

Emerald Care Services Limited

Station House

Inspection report

23 Station Road
Laughton Common
Dinnington
South Yorkshire
S25 3RW

Tel: 01909561917

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18 June 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Station House is registered to provide personal care and support for up to 10 people living with a learning disability and/or autistic spectrum disorder. Some people also had long-term health conditions and complex communication needs. The service is provided in a house with additional annex and a separate bungalow. The service was adapted to provide en-suite bedrooms, communal lounge, dining rooms and a pleasant garden. At the time of this inspection seven people were living at Station House.

People's experience of using this service:

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control over their own lives, choice, and independence.

People felt safe and happy living at Station House. Staff had received safeguarding training and knew when and how to raise concerns.

People were protected from risks. There were various risk assessments in place for each person giving guidance to staff to reduce the risks identified. Risk assessments were reviewed regularly or when people's needs changed.

There was sufficient and adequately trained staff to support people safely.

Medicines were administered, stored and managed safely. Audits identified no errors in the months preceding the inspection.

Station House was clean, tidy and homely and suited to the needs of people living there. People had individualised rooms with their personal items and favourite colours and décor.

People's needs were thoroughly assessed by a multi-disciplinary team of specialist professionals within the learning disabilities service. People had access to health care and hospital treatment when needed.

Staff were trained in all of the provider's mandatory areas and had the ability to access on line, face to face or group training. New staff had a robust and supported induction period. Some formal one to one supervision and appraisals were behind schedule but the new manager had recognised this as an area of immediate attention.

The staff were caring and knew people, their preferences likes and dislikes well. Staff took pride in the standard of care they provided. We received good feedback from people about the quality of care they received.

Care plans were person centred and were regularly reviewed and updated. When people's needs changed appropriate referrals were made to re-assess and devise new strategies to support them effectively. The staff had regular meetings and discussions with health and social care professionals to ensure the right care was being provided.

There was a clear and supportive management structure in place. Quality assurance, audits and monitoring were regularly undertaken. This meant that areas identified for improvement were acted upon in a timely manner.

Rating at last inspection: Requires Improvement (report published 11 July 2018).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Station House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Station House is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to register with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection:

This inspection was unannounced and took place on 18 June 2019.

What we did before the inspection:

We reviewed notifications we received from the service and reviewed any information we received prior to the inspection from people using the service, their relatives and care staff. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

During this inspection we spoke with five people who received personal care.

As part of this inspection, we spent time with people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us.

We spoke with the provider, manager and four members of the care team.

We reviewed three people's care records and other documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At the previous inspection in May 2018 we found medicines were not always managed safely and staff recruitment procedures were not consistent. At this inspection we found improvements had been made.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Only those appropriately trained, administered medicines to people.
- Protocols were in place for medicines that were to be taken as and when needed.
- A recent audit by the local pharmacist found the service's medicine practices to be safe.
- There were safe arrangements to receive, store and dispose of medicines.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks included references, identity checks and Disclosure and Barring Service (DBS). A DBS clearance check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.
- The manager told us that they were fully staffed with permanent members of staff, but had access to a bank of experienced staff and regular agency staff when required.
- We saw sufficient numbers of staff during our inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies.
- The provider's procedures gave staff guidance and steps on how to keep people safe. The manager demonstrated they had acted on any concerns raised by notifying the local authority.
- A person we spoke with told us, "I feel safe but I don't go out on my own because of the cars on the road."

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. Staff were aware of people's personal risks and the strategies used to support people.
- People's risk assessments were regularly reviewed and updated. Information throughout people's care plans provided staff with the measures needed to reduce the risk.
- The current management of people's risks and their progress was discussed in detail at the staff handover

meeting.

- Any concerns, incidents or near misses were reviewed, investigated and action was taken to help prevent further incidents. Staff felt confident that any concerns would be immediately acted on.
- A person told us, "I feel safe living here and feel very happy I wouldn't want to change anything or live on my own."
- We saw people being supported in line with their risk assessments, for example, being moved with the assistance of equipment.
- Regular safety checks took place to help ensure the premises and equipment were safe.
- Personal Emergency Evacuation Plans (PEEPs) used by the emergency services to help people in the event of a fire, were available.

Learning lessons when things go wrong

- The service had taken action to learn from the findings at the previous inspection in May 2018. Staff told us the home had improved significantly since then.
- People, relatives, staff and visiting professionals were invited to share their views about the service and action was taken when suggestions for improvements were made. One person told us, "I like to have meetings with staff to talk about living at Station Road and the things I would like to do."
- The home recorded accidents and incidents and reflected on them as a means of improving safety for people.

Preventing and controlling infection.

- Staff followed appropriate infection control processes and procedures which protected people from the risks of poor infection control. Staff completed infection control training as part of their induction and the provider's required training. The provider had an infection control policy for them to refer to.
- We found the home clean throughout our inspection and people told us levels of hygiene at the home were good. One person commented, "I like doing housework and do the bathroom, my washing and make my bed every day."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At the previous inspection in May 2018, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records did not always demonstrate that the principles of the Mental Capacity Act 2005 had been followed. At this inspection, we found improvements had been made.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager and staff demonstrated a good understanding of the MCA and DoLS. The manager had sought guidance from the local authority's DoLS assessment team to ensure the service's practices met with legislation.
- People were supported to have as much choice as possible about their daily routine, for example what time they got up and settled for bed, and how and where they spent their day and what and when they ate.
- Where people lacked the capacity to make certain decisions, assessments had been undertaken and best interests decisions made on people's behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Information from people, their families and other health care professions helped to inform the initial assessment of people's needs and whether Station House was the most suitable place for them to reside and be supported.
- People's involvement in developing their care plans was encouraged to ensure their preferences were met. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- People's preference for staffing was considered and rotas were changed to accommodate people's staffing wishes.

Staff support; induction, training, skills and experience.

- Staff received an induction and training considered mandatory by the provider to carry out their roles confidently and effectively. Staff who were new to health and social care told us the induction gave them the knowledge, skills and behaviours expected for specific job roles within the service. One staff member said, "The whole process was great, especially the shadowing of more experienced staff."
- There were appropriate systems such as supervisions and competency checks to help ensure staff were supported in their roles and given the opportunity to identify areas for professional development. Staff who had worked more than a year received annual appraisals of their performance. However, we found some staff supervisions required updating. The manager had recognised this and assured us this would be rectified immediately.
- People felt staff were appropriately trained to carry out their roles. One person said, "Staff sit and chat with me about healthy eating."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to be involved in choosing and preparing their meals. People were asked what they would like to eat.
- During the visit we observed people and staff preparing meals and being offered plenty of drinks and snacks.
- People's weights were monitored and causes of unexpected weight loss were investigated by the registered manager and people were encouraged to have snacks between meals if needed.
- People told us they enjoyed the food. Comments included, "I go to slimming world and I am doing really well, I have lost over 5 stone since starting and the staff have helped me to eat a healthy diet. I get plenty to eat and can make a drink whenever I want," and "Staff help me with making my tea and I get a choice of what I want. We plan the menus and then do the shopping, we have a board on the wall that has a picture of what's planned for the day and what we are doing."

Staff providing consistent, effective, timely care within and across organisations

- Staff worked well together and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People had access to healthcare professionals.
- People's health was monitored and referrals for specialist advice from professionals including speech and language therapists and occupational therapists, were made promptly when required.

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

- The service was spacious and provided a number of safe communal areas people could use to engage with others or in which to relax. A garden provided pleasant area for people to spend time outdoors.
- People's rooms were individually decorated to their taste and preference. Rooms had personal possessions, photographs and pictures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
- We saw staff demonstrate a kind and compassionate attitude. People felt at ease with staff and there were conversations and laughter between them.
- People were respected as individuals. Care records contained information about people's life histories.
- People told us how caring and kind the staff were. Comments included, "I am very happy with everything and the staff are caring," "I am happy with everything and I like my keyworker," "The staff make me happy," and, "The carers really look after me."

Respecting and promoting people's privacy, dignity and independence.

- We observed staff interaction and saw staff treated the person with dignity and respect.
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering the persons bedroom.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- We observed people carrying out tasks independently, such as eating and drinking, and mobilising. However, staff were on hand to provide assistance if required.

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

- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People told us they felt involved in the planning of care and support, and were kept up to date. One person said, "I am listened to and the staff act on what I say."
- Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care records were regularly reviewed and were person-centred although we did find some instances where greater detail was required. The manager committed to addressing this immediately. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- People's communication needs and preferences had been assessed and recorded in line with Accessible Information Standard (AIS). AIS aims to ensure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.
- Records included important information about the person, such as next of kin and GP contact details, medical history, life history and preferences with regard to their care and support.
- People's individual goals and outcomes were recorded. These described what the person wanted from their care and support.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.
- People were protected from social isolation and we observed activities taking place at the home. Each person had a personalised activities programme. People's comments included, "I like doing my jigsaws in my bedroom and I enjoy watching TV," "I enjoy gardening and I cut the grass when it needs it with the help from staff. I am growing pumpkins and water them regularly," "I am happy here and the things I enjoy are working in a café 2 days a week at the local library and I like to go shopping for my food, I have made a list today from the menu," and "My favourite thing is doing arts and crafts with staff."

End of life care and support

- No-one living at Station House was receiving end of life care at the time of our inspection. The manager told us family members took responsibility for this aspect of people's future wishes. However, the service would seek professional guidance when required.

Improving care quality in response to complaints or concerns

- There was an effective complaints process in place. The manager investigated complaints thoroughly and took appropriate action to resolve the complaint.
- People and relatives were aware of the complaints process and how to make a complaint. No one we spoke with said they had made a formal complaint. Comments included, "I am able to talk to the manager if something is not right" and, "I have no complaints, I would say if I wasn't happy. I get on with the other person I live with."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the previous inspection in May 2018, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as audits undertaken had not always identified areas for improvement and continued issues with governance. At this inspection, we found improvements had been made.

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

- Audit processes had improved and were now sufficiently frequent and robust to assess, monitor and improve the quality and safety of care provided.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff and people spoke highly of the manager. Staff told us they had an open-door policy and could go and speak to them at any time. One person told us, "I am able to talk to the manager if something is not right."
- The manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- The home had a calm and relaxed atmosphere. The culture at the home was warm and friendly.
- Staff told us morale had significantly improved and we observed good working relationships amongst the staff team.
- The manager was committed to providing high-quality care for people in an environment that was considered the person's home. They recognised staff training and development as a key to this. Staff were supported to undertake care qualifications as well as additional training to become 'champions' for specific topics, such as medicines, infection control and nutrition. The manager and nominated individual told us they were proud of the staff team and their commitment towards the people living at Station House.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected from discrimination under the Act. People's individual needs were assessed and regularly reviewed by staff

and they received care and support free from discrimination.

- The service held resident meetings to gain their views. There were also meetings for all staff.
- The manager and staff worked closely with local health professionals and, when required, sought specialists in areas including speech and language therapy.