Emerald Care Services Limited

Station House

Inspection report

23 Station Road
Laughton Common
Dinnington
South Yorkshire
S25 3RW

Tel: 01909561917

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Station House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This inspection was carried out on 10 May 2018 by two adult social care inspectors and was unannounced.

At our last inspection in November 2016 we rated Station House as good overall, although the well led domain was rated as requires improvement. This was because we identified that improvements in the monitoring systems were required to make sure audits undertaken were more robust and that where improvements were required these were identified with appropriate and timely action taken to address these.

The home caters for up to ten adults with learning disabilities and autistic spectrum disorder in two separate buildings. The provider also operates a domiciliary care agency from the same location. However, no-one was receiving personal care from the domiciliary care agency at the time of our inspection.

Station House is required to have a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems and processes to assess and monitor the quality of the service provided. However, we found that audits were not always effective as they had not identified shortfalls to ensure that improvements would be made.

Staff were able to recognise signs of abuse should they occur and knew how to report concerns if they suspected a person was at risk of harm. There was a complaints procedure available in the service for people and relatives to raise concerns.

People received appropriate care from staff to meet their needs although not all staff training was up to date to develop their skills and knowledge. Staff monitored people's health and well-being. People had access to healthcare professionals according to their needs.

People were cared for by staff who were observant and ensured people were comfortable. People told us, and we saw, that staff were kind and caring.

Staff knew the needs and preferences of the people they cared for and promoted people's rights to privacy, dignity and independence.

We found that where people lacked capacity, there was no evidence that decisions had been made in accordance with the Mental Capacity Act 2005 (MCA) Code of Conduct.

People's diversity was respected and staff responded to people's social and emotional needs. People's care needs were met because they were supported and cared for in accordance with their wishes and choices. People and staff were positive about the culture of the service. People felt the staff team were approachable and polite.

People gave positive views about the food they received and experienced pleasant mealtimes. There were activities for people and people were supported to take part in these, although their preferred, documented routines were not always carried out.

During this inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all aspects of people's medicines were managed safely.

Recruitment procedures had not been followed in all instances.

The building was clean and appropriately maintained.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

There were enough staff, who knew people well, to provide the care and treatment needed.

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for by staff who had not all received the appropriate training and support they required to carry out their role.

Where people lacked capacity, there was no evidence that decisions had been made in accordance with the Mental Capacity Act 2005 (MCA) Code of Conduct.

People were supported to eat a balanced diet and their nutritional needs were met.

People were supported to access healthcare services.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well led.

Communication between the management team could be improved.

Quality assurance systems were in place to monitor and review the quality of the service which was provided. These were not always used effectively to drive improvement in the service.

Staff were motivated and enjoyed working at the service.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Station House

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 checked whether the provider was 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 was a comprehensive inspection; it took place on 10 May 2018 and the inspection was unannounced. The inspection team consisted of two adult social care inspectors

We brought the inspection forward because of concerns and therefore inspected the service before the provider had been required to submit their PIR. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

We spent time in the communal areas of the home to observe how staff supported and responded to people. We spent time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

During the inspection, we spoke with two people who lived at the home. In addition, we spoke with the registered manager and three care staff.

We reviewed five personnel files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes and training records. We also looked at menus and activity plans. We looked at four people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

We asked the provider to submit further pieces of evidence and information to us following the inspection, and included this information when reaching our judgements about the service provided.

Requires Improvement

Is the service safe?

Our findings

At our inspection in November 2016, we found the service was safe and rated this domain as good. At this inspection we identified issues in the areas of medicines, food storage, allergens advice and staffing. We have rated this domain as requires improvement.

We checked five staff files. The files we checked showed that all staff had undergone a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check the provider's recruitment policy set out that, all staff were required to provide a checkable work history, evidence of their identity and two referees. However, we found that in the files we checked this was not always evident. In two of the five files we looked at staff had provided a personal reference only, despite having recent work experience in a care environment. In one of the files we checked we found that the staff member concerned had a criminal record. We asked the registered manager what action would be taken in such circumstances. They told us that a risk assessment would be undertaken to assess whether the staff member was fit to work with vulnerable people. We pointed out to the registered manager a risk assessment had not been completed in this case. The registered manager was not aware of this and could not give an explanation why this had not been done.

Medicines were predominantly managed safely. The registered manager and staff were responsible for the management and administration of medicines. Established staff, with the exception of two, had received the appropriate training. Medicines were stored securely. Records demonstrated room and medicine storage temperatures were not consistently monitored to ensure medicines were stored within the manufacturers recommended temperature range. Whilst there was an audit system in place, it had not identified this issue.

Suitable Medicines Administration Records (MAR) were kept. There were no gaps on the MAR and they were clear and legible. Medicines were given to people at the correct times. People had been prescribed pain killers such as paracetamol to be used as required (PRN). This meant they had access to pain relief at any time. PRN protocols were in place to guide staff when to administer these medicines.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was updated periodically. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and believed they would be followed up appropriately. Information about how to report concerns was available to staff and visitors.

There was equality and diversity policy in place and staff received training on the Equality Act legislation. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People had Personal Emergency Evacuation Plans (PEEPs) in place. These guided staff and emergency responders on the support people would need to leave the building in an emergency. Risks to people's health were assessed prior to their admission to the home. People's care plans contained specific sections on their health care needs that included any risks. However, records showed that risks to people were not always updated or reassessed to reflect their current needs. For example, one person's plan stated that community based activities were to include two staff. We identified occasions when this did not happen and the activity of going out in the car had been undertaken by a single staff member. We asked the registered manager about this. They told us, "We don't consider it two to one staffing if they don't get out of the car." We asked if this had been risk assessed. The registered manager told us it had not. This was not in line with the provider's policy on lone working which stated; 'Managers and supervisors in the home have a duty to: Inform staff about the risks associated with lone working, ensure risk assessment for lone working are completed and inform about ways to mitigate the risks of lone working'. This meant staff and people using the service faced potential harm, particularly new staff who did not yet know people well.

On the day of our inspection there were sufficient staff present to meet people's needs. One person said, "There's always someone [staff] around." New staff had recently been recruited and staff told us this was welcomed. Comments included; "We have really been pushed recently so the new staff will be a big help." Throughout the day we observed staff were able to sit with people and talk, play games and provide the levels of supervision required in people's risk assessments to keep them safe.

We saw and people told us the service was clean. We observed that all areas of the building were clean and odour free, including people's bedrooms and bathrooms. We observed that the kitchen was clean and cleaning schedules were followed.

Where accidents or incidents occurred, appropriate actions were taken to keep people safe. The provider kept a log of all accidents or incidents at the home and staff recorded the actions that they had taken. Records showed that the actions taken by staff were appropriate to reduce the risk of a similar accident reoccurring.

Requires Improvement

Is the service effective?

Our findings

At our inspection in November 2016, we found the service was effective and rated this domain as good. At this inspection we identified issues in the areas of mental capacity and staff training. We have rated this domain as requires improvement.

We looked at the arrangements in place for obtaining consent. We found the registered provider had a comprehensive policy in relation to Mental Capacity Assessment and Deprivation of Liberty Safeguards. The registered manager told us that the majority of people at the home did not have the capacity to consent to their care. We checked a sample of four care plans in relation to consent. We found that where people lacked capacity, there was no evidence that decisions had been made in accordance with the Mental Capacity Act 2005 (MCA) Code of Conduct. The MCA sets out that where people lack capacity decisions must be made in their best interests, consulting relevant parties and taking into account the person's expressed views. There was no evidence this had been carried out. The registered manager told us they believed it had been done in the past, but said that someone must have archived the records. However, a decision had recently been taken in relation to where people were going for their summer holiday and their files contained no evidence this had been decided in accordance with their best interests.

In two of the files we checked there was documentation indicating that the person's relative had given consent to their care. There was no evidence that the relative had appropriate legal authority by means of a Lasting Power of Attorney (LPA), meaning that this "consent" was unlawful. In one file we looked at there was information confirming the person did not have an LPA recorded yet parental consent had been given. We discussed this with the registered manager, however they did not appear to recognise this was unlawful.

Following the inspection, the Nominated Individual provided us with further information in relation to a range of areas, including best interest decision making and consent. In this they asserted that some best interest decisions were the responsibility of the local authority, and also confirmed that many people at the home did not have a best interest decision in relation to moving to the home. They said that where best interest decisions were lacking, there was evidence of parental consent. This is not following the lawful procedure as set out in the MCA code of practice. This documentation, along with the lack of appropriate best interest decision making, meant that the provider was not acting in accordance with the Mental Capacity Act.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff received regular supervision (one to one meetings with their manager) and an annual appraisal of their work performance. Staff told us they felt well supported by the registered manager. Staff told us they received training in a range of areas. However, we found gaps in the training plan supplied by the nominated individual following the inspection. The plan identified when a person had completed training or when the next course was booked. It was colour coded to identify training in date, training booked, and training out of date and in need of refreshing and training topics with no completion date identified. The matrix, dated 1

May 2018 showed three staff had not received health and nutrition training. Two of these staff were on duty during our inspection. Seven staff had not completed the 'role of support worker' training. Again, two of these staff were on duty during our inspection. One member of staff, whose start date was shown as February 2014 had not completed training in; health and safety, mental capacity and deprivation of liberty, report writing, moving and handling people and hoist and sling use. There is a risk that people using the service could experience a negative impact when receiving care from staff who have not been sufficiently trained. We noted examples of this during the inspection in relation to confidentiality, dignity and consent.

People were supported to have enough to eat and drink. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes. People made clear choices about their meals and drinks. People were supported to drink plenty to maintain their hydration, people who were able to were able to make drinks independently. Staff told us menus were developed on an individual basis. If people changed their minds and did not want the choices offered on any given day then they could request something different. People were involved in food shopping at the service and as such, the daily running of the service. The kitchen was clean and there were sufficient quantities of food available including easy access to fresh fruit. Food was not always stored safely. We found inconsistency with 'opened on' dates on some food stuffs to help identify the item was still within the expiry date. Fridge and freezer temperatures had been monitored and recorded to ensure they were working correctly.

We discussed food with the registered manager and asked them about food allergy and intolerance information. Food Information for Consumers Regulation 2014 requires that allergy information on food be provided. There was no advice advertised in the dining room nor home document in relation to any allergy information on the food produced. The registered manager was not aware of this regulation, meaning the provider had failed to ensure they complied with required regulations. Following the inspection the nominated individual contacted CQC regarding these regulations and the requirement to comply with them. They stated, "The requirement to record allergens on a daily basis is not in our opinion necessary. All meals are recorded on an individual basis." This indicated they did not understand their responsibilities in relation to complying with this regulation

People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or others involved with their health needs. People had been supported with appointments to dentists, hospitals, opticians, consultants and advice had been sought from 111 when people had been unwell. Records showed the outcomes and any actions that were needed to support people with these effectively.

People's needs were met by the adaptation, design and decoration of premises. People knew their way around the service and were able to move around freely. The bedrooms, corridors and shared bathroom and toilet facilities were all clean and free of clutter. The service had an enclosed garden, which people were free to use.

People's needs were assessed prior to them moving into Station House to ensure the registered provider was able to meet the person's care and support needs. Assessments of needs were completed and individual plans of care developed to guide staff in providing care to people based on their needs.

Good

Is the service caring?

Our findings

At our inspection in November 2016, we found the service was caring and rated this domain as good. At this inspection we found the service remains good.

We spent periods of time observing staff interacting with people in shared areas of the service. We saw examples of positive interactions. Staff responded to people with patience and were caring in their approach. For example, one person could become distressed and anxious at times and this was clearly documented in their care plan. There was guidance for staff on how to support the person during these periods.

People indicated staff were caring and friendly. We asked one person if he was happy with staff and life at Station House he smiled and gave us a 'thumbs up'. Comments from other people included; "I am very happy, the staff are nice." And, "It's a nice place with nice people."

Staff told us they enjoyed their work and showed a genuine concern for people's well-being. One member of staff told us, "The people who live at Station House are amazing, I love working with them."

People had the opportunity to be involved in decisions about their care and the running of the service on an informal basis. One person told us, "We get a say in things." They went on to tell us how they had helped to decide on the décor in the home.

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

People were supported by staff that knew them well. Staff demonstrated a good understanding of people's needs and backgrounds when we spoke with them. People's care records contained information about their backgrounds, preferences, needs, likes, dislikes and risks and staff were knowledgeable about these. Daily notes showed in most cases staff were providing care in accordance with people's assessed needs.

Good

Is the service responsive?

Our findings

At our inspection in November 2016, we found the service was responsive and rated this domain as good. At this inspection we found the service remains good.

The provider had a complaints policy; however it did not direct complainants to the appropriate route of external remedy. We asked two people using the service about whether they knew how to make complaints. They told us that they did, and that they would be confident to do so. The registered manager provided us with a file which showed that they had not received any complaints in the current year. However, one person's care records showed that they frequently made complaints or expressed concerns to the provider. The registered manager told us that in order to address this they had agreed to hold regular meetings with this person and their representatives. This meant that this person's complaints and concerns were not formally recorded as complaints yet were addressed at a regular frequency.

We looked at activities and community involvement. We saw that each person had a structured activities plan. The registered manager told us about a person who had recently been admitted to the home. Notes from a recent team meeting showed that this person was having a structured activities plan created with them. Although another person's activities calendar was not in line with the documented wishes of the person. A document titled; 'important to/for me' identified 'my Saturday outing' as being an important activity. However the activity plan identified the Saturday activity for this person as DVD. One person's record showed that for a period of time they were housebound due to injury. During this time alternative, home based activities had been offered. This meant that the provider was doing everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be.

Care plans contained sections covering a range of needs including communication, mobility and nutrition. The guidance was clear and gave staff information about the person's individual needs and how these could be met. One person told us, "I have an advocate and we have a meeting every month to discuss progress and any concerns." They went on to tell us they were aware of their care plan and knew about some, but not all of it. Whilst most care plan documents were up to date and reviewed we found this was not always the case. One care plan had an, "Important to, important for" document dated 10 May 2016. Attached to this was a note which was not signed or dated, it stated; 'to be reviewed and rewritten.' A 'relationship circle' document had a similar note requesting a review and a photo were required. The care plan had last been reviewed in February 2018. The actions identified had not been addressed in the three subsequent months.

Handovers took place at key points of the day. This meant staff were kept up to date with any change in people's needs. Staff told us they were always aware of any changes and felt they were fully informed. Daily notes were completed to give an overview of how people had spent their time during the day.

People had been asked about their wishes at the end of their life. If the person and their relatives had made their wishes known these were recorded in their care plan. This took into account wishes and preferences and was focussed on the person having a dignified death in line with their wishes.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in November 2016, we found the service was not always well led and rated this domain as required improvement as audits undertaken had not always identified areas for improvement. At this inspection we identified continued issues with governance.

The nominated individual was not present during the inspection as they were on annual leave. The registered manager told us that, because of this, they were not able to access certain key documents that we asked to see. This included the up to date policies and procedures for the home and audit documents. We asked the registered manager about what they would do if they needed to access up to date policies and procedures in the nominated individual's absence. They said: "I've not really thought about it." Following the inspection the nominated individual forwarded some of this documentation to CQC, however they said that the policies and procedures had in fact been available to the registered manager. The registered manager had been unaware of this, indicating that communication between the management team could be improved.

We looked at the updated policies and procedures which were sent to us after the inspection. However, we found that they referred in parts to outdated legislation and did not reflect current regulations. This indicated that policies and procedure require review to ensure they are up to date.
Care files and information related to people who used the service was accessible to staff when needed but was not always stored securely and in accordance with data protection guidelines. We saw at times, files and communication books were left unattended. This meant that people's personal information could be accessed inappropriately.

The registered manager told us that a range of audits were carried out, but they could not access them. We looked at old policies which said that a quality audit would be carried out regularly by the nominated individual but although we made a request, we were not provided with a copy of this audit. We saw that staff carried out regular checks of cash balances, cleaning standards and medication stocks. As we had identified shortfalls in care records, personnel records and other areas, this indicated that the audit system within the home was not effective.

We asked the Registered Manager about the arrangements for auditing infection control, as required by the Code of Practice on the Prevention and Control of Infections and Related Guidance. They told us that since registering to manage this home they had not yet undertaken such an audit. They told us that one had been done previously, and they were working to an action plan from this audit. We asked to see this audit but they told us it was not accessible as it was on the Nominated Individual's computer, and they were on leave. Following the inspection we asked the Nominated Individual on two occasions to provide us with a copy of this audit and action plan, but they failed to do so. They did, however, provide us with a copy of an audit that had been completed subsequent to the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection, the previous registered manager left and a new registered manager was in post. Feedback from staff about the registered manager was positive. One staff member said, "The manager is fine." Another staff member told us, "The manager is supportive."

The registered manager told us there was an open and positive culture at the service. They told us that recent recruitment had contributed to the positive staff culture. We noted that systems for communication were in place. These included regular staff meetings and daily handover meetings. We noted that a recent staff meeting had been used to discuss a planned holiday for people and the staffing rota.

Staff were motivated and enjoyed working at the service. Staff told us they had not experienced any discrimination and were treated fairly. Comments included; "I feel supported. It's a good team" and "I really like working here."

Systems were in place to gather people's views. Residents and relatives meetings were held regularly and an annual survey was circulated. We saw the analysis of the latest survey results and found the responses had been positive.

The registered manager and staff had a willingness to work in partnership with others including the local authority, safeguarding and commissioning teams, to support and develop the service.

Services that provide health and social care to people are required to inform the Care Quality. Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager understood their role and responsibilities and the requirements of the Health and Social Care Act 2008. They knew when notifications needed to be sent and we had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the service and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people lacked capacity, there was no evidence that decisions had been made in accordance with the Mental Capacity Act (MCA) Code of Conduct.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not have oversight of the governance of the home. We identified shortfalls which indicated that the audit system within the home was not effective.