Barchester Healthcare Homes Limited

Station Court

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

Overall summary

This inspection took place on 1, 2 and 3 December 2014 and was unannounced.

We last inspected Station Court on 18 July 2013. At this inspection we found the service was meeting all the regulations we inspected.

Station Court is a care home providing care to a maximum of 63 older people; some of whom were living with dementia. Nursing care is not provided. The accommodation is provided across two floors. People who were living with dementia were accommodated on the first floor. There were 60 people living at the service at the time of our inspection.

The home had a registered manager who was on long term leave at the time of the inspection. A temporary manager was in charge of the home. The temporary manager was registered with us in respect of another location.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found people were safe at the service. The building was clean and well maintained, no trip hazards were noted, risks were assessed and staff were trained in safety, emergency and safeguarding procedures. The service had sufficient staff on duty. Staff recruitment, staff disciplinary processes and the arrangements for managing medicines ensured, as far as possible, people were protected from harm. The service had clear, accessible written policies and procedures concerning safeguarding vulnerable adults and whistleblowing. Staff confirmed they were trained in and understood safeguarding procedures.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Menus and food stocks showed people had a varied diet. Arrangements for special diets, support with eating and presentation of food were satisfactory.

People were treated with kindness and respect. They were afforded choices with regard to activities and getting out and about

People told us that they, and their families, had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. We found people's support was provided as detailed in their care plans and people's needs had been thoroughly assessed. This meant people received support in the way they needed it. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were provided with a wide range of imaginative activities. The provider had an effective system for responding to concerns and complaints.

The provider monitored the service well through a combination of audits carried out by the staff at the service, quality assurance visits by the provider's representatives, gathering of data from the service and use of surveys.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

Appropriate arrangements were in place for recruiting staff and training them in safeguarding people in their care. Sufficient staff were employed.

Risks were identified and managed well and the premises were well maintained.

Medicines were handled safely

Is the service effective?
The service was effective

Good

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

People were supported to eat and drink according to their plan of care.

Is the service caring?
The service was caring

Good

People who used the service were treated with respect in a friendly and caring atmosphere.

People were involved in making decisions about their care and the support they received.

Is the service responsive?
The service was responsive

Good

People's choices and individual needs were identified and respected.

People's care and support was provided as agreed in their care plans.

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

Is the service well-led?
The service was well led.

Good

There were systems to assess the quality of the service provided in the home and we found that these were effective.

The service had an absent registered manager and a temporary manager was running the home. The staff were supported and there were good systems in place for staff to discuss their practice and to report any concerns about other staff members.

Summary of findings

People who lived in the home, and their relatives, were asked for their opinions of the service and their comments were acted on.

Station Court

Detailed findings

Background to this inspection

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

The inspection took place on 1, 2 and 3 December 2014 and was unannounced. The inspection team comprised two inspectors and a specialist advisor with a mental health background.

We looked at the notifications the service had sent us and other data we had gathered before the inspection. We also asked the provider to complete a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is meeting the five questions and what improvements they plan to make. The Provider Information Return (PIR) is information the provider sends to us. The PIR was not returned to us because this was sent to the registered manager who was on long term absence.

Before the inspection we contacted the local authority commissioners and clinical commissioning group, as well as the local Healthwatch organisation to obtain their views of the service. Local Healthwatches have been set up across England to act as independent consumer champions to strengthen people's voices in influencing local health and social care services and to help people find the right health and social care services. During the inspection we spoke with six people and two relatives. We also spoke with 10 members of staff including the temporary manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at 11 people's care records, two staff recruitment files and other records associated with managing the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, “Oh yes we are very safe here. The staff make sure.” Another person commented, “If we need anything the staff make sure you get it, they are very good, I have never asked for anything and not got it, put it that way.” One relative told us, “Mum feels safe here.”

We saw the home had clear, accessible written policies and procedures concerning safeguarding vulnerable adults and whistleblowing. The temporary manager told us that since coming to the home he had expected staff to familiarise themselves with these and we saw these had been signed off as read by most of the staff team. Staff confirmed they were trained in and understood safeguarding procedures. They were aware of the company whistleblowing policy and felt confident in raising any concerns they may have with a member of the senior staff team. We reviewed the information we held on safeguarding alerts at the service and saw that the service had responded appropriately when allegations had been raised. This demonstrated that the service took these matters seriously and endeavoured to keep people safe from harm.

The two staff recruitment files we looked at showed the provider had a safe process that protected people from unsuitable staff by making the appropriate checks before employing someone. For example, we saw employment histories were required, references were taken from previous employers and checks were carried out with the Disclosure and Barring Service (DBS).

We received mixed comments about staffing levels. For example one relative said, “I think they could do with more staff especially around meal times” and another relative commented, “Staffing levels are appropriate.” People confirmed they were happy with the staffing levels. One person said, “They are always about and around”. Another person who spent time in their bedroom said staff popped in regularly to see her. Their relative confirmed this saying, “The staff know to keep an eye on her as she prefers to stay in her room, there are usually staff around and about when we visit.” One relative suggested the service should think about employing a porter as care staff spent too much time ferrying meal trollies from the kitchens to the dining areas.

The service employed 51 staff in total. We were told that agency staff were not being used. Staffing levels were appropriate for the number and dependency of people who used the service. We saw at our visits and in the rotas that one deputy, two seniors and seven care staff were routinely provided, supported by two housekeeping staff, two kitchen staff, a laundry assistant, administrator and a handyman. We observed that staff were able to carry out their tasks in an unhurried and calm manner. This demonstrated that the provider ensured, as far as possible, that staffing arrangements protected people from harm.

Individual risks were managed well. People’s care files contained risk assessments for key areas of risk such as malnutrition, falls, pressure ulcers and tissue viability. These assessments were regularly reviewed and care records contained body maps, choking assessments and management plans. One relative told us, “(Name) has no skin damage – they see to that.” We noted that care plans were in place if people were at risk of malnutrition. Information was also available on specific dietary needs such as portion sizes, likes and dislikes and any specific dietary requirements such as a diabetic diet. We noted that one person was at risk of pressure damage. We read that the person should use a pressure relieving cushion and mattress. We visited this person in his room and noted that a pressure relieving mattress was in place and he was sitting on a special cushion which relieved pressure. For a person who was in bed there was a chart in place which documented that her position was changed regularly to maintain her comfort and reduce the risk of pressure ulcers.

We also saw risk assessments had been carried out for the safety of the premises, use of equipment and handling of substances. For example, up to date risk assessments related to infection control were in place.

The arrangements for storage of medicines were appropriate and people were receiving their medicines safely.

We saw that most of the medicine administration records (MARs) were completed accurately. We noted however, that there were gaps in the administration of medicines for two people. We also noted that one person’s photograph was missing from the MAR, although all the other details relating to the person were included such as their date of birth and any allergies. We spoke with the manager about these issues. He told us that he would address these immediately and the weekly medicines audit would have highlighted both issues.

Good

Is the service safe?

For two people the care plan and protocol for medicines to be given on a 'when required' basis needed amending to reflect the current prescriptions.

We saw a senior staff member supervising a junior member of staff who was completing training in medicines management. We saw that staff administered medicines safely and signed for medicines following administration.

We checked the management of controlled drugs. Controlled drugs are medicines that can be misused. Stricter legal controls apply to these medicines to prevent them being obtained illegally or causing harm. Staff used a controlled drugs register to record the receipt, administration and return of any controlled drugs. We found that controlled drugs were stored and administered safely.

We noted that one person required their medicines to be administered covertly. Covert administration refers to medicines which are hidden in food or drink because this has been judged to be in the person's best interests. There was a care plan in place to guide staff about what action they needed to take.

We saw and staff confirmed that emergency procedures were in place. For example, we saw the service had a number of emergency and contingency arrangements, such as loss of essential services, which included flow charts for staff to follow and the emergency contacts' telephone numbers.

Routine accident and incident procedures were also in place and the provider had a standard process for staff to record, report and inform them of these, so these could be monitored.

The home was clean throughout and there was no build-up of laundry when we visited the laundry room. We spoke with cleaning and laundry staff who confirmed they had plenty of time to carry out their duties and were never short of the necessary equipment. We saw the premises were well presented and no safety hazards were noted. The building was well lit, with hand rails in all areas. Each entrance to stairwells and lifts had a numeric keypad ensuring these doors remained locked for the safety of people living at the service. All other areas of the home were accessible to people.

We saw the maintenance man carried out and recorded routine safety checks of the building at frequencies set out by the provider. For example, fire safety and water temperature checks. These were up to date and signed off by the maintenance man. Up to date certificates for safety were available for the gas and electrical installations. A copy of the provider's monthly newsletter "The Barchester Beagle" dated 26 November 2014, included reference to their homes being required to nominate a health and safety co-ordinator and other new initiatives such as a new maintenance log book and upgrading the thermostatic controls in their buildings. The above showed the provider endeavoured to provide care safely and in a safe environment.

Good

Is the service effective?

Our findings

We spoke with ten members of staff. All staff spoken to had a lengthy service record in care and with Barchester in particular. They felt equipped to carry out their role and were happy with the level of training they received, although one member of staff commented "It would be nice to learn a bit more". Staff training was predominately computer module based and most staff said they did this at home in their own time as there was little time to do this study when on shift. The manager gave us access to an overview of staff training which showed that 75% of all training was up to date. One staff member said, "There's absolutely enough training. We're on a rota which tells us when we need to do the training."

A number of staff held vocational qualifications in care, with some staff undertaking a diploma in dementia training. However staff did not appear to be aware of the Dementia Friends initiative or if the service had a Dementia Champion. Dementia Friends is part of a national public awareness initiative to promote understanding of dementia and aims to have one million Friends by 2015. The manager later confirmed that one staff member had been identified to take on this role.

The manager told us that other staff also had lead roles for tissue viability and infection control. All staff felt fully supported and had access to formal one to one meetings with a supervisor, known as supervision meetings, on a three monthly basis and underwent an annual appraisal with their manager. Supervision sessions are used, amongst other methods, to check staff progress and provide guidance. We saw in the notes of these that staff made suggestions for improvement, for example one staff member had recorded that they would like more time to help people in activities such as baking.

We spent time with people over lunch time and checked how their nutritional needs were met. We saw that information was available for staff about people's specific dietary needs such as portion sizes, likes and dislikes and any specific dietary requirements. There were food and fluid charts for some people which staff used to monitor how much people had consumed throughout the day. The dining area was nicely laid out with crockery and table cloths and small vases of flowers. All people taking meals in the dining area were observed being offered a choice of meal and beverage from a comprehensive menu. A number of people were observed taking meals in their bedroom out of choice. We saw that two people on the first floor received their meals in their rooms with assistance from staff.

The chef was knowledgeable about people's dietary requirements and could describe these to us. They said, "We have a couple of people who are diabetics. We also have two people who have finger food, so if it was rice pudding, I would send some cakes or tarts which were easier for them to pick up with their hands." They also told us that some people required a pureed meal. They explained that they always served pureed meals in distinct portions rather than pureeing the meal together so the meal looked more appetising. The chef also explained that they always spoke to people at meal times for feedback about the meals which were served. They told us, "I always say hello and check everything is alright. I always get feedback on the meals. We've been changing our menus and I've been listening to what they want – even soups, they tell me what they would like."

We checked the kitchen and saw that it was well stocked with food. There was meat, fresh fruit and vegetables. The chef told us, "The only frozen vegetable is peas." They added that there was an emphasis on home cooking and said, "Everything is homemade – homemade quiches, biscuits, tarts and cakes."

We saw there were eggs, full fat milk, cream and cheese to fortify those people's meals who required extra calories to maintain or increase their weight. The chef told us that they made milk shakes each day, "I blend yoghurt, milk, ice cream and fruit."

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment.

There was a policy in place which related to people's mental capacity and DoLS. One DoLS authorisation had been approved by the Local Authority and the registered manager told us three more had been submitted for approval.

Where possible people's consent was obtained. For example, we saw staff ask people before assisting them to move from one room to another. We saw documents people had signed giving consent to having their

Good

Is the service effective?

photograph taken for the service's records. We saw documents to confirm individual mental capacity assessments had been carried out to ascertain whether people required best interest decisions to be made on their behalf. One person's care records contained information stating under what circumstances they should not be admitted to hospital and should be allowed to be cared for in the home.

Evidence that outside professionals visited the service, such as G.P.'s, a renal nurse specialist, district nurses and dietitians was documented in the records. People and relatives confirmed these services were made accessible to people.

Good

Is the service caring?

Our findings

People and both relatives we spoke with were complimentary about the service. Their comments included, “It’s friendly and homely and staff really seem to care about the residents” and “I would rate the home as good”

There was a calm atmosphere on the unit where people who had dementia related conditions lived. Staff were interacting well with people. There was no shouting and people were engaged in various activities such as setting the table, talking to staff or their relatives. Our SOFI observations, carried out on this unit, showed us staff were caring and approached people in a person centred way. We noted, for example, that at breakfast time people were gently reminded that food was available and shown where the two dining rooms were. We saw one person was busy in a small sitting room going through the drawers of the sideboard and a member of staff gently encouraged the person to complete the task and accompanied her to the dining room.

We saw people could get up and get dressed at times they preferred and there was no pressure on people who wanted to stay in their rooms for their breakfast. Staff were attentive to those who did not come to the dining room and ensured those people had eaten and had sufficient to drink. Staff assisting people were careful to ensure privacy by closing doors and speaking in low tones. People were supported to make choices about their food and more dependent people were reminded and encouraged to eat and drink. We noted that after breakfast people chose to sit in different parts of the unit; some sat or stood in seating areas located on the corridor where music was playing, others chose to sit in quiet sitting/dining rooms. Two people chose to sit together in the lounge to watch television. People were relaxed and calm and staff took time to sit or stand and talk with people

On the general unit some people sat around in a small group in the main entrance hall socialising, chatting and joking and there was laughter with the maintenance man as he was trying to put up the Christmas tree.

People were supported to think about and plan for their future care needs. End of life plans were in place for people, as appropriate.

Good

Is the service responsive?

Our findings

People said very positive things about the social aspects of the service. For example, one person said, "It's very friendly here. Everyone has a sense of humour, we all get on fine here." Another person said, "(Name of activities organiser) is always organising something" and "I have no complaints here at all, we have things to do and some days, not every day, we have entertainers and people coming in."

We saw three people from an outside organisation came in to conduct a chair exercise class in the ground floor lounge during our inspection. The hairdresser also attended and we saw a small group of people organised themselves to play dominoes in one of the sitting areas.

Relatives we spoke with were generally happy with the way the service supported people's individual interests and needs. Comments were, "My mum gets to do a lot of activities; they were making cakes the other day…They also go to the pub" and "My mum loves football and they took her to Ashington football club to watch football." One relative said, "More one to one time spent with residents should be allowed for, even if it is just for a short chat".

One of the provider's stated values was to "recognise and appreciate individuality". Staff were knowledgeable about people's needs and demonstrated the provider's value regarding individuality. A member of staff informed us, and our own observations confirmed, that one person liked helping set the tables and clearing away the dishes after meals. Another staff member said, "Everyone has their own routine and it's 24 hour care, we know when people want to go to bed and if they want to stay up that's fine. Some like to sit up and watch TV." A third said, "(Name of person) likes to help with the house work. We have an old fashioned sweeper and when the laundry comes up, they like to help folding the towels. It's all about the little things that they do, the things that they would do at home. It's not all about playing bingo." We saw there were appropriate rummage boxes situated on the unit where people living with dementia were accommodated and doll therapy was available for people if required.

The chef and the activities organiser took action to ensure individual needs and interests were met. The activities organiser supported people with cooking. The chef said the activities organiser had recently made a Christmas cake with, "nearly a full bottle of brandy!" She told us that some people liked a drink on the evening and there was a supply of beer, lager, wine, whisky and brandy.

We spoke with the activities organiser who showed us an album of photographs and a diary of events that had taken place at the home over the past few months. These were very varied. For example they included a sponsored walk through the local town to a nearby museum and back, a dog show, a reminiscence food day, a gardening day and a pottery making day. The photographs showed lots of happy smiling faces and that staff and relatives were involved. We saw the organiser had a recording system for ensuring people were offered activities they particularly enjoyed and for making sure people were not left out. She also demonstrated an appreciation of people's dignity and rights to choose. For example she told us, "Two ladies wanted to go to the Metro Centre (shopping mall) because they used to go and hadn't been since they came here. So that is what we did. Just the two, not a big group, that way it felt more of a normal shopping day out like they were used to. They really appreciated it."

The activities organiser was sensitive to people's diversity in regard to the kind of activities individual people may or may not enjoy. She was very conscious that some people may not like organised events but may enjoy one to one time with an activity of their choosing. One of the care staff was able to describe to us the how, when organising local Anglican church services, they needed to be respectful of other religious beliefs.

All nine records examined contained a comprehensive set of care plans that reflected people's assessed needs and conditions. Pre-admission assessments were in place and there was evidence of reviews and evaluations of care. These had been carried out on a monthly basis or sooner, as necessary. Files included an individual profile of each person which covered their preferences, past memories, key people and significant events in their lives. This helped staff understand people and deliver more individualised care.

We saw the provider's complaints procedure was openly available around the home and a copy was included in a "welcome pack" of information for people new to the service. The manager held a record of complaints received which showed that these were investigated and responded to in a timely and formal manner. One relative we spoke

Good

Is the service responsive?

with, who had previously formally complained about the treatment of their relative commented that once the complaint was raised the “manager dealt with the problem straight away to our satisfaction”. And they now felt the staff were “amazing”.

Good

Is the service well-led?

Our findings

The home had a registered manager who was on long term leave at the time of this inspection. A temporary manager was running the home. This person was registered with the care Quality Commission (CQC) in respect of another location.

The culture of the service generally felt warm and welcoming, with staff demonstrating a caring attitude. Barchester Healthcare, the provider, had issued copies of their "Vision, Mission and Values" on a single page leaflet, for reference by staff. A copy of this was available in the office. The provider's monthly newsletter, "The Barchester Beagle" promoted four quality domains, "Our care; our people; our buildings; our business."

The staff we spoke with stated the management structure was good and they felt supported, with the general consensus being that the present manager, who was relatively new in post had, as one member of staff put it, "lifted the place up." Other staff members comments included; "(Name of manager) is so caring, he is firm but fair with everyone;" "(Name of manager) does 'walk arounds' and these are really uplifting for us, morning and afternoon; he knows what is going on with the residents;" "Morale is good" "The manager is mint (good);" "It's good working here now and that's down to (Name of manager)" and "(Name of manager) is spot on. We couldn't ask for a better manager…He mucks in when needed. The other day he was hoovering the floor. He just gets on and does it."

The manager told us he attended monthly managers' meetings and had regular one to one supervision meetings with his line manager, both of which he found supportive.

The manager described various processes that were in place to promote quality assurance. These included new "provider visits" carried out by the regional manager, the first of which had taken place on 18 November 2014. The visit resulted in an action plan for the service. For example, one of the actions was for the service to achieve 85% for staff training by 30 December 2014. The manager showed us reports from his own monthly unannounced visits to the service, dating back to April 2014, some of which had taken place in the evening and weekends. He told us he also carried out quality checks such as taking a meal with people or sitting in on activities and would give feedback to the staff about this.

We saw internal audits took place. For example, a weekly medicines audit was carried out. The manager told us that the provider also had a system of governance and audits. These included the manager sending data to the provider on a monthly basis concerning areas such as falls, pressure sores and other incidents. We were told that two weeks before our visit the provider had carried out a check on the premises. The manager was still waiting for the report back from this, so was unable to show it to us, but told us that the kitchen had a "green" (good) rating.

Surveys of staff and people who used the service, were sent on behalf of the provider by an independent company. The manager also sent surveys to people at the home. For example questionnaires had recently been returned concerning the meals at the service. The results and comments were complimentary and included, "No improvements necessary from my point of view" and "There is a good variety and cannot think of any improvements". One written suggestion was, "Fresh salmon would be nice." The manager told us he had provide this in response to the suggestion. The cook also confirmed the manager arranged this as a special order.

The manager and the provider demonstrated a commitment to on-going improvements. For example, the manager described improvements that he was planning to enable people to access the garden independently. He explained that the provider was planning to grade each of its units, where people who had dementia related conditions lived, against recognised good practice measures, such as the work of Stirling University concerning good design of the environment for people who lived with dementia. One of the staff had been identified to become the "dementia champion". Through Christmas activities and fundraising the activities organiser had made strong links with a local museum and a local school.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. The manager had copies of notifications he had sent to us, though some of these had not reached us due to the e mail address the manager had used being incorrect. We pointed this out to the manager and following the inspection appropriate notifications were resumed. This meant we could check that appropriate action had been taken.