

North Yorkshire County Council

Station View

Inspection report

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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

This inspection took place on 8 February 2016 and was unannounced. The last inspection took place on 29 July 2014, and the service was meeting all of the regulations we assessed.

Station View is a service owned and operated by North Yorkshire County Council. The service offers a range of different services, which include short stay/respite care, day care, interim care and rehabilitation beds. People's stay varies from a few days up to a maximum of six weeks or when the person is ready to return home. The accommodation is provided in five separate flats each with a sitting room, kitchen and dining area. All with single bedrooms. There are two outdoor garden areas with parking facilities to the front of the building. Station View does not provide long term care. The service can accommodate up to a maximum of 39 people. On the day of our inspection 11 people were staying at Station View for rehabilitation or short stay/respite care.

The service did not have a registered manager in post to manage the service. Station View has been without a registered manager since November 2014. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety was promoted because risks that may cause them harm had been identified and managed. People were supported by care staff who encouraged them to become independent. Appropriate risk assessments were in place to keep people safe. People we spoke with said they felt safe and they spoke positively about the care and support they received during their stay.

Medicines were managed safely, staff had been trained to administer medicines and had an up to date policy which provided them with good practice guidance. The deputy manager took responsibility for medicines and we saw they completed monthly audits. This meant if any errors did occur they could be resolved in a timely manner.

Staff recruitment processes included carrying out appropriate checks to reduce the risk of employing unsuitable people.

Staff received a range of training which supported them to understand and meet people's needs. Staff received supervision of their work and felt well supported by more experienced staff and the deputy manager.

The assessment and the planning of people's care was thorough and ensured staff had good information of people's individual needs and preferences. People told us care staff ensured their dignity and privacy was met. Care plans contained information which provided staff with a sense of what was important to the person, they were reviewed and updated on a regular basis.

The service worked closely in partnership with health and social care professionals. This was to ensure people received the right support in becoming independent, during their stay at Station View and then enabling them to return to their own home.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions.

People told us the food was good and we saw people had access to a choice of nutritious home cooked meals along with regular drinks and snacks throughout the day.

People knew how to make a complaint if they were unhappy and all the people we spoke with told us that they felt that they could talk with any of the staff if they had a concern or were worried about anything.

People were asked to complete a survey about the quality of the service at the end of their stay. The provider reviewed this feedback used it to address any shortfalls and improve the service.

Staff morale was good and all of the staff we spoke with told us how much they enjoyed working at the service.

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.

Staff understood how to protect people from abuse and avoidable harm.

There were sufficient staff to meet people's individual needs and provide flexibility to promote their well-being.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care.

There were systems in place to protect people against the risks associated with the management of medicines.

Is the service effective?

Good 

The service was effective.

Staff were trained, supervised and supported to provide the care and support people needed.

Staff sought consent from people before care or support was provided. Where people were unable to give consent staff followed support plans and we could see records of best interest decisions. This meant the service was following the principles of the Mental Capacity Act.

The service worked closely in partnership with other health and social care professionals. This ensured people received appropriate support during their stay at Station View.

People were provided with a choice of nutritious food. Snacks and drinks were available at any time. People's dietary likes and dislikes were known by the staff.

Is the service caring?

Good 

The service was caring.

People told us that care staff were pleasant, nice, kind and caring.

We saw genuine positive interaction between staff and people throughout the inspection. People were treated with kindness, patience and respect.

People received care which was respectful of their right to privacy whilst maintaining their safety.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been appropriately assessed and their care needs were regularly reviewed to make sure they received the right care and support that they needed.

Staff supported people to build their confidence and to feel reassured. They supported people to become as independent as possible, enabling them to return to their own home.

There were processes in place to enable people to raise any issues or concerns they had about the service. Issues, when raised, had been responded to in an appropriate and timely manner.

Is the service well-led?

Good ●

The service was well-led.

There was no registered manager in post since November 2014. However the provider had systems in place to support the deputy manager and ensure the service continued to be run well.

Feedback from people who used the service, health and social care professionals and staff was very positive about how the service was managed and organised.

Effective systems to monitor, assess and improve the quality of the service were in place.

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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 inspection took place on 8 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We planned the inspection using this information.

We looked at most areas of the service including some bedrooms (with people's permission), communal areas, kitchen and office accommodation. During the inspection visit we looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a care service. This included three recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the service we spoke with the deputy manager who was responsible for the day to day running of the service, two senior managers from the organisation, two care staff and the cook. On the day of the inspection we spoke with six people who staying at the service and an occupational therapist, a physiotherapist and a district nurse who were all visiting the service.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any concerns about the service,

and none were raised.

Is the service safe?

Our findings

People told us they felt safe and well looked after during their stay at Station View. One person said, "They (staff) check me at night. They (staff) don't make it obvious –but they do make me feel safe." Another person told us, "Oh, yes I feel safe whilst I am staying here."

We saw some people, who were able to walk around the service independently, wearing pendant alarms. This was safer than relying on call bells in people's bedrooms or in communal areas, as this made it easier for the person to alert staff for assistance in emergencies. For example, if a person had a fall. One person said, "We have all got one of these (pendant alarm). If we need someone quickly the staff are there within seconds." This demonstrated the service took people's individual needs into account and ensured they were provided with systems they needed to remain safe, whilst supporting people to become as independent as they could be before returning home.

We spoke with staff about safeguarding people who used the service. They were clear about the procedure to follow and said they would have no hesitation whistle blowing (telling someone) if they saw or heard anything inappropriate. One member of staff told us that they "I would report it straight away to either a senior care staff or to the deputy manager." The provider told us all staff had received updated safeguarding training and this corresponded to the training records we looked at. Staff were able to explain the process to follow should they have concerns around actual or potential abuse. Information the Commission had received demonstrated the deputy manager was committed to working in partnership with the local authority safeguarding teams and they had made and responded to safeguarding alerts appropriately.

Risk assessments and risk management plans were developed based on individual people's needs. They contained guidance for staff about how to support the person to remain safe and to reduce any distress they may be experiencing. We saw appropriate health care professionals had been involved at all times with the development and review of these plans. This meant the service worked in partnership when people required more specialist input to keep them safe and to support staff with complex situations.

All accidents and incidents were reviewed by the deputy manager to ensure appropriate action had been taken. They were also analysed for trends and patterns; for example if someone started to fall more frequently healthcare professionals became quickly involved to determine the cause and to agree the necessary support needed.

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. All of them had attended an interview and two references and Disclosure and Barring Service (DBS) (previously criminal records bureau) checks had been obtained prior to the member of staff starting work. This process helped reduce the risk of unsuitable staff being employed.

The service had sufficient staff to meet people's needs. During the day time there was one senior carer and four members of care staff on duty. The deputy manager worked full time. The service employed other

ancillary staff. Overnight there were two members of care staff on duty. We reviewed the rota for the last three weeks and this reflected the levels the deputy manager had told us were needed to provide people with safe care.

We spoke with the deputy manager about how they determined staffing levels and deployed staff. They told us each unit had a dedicated staff team each day. Staffing levels were determined according to the needs of people staying at the service. They told us they increased staffing levels if required, for example if the number of people admitted into Station View increased or people's care needs required more staff to support them.

Appropriate checks had taken place on the storage, disposal and receipt of medicines. This included daily checks carried out on the temperature of the rooms and refrigerators which stored items of medication to ensure the medicines did not spoil or become unfit for use.

Appropriate arrangements were in place for recording of medicines. Staff had signed people's medicine records when they had given people their medicines. Records had been completed fully, indicating that people had received their medicines as prescribed for them.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs. Controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register and saw they tallied correctly. Regular audits were carried out to determine how well the service managed medicines. Medicines were regularly checked that records and stock levels were correct.

We walked around the building and saw grab and handrails to support people and chairs located so people could move around independently but with places to stop and rest. Communal areas and corridors although homely, were free from trip hazards. This meant people were able to move around the service safely.

All the units we visited were clean and had been newly decorated. People staying at Station View all told us that everywhere was kept clean. One person said, "It is always clean here when I come for respite care." Another person told us, "It is very comfortable here and very clean." We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

Is the service effective?

Our findings

People we spoke with were positive about the ability of care staff to meet their needs. People said that they felt care staff were well trained and had sufficient knowledge and skills to deliver care and to support them with their rehabilitation. One person said, "I have been here for one week now and I enjoy coming for respite care." Another person told us, "I have been here for three weeks now and all I can say is that the stay here has been marvellous. They are doing everything they can to help me to improve and become independent and to get me back home."

We asked the deputy manager about staff training arrangements. They told us newly appointed staff completed a twelve week induction based on the new care certificate. The care certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. Staff completed training and records confirmed that training included health and safety, moving and handling, first aid, dementia awareness and safeguarding adults. One member of staff told us, "The staff training we get here is very good and there is plenty of it."

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. Staff also completed an annual appraisal. Supervisions and appraisals are processes which offer support, assurance and learning to help care staff develop in their role. Care staff told us and records confirmed supervisions occurred every two months. This process was in place so that care staff received the most relevant and current knowledge and support to enable them to conduct their role effectively.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA. Throughout the inspection we saw evidence of staff supporting people to make decisions and seeking consent. Where appropriate care plans contained mental capacity assessments in relation to decisions about people's ability to consent to care. Where it was deemed the person lacked the ability to consent to their care we saw records of best interest decisions. It was evident the person and their representatives had been involved in the decision making process.

There was no one staying at Station View who had or required an authorised DoLS to be in place. The

deputy manager demonstrated a good awareness of the legislation and was working within the principles of the Act. They told us that they had applied for DoLS for one person, but that they no longer received a service from Station View.

Care staff assisted people to make decisions and sought their consent before supporting them. We observed people were asked their permission before being moved or assisted with their mobility. Explanations were provided by staff about what action they were going to take, for example, when supporting someone to walk correctly with a zimmer frame. Staff took the time to explain what was happening allowing the person to respond and ensure they understood and were happy to proceed.

Each unit had a lounge/dining area. We joined people for lunch on one unit. People we spoke with told us that the food was 'very good' with 'plenty of choices' being available. One person told us, "It makes a difference having good food." We saw staff offering people a choice of meal and drink. Everyone was given the choice, of eating in the dining area, or if they preferred having their meal in their bedroom. We found the atmosphere during lunchtime was a relaxed and sociable occasion which people appeared to enjoy.

We spoke with the cook who told us people's dietary requirements were recorded and this information was passed to kitchen staff before people were admitted for their stay. The cook was able to give us examples of people's special diets they catered for. For example, people with diabetes and people requiring soft food. Whilst we were at the service we noted that people had access to juice and water and that people were offered tea and coffee at regular intervals and we heard staff encouraging people to drink sufficient fluids.

There were systems to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. We saw those people at risk had been assessed using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify if adults were malnourished or at risk of malnutrition. Staff told us if they noticed that someone's nutrition and /or fluid intake had changed they would record and monitor this. If there was no improvement then a referral to the doctor would be made. People's weights were monitored in accordance with the frequency determined by the MUST score. This information was used to update risk assessments and make referrals to relevant health care professionals, such as doctors, dieticians and speech and language therapists, for advice and guidance if appropriate.

Comprehensive assessments were carried out before people were admitted to Station View for either respite care or rehabilitation. These assessments contributed to the planning of care. Where people were admitted for rehabilitation, a rehabilitation plan was devised to ensure people received the appropriate support from all professionals for them to gain their independence and to return home.

Station View worked with health and social care services closely and in partnership. The aim of the service was to 'engage in a programme of rehabilitation for a short period of time. If this cannot take place in the person's own home which is always the first option' then this support could be provided at Station View. This is done with support from Physiotherapists, Occupational Therapists and Health and Adult Services Workers. People were supported to maintain good health and could access health care services when needed, such as GP's and District Nurses.

We spoke with health professionals during our visit. Everyone spoke positively about the staff at the service and the work they did supporting people to become independent. A visiting District Nurse told us, "The staff here are friendly and helpful. Any advice given is followed and staff are good at doing this here. The care is good." Visiting Physiotherapist and Occupational Therapists also told us that there was 'good communication' from staff at Station View with other health professionals.

Is the service caring?

Our findings

People who were staying at the service told us they were very happy with the care and support they received. They described staff at Station View as being 'pleasant, nice, kind and caring.' One person said, "The stay here has been good. I have been well cared for. All of the staff are caring." Another person said, "They (staff) can't do enough for you." One person told us, "I have been here a few weeks now. The staff are always cheerful and kind."

We spent time in the lounge/dining areas of three of the units at the service and observed staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. There was a positive atmosphere throughout our visit and people's requests were responded to promptly. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, respectful, supportive and encouraging. We heard staff call people by their preferred names. Staff knocked on people's doors and waited before entering, ensuring people's privacy was respected.

Staff described their role with passion. One member of staff said, "I absolutely love this job. To support people and to see them get better and then go home is great."

All of the staff we spoke with told us they worked hard to make sure people received care in a dignified way. They gave examples of making sure people's curtains were closed, knocking on bedroom doors before they entered and taking time to get to know people and their preferences during their stay at Station View.

We saw staff had time to listen to people and talk with them. All of the interactions we observed was unhurried and kind. People were treated with dignity as care staff spoke to them at a pace which was appropriate to their level of communication. Care staff allowed people time to process what was being discussed and gave them time to respond appropriately. Care staff told us that they saw people staying at the service like family and there was a family atmosphere in the service with enjoyable, supportive and positive interactions between people and all care staff. This included engaging people in friendly conversation.

Whilst care staff were busy they continued to treat people with respect and showed a genuine care for people. Our observations indicated that people were able to spend their day as they wished following their rehabilitation sessions with therapists or social care staff. We saw some people involved in communal activities and others preferring to spend time in their rooms. We observed staff asking people about if they wanted to listen to the radio and if the volume was set at an appropriate level for them.

Staff had a good understanding of people's care needs and preferences. Staff told us they accessed people's care plans and that they wrote in the daily records during people's stay at Station View. Staff also said that this was important when monitoring people to support them to become independent and their progression which enabled them to go home. We saw people's consent had been sought about decisions involving their care and the level of support required and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives and other professionals had been involved in discussions

about care and support. This was reflected in the support plans we saw.

Is the service responsive?

Our findings

People we spoke with all told us that they were consulted and asked about their care. One person told us, "They consult and discuss everything with me."

People were assessed before they moved into the service which enabled the manager and staff to make a decision about whether they could support the person's needs. We looked at three people's short term assessment re-ablement intervention plan and they contained a detailed picture of people's need and the support they required during their stay at Station View.

Plans were person centred, they contained information about people's preferences and dislikes, and provided care staff with detailed information about the support they needed and how this should be provided. Rehabilitation Plans were also detailed and gave staff clear guidance in how they were to support people to become independent. They were organised, methodical and easy to follow. We saw that plans were written in the first person. For example, in one person's plan we saw recorded, 'I like to get up between 8:00 - 8:30am.'

People's care needs had been fully assessed and documented by the deputy manager or senior staff before they were admitted to the service. These assessments were undertaken to identify people's support needs and support plans were developed outlining how their needs were to be met. Records showed that the support plans reflected the information which was gathered during the pre-assessment stage. People's individual support needs were reviewed weekly and their support plans provided the most current information for care staff to follow. People, care staff and professionals were involved in these reviews to ensure people received personalised care. Support plans were updated where a changed need was identified. We could see health professionals had been consulted appropriately and their guidance had been included within people's support plans.

Multi-Disciplinary Team (MDT) meetings were held each Thursday morning. This is a meeting held with all health and social care professionals involved with people during their stay at Station View. These meetings were important, as they reviewed and determined people's progress and rehabilitation programme with everyone involved.

From our discussions with staff and our observations on the day it was evident that staff knew people as well as they could even though people generally stayed for short periods of time. Staff responded to changing needs to ensure people received the most appropriate care and their emotional, as well as physical, needs were met during their stay.

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. We saw that information about complaints was included in the information pack people were given. No one we spoke with had made any complaints about the service. The deputy manager was able to show us the record of complaints, the actions that had been taken and

how complaints were monitored by the registered provider. The complaints record showed that there had been two complaints since the last inspection in 2014. Both complaints were about fees/charges for the service. Everyone we spoke with told us they would speak to staff if they had a complaint. One person who was staying at the service told us, "I would speak to staff if I had a complaint. They would sort it out for me." No-one raised any concerns with us during this inspection.

Is the service well-led?

Our findings

The service does not have a registered manager. Station View has been without a registered manager since November 2014. Senior managers informed us that they had offices based at the service for a few days a week. We were told that interviews for the position as manager had been conducted four or five times without a successful candidate being appointed to the post. We were also informed that they had interviewed for the post the previous week, although following the inspection we were informed they had not successfully appointed a manager. Satisfactory steps had been taken by the provider to do everything they could to recruit a manager. We found there was no negative impact identified to people's care during our inspection and as a result of the service not having a registered manager in post. The deputy manager had managed Station View on a day to day basis with consistent support from senior managers from within the organisation.

The deputy manager promoted an open and supportive culture at Station View and sought feedback from people staying at the service, to identify ways to improve the service provided. People told us the deputy manager was a visible presence around the service.

During the inspection we received feedback from people who used the service and staff that the deputy manager was approachable and that people felt able to go to them to discuss issues or concerns. People told us they thought the service was well run. One person said, "The stay here has been marvellous. Station View is very well run. Another person told us, "Overall, my stay here at Station View has been very good. They (staff) do everything they can for me." Staff told us they received good support from the deputy manager and her line managers. One member of staff said, "The support we receive is a lot better from (Name) of deputy manager and (Names) of senior managers. I absolutely love my job. The people we support are great. They all have different characters and assorted support needs."

Staff meetings took place on a regular basis and staff told us they found these helpful. We saw a copy of the meeting minutes which demonstrated good attendance. We could see actions were carried forward and progress was discussed at the next meeting. At each meeting staff were given the opportunity to comment on their practice and the service.

Health and Social care professionals also spoke highly about the service. They told us that Station View staff worked in partnership with them to ensure the best outcome for people. Professionals told us that the service worked hard to ensure people were supported to gain their independence in a safe environment, working with people to gain their confidence to return to their own home.

The provider conducts annual surveys. These are carried out centrally by North Yorkshire County Council Quality Team. Station View also undertakes their own quality checks as they gave out surveys to people once their stay had finished. This gave people the opportunity to discuss the service they had received. We saw several surveys which had been returned from people who received a service and health and social care professionals. These were all positive. People who received a service had made comments about 'the service was always clean, people felt safe, staff were helpful, and people received appropriate help/advice

from staff.'

The deputy manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the service offered. This included formal auditing, meeting with their line manager and talking to people who received a service. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as fire fighting and detection equipment. There were also support plan and medicines audits which helped determine where the service could improve and develop.

Monthly audits and monitoring undertaken by senior managers helped the deputy manager and staff to learn from events such as accidents and incidents, complaints, concerns and whistleblowing. The results of audits helped reduce the risks to people and helped the service to continuously improve.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team, police, deprivation of liberty team, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.