Barchester Healthcare Homes Limited

Station Court

Inspection report

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Date of inspection visit:
22 March 2017
07 April 2017

Date of publication:
06 June 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 22 march and 7 April 2017 and was unannounced.

We last inspected the service in December 2014 and we found the service was meeting all of 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 59 people using the service at the time of the inspection.

We found that during our inspection, a high number of DoLS (Deprivation of Liberty Safeguards) applications had been made the day before our second visit to the local authority for authorisation. These had not been submitted in a timely manner. Where people lacked capacity, best interests decisions about the use of lap belts or specialist chairs which restricted people's movement for their safety, were not always recorded. The service was not fully compliant with the principles of the Mental Capacity Act (MCA) 2005.

People had access to a range of care professionals. We found a discrepancy in the care records of one person where it stated they did not have a Do Not Attempt Cardiopulmonary Resuscitation (DNAR) order in place when in fact they did. We spoke with the registered manager about this who rectified the record immediately.

We found the service continued to be safe. There were safe procedures in place relating to the administration of medicines, staffing and recruitment practices, safeguarding of vulnerable adults, prevention of infection, and the management of accidents and incidents.

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

There were systems in place to maintain the security of the premises. Staff received training in the safeguarding of vulnerable adults and told us they knew what to do in the event of concerns of a safeguarding nature. Risks related to the premises and individual people were assessed and plans were in place to mitigate these. Accidents and incidents were recorded and analysed for any pattern or trends.

People were supported with eating and drinking and we found that dietary advice had been sought for people deemed at risk of malnutrition. On the first day of the inspection we found the ground floor dining area to be cramped which impacted upon the quality of the mealtime experience. On the second day of the inspection, this had been addressed. The meal was better organised and the dining room was less

congested.

A number of improvements had been made to the premises, including the replacement of carpets and furnishings. The home was clean and tidy and well maintained.

Staff received regular training, supervision and an annual appraisal. They told us they felt well supported by the registered manager.

We observed kind, caring and courteous interactions between staff and people using the service. Care and support was provided discreetly and sensitively. The registered manager was keen to involve people that used the service in the running of the home, and had created two 'resident ambassador' roles to help support people living in the home to share their views. End of life care was not being provided at the time of our inspection but staff had received training and guidance in this area, with support from district nurses. We received positive feedback from a district nurse about working closely with staff caring for people approaching the end of their life.

Person centred care plans were in place which reflected people's physical and psychological needs and their personal wishes and preferences. We found gaps in the evaluations of some care plans but noted this had improved of late and at the time of the inspection the care plans we checked had been reviewed. The registered manager and staff knew people well, and information handed over between shifts was detailed.

There were mixed views about the activities available. Some people told us there were insufficient opportunities to engage in social activities and other people were happy with the activities available. We observed a number of activities taking place during the inspection, and the registered manager told us they were in the process of recruiting additional activities staff with a view to increasing the activities available.

There had been no recent formal complaints at the time of the inspection. The registered manager kept records of informal complaints to enable them to identify patterns or trends.

The registered manager had recently returned full time to the home, having been supporting another of the provider's services locally. People and relatives told us they had noticed a slight dip in quality during this time. We found that audits had not picked up all of the issues we found at the inspection but the registered manager recognised the areas for improvement and was working towards addressing these.

The registered manager responded positively to feedback during the inspection and addressed some issues during the inspection. People, staff and relatives told us the manager was friendly and approachable, and staff had clear expectations of the standard of care expected of them.

We found one breach of The Health and Social Care Act (Regulated Activities) Regulations 2014 related to; Safeguarding service users from abuse and improper treatment. You can see what action we told the provider to take at the back of the full version of the report.

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 remains safe.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Applications to the local authority to deprive people of their liberty had not all been made in a timely manner. Best interests' decisions were not always in place in relation to restraints used such as lap belts, where people lacked capacity specifically.

Important information about the resuscitation status of one person was conflicting and this had not been picked up during several routine reviews of the person's health needs.

People were supported with eating and drinking, risks related to nutrition were identified and appropriate action was taken. People and relatives told us they enjoyed the food.

There had been a number of improvements to the environment, including replacement carpets. The home was clean and well maintained.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

Audits and checks had not always identified shortfalls including failure to work within the MCA (2005) and the timeliness of DoLS applications and the recording of best interests' decisions.

The views of people and their relatives were routinely sought through surveys and questionnaires.

A business continuity plan was in place to guide staff about what to do in case of an emergency such as loss of utilities.

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.

This inspection took place on 22 March and 7 April 2017 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor and an expert by experience. The specialist advisor was a nurse with experience of care of older people with physical and mental health needs. We were also joined by a member of CQC administrative inspection support staff.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone with mental health needs.

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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the safeguarding and commissioning teams from the local authority prior to the inspection, and took what they told us into account when planning the inspection.

During the inspection we spoke with 12 people, five relatives, the registered manager, the deputy manager, five senior care staff, six care assistants, two members of domestic staff, a cook, and maintenance staff member.

We checked four staff files, six care plans and a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

Upon arrival at Station Court our identification was checked, and we were asked to sign in and out of the building. The front door was locked and a key pad was in place to maintain the security of the premises. Stairwells and lifts were also protected by key codes which helped to promote the safety of people that used the service.

A safeguarding policy was available and staff received training in the safeguarding of vulnerable adults. We spoke with a staff member who told us, "I have completed safeguarding training. I have never seen anything to concern me but I would speak to my manager if I did."

Information about how to whistle blow was displayed around the service. This meant staff were aware of who they could contact to report any concerns. The registered manager told us their motto was, "If in doubt, call them out." This meant staff were encouraged to report issues.

There were suitable numbers of staff on duty during the inspection. The provider used a dependency tool which calculated each person's level of need and the staff required to meet those needs. We spoke with staff who told us there were sufficient staff on duty, and we observed them supporting people in a calm unhurried manner. We checked staff recruitment files and found there continued to be suitable procedures in place for the recruitment and selection of staff.

The environment was clean and tidy, and we observed domestic staff cleaning rooms as we carried out our inspection. A relative told us they were particularly impressed with the cleanliness of the building. Domestic staff used the correct protective equipment, trolleys were not left unattended and cleaning fluids were in the correct containers with labels and instructions for use. These were stored safely after use. We also observed staff wearing appropriate personal protective equipment such as gloves and aprons, and these were readily available in the home. Staff had received training in the prevention of infection, and two staff were designated infection control leads. They attended meetings at the local hospital and cascaded this knowledge back to the staff team. This helped staff to remain up to date with current best practice.

Routine checks on the safety of the premises were carried out, and individual risks to people continued to be assessed and plans were in place to mitigate these.

We checked the management of medicines and found that suitable procedures were in place for the ordering, receipt, administration and disposal of medicines. We checked medicines on both floors and found they were stored safely. Medicines trolleys were secured to the wall, and locked, and store cupboards were tidy and organised. Fridge and room temperatures were taken. This is important as medicines can become ineffective if stored at the incorrect temperature. We checked the stock balance of medicines and found they tallied with the records kept in the home. We checked the management of controlled drugs (CD)s. CDs are medicines which are liable to misuse so are subject to more stringent control measures. These were appropriately stored and correctly recorded. Regular audits were carried out to ensure compliance with the provider's medicine policy. These were carried out internally, and bi monthly by the

regional director. There were also external audits carried out by a community pharmacist. We observed medicines being given. One person refused to take their medicine and this was disposed of in line with the protocol agreed with the dispensing pharmacy. The person's GP was aware that they frequently refused to take medicine and had provided staff with guidelines about what to do in this event.

Accident and incidents continued to be recorded and analysed by the registered manager to check for any concerning patterns or trends.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

On the second day of the inspection we found that a number of applications had been made the day before our visit to the local authority to deprive people of their liberty. Some of the people had lived in the service for a significant period of time. This meant the provider may have been depriving people of their liberty without the legal authority to do so. Where people lacked capacity, best interests decisions were not always in place for people using lap belts and specialist chairs which restricted their movement for safety reasons.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13. Safeguarding service users from abuse and improper treatment.

We spoke with the registered manager and regional director about this issue, and they acknowledged that there had been a delay in carrying out some of these assessments and applications. They put immediate safeguards in place to ensure assessments and applications were made as soon as reasonable practicable following admission to the home. Where capacity assessments had been carried out, we found that these had considered people's capacity to decide to live permanently in the home, or to vote for example.

People had access to a range of health professionals, including GP's, district nurses, dietician, chiropody, dentists and speech and language therapists where required. Specialist advice had been sought from an occupational therapist about a special chair for one person. We spoke with a district nurse who told us, "Staff act on our advice and contact us in a timely manner if they have concerns." Emergency Health Care Plans (EHCPs) were in place. EHCP's involve people in making decisions about their care, including their preferred place of death and avoiding preventable admission to hospital.

We found one care plan which recorded in the person's care record that there was no Do Not Attempt Cardiopulmonary Resuscitation Order (DNAR) in place. We found that a DNAR form was located prominently at the front of the person's file, and had been in place for several months. The care plan had been evaluated each month, and this was not picked up or amended. This meant there was conflicting information about the resuscitation status of the person, and the action staff would take should the person's heart stop. We

informed the registered manager who took immediate action to rectify the issue.

Staff told us, and records confirmed they received regular training, supervision and appraisals. Training considered mandatory by the provider was provided, including; health and safety, infection control, manual handling, fire safety, choking and dysphagia (swallowing problems) and safeguarding vulnerable adults. Supervision was carried out which meant that the support and development needs of staff were considered. The registered manager told us that supervision was a supportive, not punitive mechanism, and staff told us they felt well supported. Annual performance appraisals were carried out. Electronic hand held tablets were available for staff to complete online (computer based) training which helped them to access this more conveniently.

People were supported with eating and drinking. Special diets were accommodated, and people and their relatives told us the food was good. One person told us, "We have home cooked food every day." A relative told us, "My relative loves the food; says it is very good and they are happy with it." Special diets were catered for and people's likes, dislikes, preferences and dietary needs were recorded. People's nutritional state was assessed and monitored, and food and fluid records were in use where necessary. People deemed at risk of malnutrition were weighed more frequently, and weights were monitored by the registered manager. Where concerns had been identified in relation to dietary needs, we found that appropriate action had been taken including referral to appropriate professionals. Choices of meals were offered, and small sample portions of each meal were presented to people as a visual aid to support them to choose their meal independently.

On the first day of the inspection, we joined people for lunch in the ground floor dining area. The room was cramped, with tables placed close together making it difficult for people to manoeuvre between tables. In addition to this, a staff member took a trolley between tables to serve food and drinks, which was potentially hazardous, and added to the congestion in the dining room. The close proximity of chairs and walking fames presented a falls risk. The first floor dining area was more spacious and a calmer experience. We spoke with the registered manager about this and when we returned for the second day of the inspection, they had taken action to prevent staff from taking the trolley into the main dining area and made plans to move tables into one of the smaller ground floor lounges where they could serve a number of people separately. In addition to alleviating the congestion problem, the registered manager told us they planned to make this a social dining experience, and described a number of themed activities. They also said they would be monitoring the dining experience as a whole. One the second day of the inspection, we observed that despite plans not being fully in place, the ground floor dining area experience had improved, was better organised and less congested.

We spoke with the cook who was aware of special diets and supplemented foods and provided high calorie milk shakes for people who were at risk of losing weight. They also told us they prepared finger foods, for people who may be restless and preferred to eat on the go.

A number of improvements had been made to the premises including the replacement of carpets, and redecoration. The home was clean and well maintained, and odour free. We spoke with a relative who told us, "I think it is incredibly well designed. There are small lounges, and (family member) can see the garden and birds." There were plans for wireless internet access to be installed in the service.

Good

Is the service caring?

Our findings

People told us they felt well cared for. One person said, "I have got a lot to be thankful for with these carers." Another person who had been receiving respite care said, "The staff have been absolutely lovely, I've been very well looked after; it's been great." One person called us over and said, "These young people are very good to us, I just want to say thank you." A relative told us, "Staff are very helpful, as a visitor I always feel welcome." Another relative told us staff were friendly and helpful, and added, "When (family member) was in hospital, they knew we lived away and there was no one to do their laundry, so they took it away and did it for us. They didn't need to do that, they go above and beyond."

We observed caring and courteous interactions between staff and people. Staff were attentive and took care to check how people were. One staff member asked a person, "How are you feeling now? Are you a bit better? You weren't feeling very well this morning." We heard other staff discussing that a person 'hadn't been themselves' so to observe them closely. Staff explained what they were doing and provided reassurance to people. One staff member stopped next to a person and said, "I am just going to pop your slipper back on for you. Is that okay?"

Staff treated people with dignity and respect. We observed staff knocking on bedroom doors before entering and one staff member told us, "We are paid guests in their (people's) home." Care records were kept securely in locked cupboards to maintain people's privacy.

On the first day of the inspection, we found incontinence products stored in a number of bathrooms, which compromised the dignity of people. We spoke with the registered manager about this who told us they had discussed alternative storage with the regional director. On the second day of the inspection, these items had been moved and were stored discreetly and hygienically.

The registered manager told us they were in the process of appointing two 'resident's ambassadors' who were two people living at the home who had duties including helping to plan resident meetings and promoting the voices of other people in the home, as well as showing new people and their families round. This meant they could describe things from the perspective of people already using the service and directly contribute to the running of the service.

During our inspection no one was receiving end of life care, but the district nurse told us that people were well supported at the end of their lives and they worked closely with staff to support people at this time. Where possible, people's end of life wishes were recorded.

There was no one receiving any formal advocacy support during the inspection but the registered manager told us they were aware of who to contact if they needed to arrange this. An advocate impartially supports people to make decisions and communicate these.

Good

Is the service responsive?

Our findings

People and their relatives told us their needs were responded to. One person said, "They (staff) are very good, they get me anything I need."

We spoke with a district nurse who told us that staff identified people's needs, contacted them promptly and followed their instructions well. A pre admission assessment was carried out before people moved into the service to ensure their care and support needs could be met. Person centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. People were consulted about their care plans where possible and we saw that they were supported by relatives if necessary. We found there had been a period where care plan reviews were not completed on a monthly basis, but this had improved in recent months. We spoke with the registered manager about this and they told us they had already identified this through care plan audits, and had taken action to address this. Observation tools were in use to assess mood and pain, in people living with dementia who may be unable to express their feelings verbally.

We observed staff responding to people's needs. They appeared to know people well, and staff from each unit attended a full handover between shifts. The registered manager explained this was helpful as they knew what was happening on each floor, should they be asked to go to assist, including important information about individual people. The registered manager also joined staff for handover and demonstrated they had a good knowledge of people using the service and any issues in the service.

There were mixed views about the activities available. Some people told us suitable activities available, and others said there could be more and that the activities board was not always accurate. We spoke with the manager about this and they were aware that activities had reduced as one of the coordinators had been absent, but was due to return. They had also recruited additional activities staff and were awaiting employment clearances to enable them to begin work. We observed a range of activities, including an entertainer singing to people, and one to one activities with people. The entertainer was popular with people. One person was singing adapted words to a well known song with the singer. This made people laugh. One person told us, "I enjoyed the singer, he's been two or three times before." Another person said, "The singing is great, people all join in."

On the second day of the inspection, someone visited the home with virtual reality equipment which enabled people to look into a binocular style lens and see images all around them including local scenes and the countryside. One person giggled with delight as they moved the screen around and saw various scenes including farm animals; describing what they could see as they explored the virtual world. Individual people were supported to maintain hobbies and interests. One person was not always able to attend a coffee morning with their friends so the registered manager arranged for their friends to have the coffee morning in the home. This proved very successful. A lifestyles 'toolkit' was provided by the provider organisation, which included ideas for themed activities, events and support materials to assist with activity planning.

People were supported to make choices. We observed people being asked their opinion and preferences throughout the day, including what people wanted to eat, where they liked to sit, and whether they wished to join in any activities.

A complaints procedure was in place. The registered manager told us there had been no formal complaints, and that they kept a record of informal concerns raised by people or relatives. A relative told us, "If I have ever had to a concern it has been dealt with straight away."

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post and our records showed they had been registered with CQC since July 2015. The registered manager had spent a significant period of time in 2016 supporting another service run by the provider. The deputy manager at Station Court acted up in their absence, and the registered manager visited the service weekly in addition to providing daily support as required by telephone. We had been notified of this and were kept up to date with the situation while recruitment of a permanent manager took place.

People, relatives and staff told us they found the registered manager friendly, approachable and professional. One relative told us, "(Registered manager) chooses staff well, and is a great example to other staff." A staff member told us, "You can go to him and he gets things sorted. He enjoys looking after people and tells us to treat people as we would our own family." Another staff member told us, "The manager has a philosophy that if you would be happy for your own parents to live here, then you know you are satisfied with the standards."

We were told by a number of people and relatives that the service had 'slipped' during the absence of the registered manager, but they had noticed an improvement upon their return. One person said, "It is tidier since (registered manager) came back." We spoke with the registered manager about this and they confirmed that it had been very busy, but they felt that things were now improving and they were glad to be back at Station Court. The registered manager was a visible presence in the service, and walked around the home on a daily basis. They also carried out visits to the service 'out of hours' and we saw records of these including any action to be taken.

A number of audits and checks were carried out by the registered manager. A 'resident of the day' was selected, and every aspect of the person's care was quality monitored; including, for example, care and medicine records, and the mealtime experience. There were also regular external audits, and we saw that these had picked up on some issues in the absence of the registered manager. The regional director visited on a regular basis and the registered manager told us they felt well supported by the senior management team. Regular meetings were also held where people, relatives and staff could share their views.

Although a system of audits and checks was in place, these had not always identified the shortfalls we found during the inspection, including lack of timely DoLS applications and best interests decision records.

We recommend that systems to monitor the quality and safety of the service are reviewed to ensure they are suitably robust, particularly in the absence of the registered manager.

The views of people and their representatives were routinely sought through surveys and questionnaires. We found the registered manager and regional director receptive to feedback about the quality of the service. The registered manager was open and honest about areas for improvement and was very keen to address these. We left written feedback at the end of the inspection, and the registered manager sent an action plan of areas they had started to address before the draft report had been issued.

A business continuity plan was in place, which advised staff of the action they should take in the event of an emergency such as loss of heat, breakdown of the passenger lift or severe weather.

The registered manager submitted statutory notifications to CQC in line with legal requirements. Notifications are made by providers in line with their obligations under the Care Quality Commission Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Suitable systems were not in place to safeguard people from having their liberty of movement restricted , including by the use of physical or mechanical means. 13 (7)(b).