselves. People were asked for their consent to decisions. One person said, "Staff always ask me first if they suggest anything".

The design, layout and decoration of the premises met people's individual needs. For example, there was a lift which assisted a person, who required assistance with their mobility, to access all parts of the service.

Is the service caring?

Our findings

People made many positive comments about the care provided at the service. One person told us, "It's nice living here. I get on well with the staff and I go to a day placement two days a week." None of the people who lived at the service or the staff we spoke with raised any concerns about the quality of the care. One person told us, "I am very happy living here. Nothing bad I could say".

People's care records included a "life history" which gave the staff information about their life before they came to live at the service. Staff demonstrated they knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families and things of interest to the person. Support plans were written from the perspective of the person they were about. For example, rather than referring to what the person's morning routine is, one support plan stated, "I get up by myself every morning. I decide what time I go to bed". This empowered the person to think about and record exactly how they chose to run their lives and gave them ownership over their support plan. One person told us, "I can make my own appointments and go to the doctor's surgery by myself, but staff are always happy to support me if I say I want them to".

The registered manager showed us work currently being carried out on people's support plans to include 'essential lifestyle planning'. We were told the aim of this was to highlight the service focus on providing individualised treatment and support. The registered manager told us, "We do this by ensuring all staff are trained in 'person centred approaches', which are then monitored and reviewed during supervision and staff meetings to make sure each person's needs remain central to the support we offer".

Throughout our inspection staff gave people the time they needed to communicate their wishes.

People told us that the staff employed at the service knew the support they needed and provided this as they required.

People were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. All the staff took the time to speak with people as they supported them. We observed many positive interactions which supported people's wellbeing. We saw a member of staff laughing and joking with one person over lunch and saw how this enhanced their mood.

The registered manager told us three staff had received training in appropriate end of life care. Training plans were being developed to offer this training to the wider staff group. This demonstrated the service recognised the importance of care planning with individuals for every stage of their lives and providing respect for people's choices.

Throughout our inspection we saw that the staff in the service protected people's privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

Bedrooms were decorated and furnished to reflect people's personal tastes and people were encouraged to bring their own furniture in with them if they wished. This meant people were supported to recreate familiar surroundings for themselves. Some people lived in their own chalets, which were situated in the grounds surrounding the main building. Each chalet was secured by a key lock, kept by the person whose room it was. Chalets each had en-suite facilities and were personalised to suit the individual. People told us they liked the independence the chalets provided. One person commented, "I feel like I have more privacy having this space. It means I can get away from the main house if I want some space and it's quieter".

The registered manager was aware of and had contact details for local advocacy services that could be accessed if people required it.

Is the service responsive?

Our findings

People were assessed before they were offered a place at the service. The needs assessments had been reviewed regularly to make sure they were up to date and gave staff accurate information about the support each person required. The assessments had been used to develop detailed care plans which had information for staff about how to support the individual to meet their needs. For example, in one person's care plan it was prominently displayed that the person had suffered from eczema in the past. There was clear instruction about action to be taken in the event of an eczema breakout including signs to check for, appropriate skin care and tissue viability instructions, including when medical intervention would be appropriate. This provided clear direction about the support required to keep the person safe.

There was clear documentation in place to explain how the service had decided to support people, and what parties had been involved in the decisions. There were also clear daily notes and communication books were used to inform staff about any changes to people's support needs. We witnessed a hand-over meeting between one staff team and another. We saw this was detailed and appropriate, and ensured staff were aware of the welfare of everyone living at the service.

Support plans included information about the person's life, their likes and dislikes. This meant the staff had information about the person, not just their care needs. Support plans were reviewed monthly with the person they were about and their key worker. Six monthly there were

larger reviews including the person's wider family, if the person wanted them to be included, social services and work placements representatives. Where key people, such as the person's social worker, could not attend a review, a copy of the review was made with the consent of the person, and sent to the professional for their information.

People told us they had enough to occupy their time. One person commented, "Yes, definitely. I love dancing at my dance group. I go out walking and I feed the ducks. I like to read and do word searches". Staff were encouraged to spend time with people and undertake activities of the person's choice. Documentation was recorded entitled, 'What I have been doing this week'. This was used to record activities people took part in throughout the week. This was a positive way to record and reflect on what the person had been doing and highlighted other activities they were interested in doing.

Everyone told us they would be confident speaking to the management or a member of staff if they had any complaints or concerns about the care provided. One person told us they had raised a concern with the registered manager of the home and said they were happy with how this had been resolved.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the service and was given to people and their relatives when they moved into the service. Complaints could be made to the registered manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

Is the service well-led?

Our findings

The culture of the service was open and friendly. People told us they were happy living at the service and had no complaints or concerns about staff. One person said, “It is a really nice place”, another person said, “I feel free to do what I want. All of the staff are very friendly and chatty and if I did have a problem I would go and speak to someone. There is a nice atmosphere. I am very happy here”. One staff member told us, “I do believe we are a very supportive staff group, that’s what we are here for, to help people to be as independent as possible”.

Management were receptive to changing areas of the service which would improve how it operated. For example, the registered manager recognised the standards of cleanliness in the service could be improved and was quick to put an action plan in place to address this. We were also told that staff and management recognised that additional chef support in the kitchen would be beneficial to the running of the service. There had been a dedicated person working in this capacity before a change to staffing took place. It was recognised by the registered manager that having a chef to assist would provide more staff care time to spend in activities with people. We were told by the registered manager, “This is something I plan to put in place in the near future”.

The registered manager told us, “I feel it is important to discuss and be open about our vision for the home and of the importance of the involvement of the residents. As an experienced manager I have been able to ensure that all staff are competent and skilled for the job”.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. Minutes

demonstrated the regular frequency of meetings. The staff team discussed issues pertinent to the running of the service and communicated well with each other. Staff said they felt well supported by management at the home.

People said they knew the registered manager and staff team well and would be confident speaking to them if they had any concerns about the service provided. The registered manager told us, “It is a good team. We work well together”.

People told us that they were asked for their views about the service. One person told us, “We have resident meetings and we can suggest things we want changed or maybe new activities we want”. We saw records of the meetings which showed that people had been asked for their opinions and the action that had been taken in response to people’s comments.

Relatives and other professionals had been asked to complete surveys to give their feedback about the service. The last quality assurance questionnaire had been completed in October 2014 and had been completed by people living at the service, relatives and external professionals who worked with people at the service. We saw that most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved their suggestions had been listened to and acted on.

The service had robust quality assurance processes in place including monthly audits for maintenance of the home’s medicines management and monitoring of complaints. These processes acted as an audit system and were used to drive continuous improvement.