

# Community Health Services Limited

# Station House

## Inspection report

Victoria Avenue  
Crewe  
Cheshire  
CW2 7SF

Tel: 01270250843  
Website: [www.stationhousecrewe.co.uk](http://www.stationhousecrewe.co.uk)

Date of inspection visit:  
02 August 2016

Date of publication:  
22 September 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 2 August 2016 and was an unannounced inspection.

Station House is registered to provide nursing care for up to 71 older people. There are two separate units, one for people living with dementia, the other for people who need general nursing or residential care. The service provides long term care for people with nursing and / or dementia care needs. It also provides Intermediate Managed Care and Transitional Care. The aim of Intermediate Managed Care is to promote recovery and independence following an illness or accident. The aim of Transitional Care is to offer care and support for a short period of time, usually when there has been a health and /or social crisis. At the time of the inspection 70 people lived at or were placed at the home.

At the last inspection in July 2014 the service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. 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 told us they felt safe living at Station House and liked living there. People said they received their medicines when they needed them. However staff did not always administer medicines safely and securely. We have made a recommendation about the safe administration and security of medicines.

The registered provider had procedures to protect people from abuse and unsafe care. Staff were proactive in reporting possible safeguarding concerns and took immediate action to reduce risks where they became aware of a safeguarding concern.

We looked at how the home was being staffed. We saw there were enough staff to provide safe care. People we spoke with were satisfied with staffing levels.

Recruitment and selection was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people.

People told us they were offered a choice of healthy and nutritious meals. Drinks were available throughout the day and people's dietary and fluid intake was sufficient for good nutrition. People were complimentary about the meals.

Staff had received training in care which gave them the skills and knowledge to provide support to people.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty

Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

People we spoke with said staff were friendly, caring and respectful assisted them in a timely way. They said staff supported them to remain as independent as they could be. People and their relatives felt their needs and wishes were listened to and acted on. We saw staff were familiar with people's care needs, likes, dislikes and wishes and supported them in the way people wanted.

There was a transparent and open culture that encouraged people to express any ideas or concerns. People said staff were easy to talk to and encouraged people to raise questions.

There were procedures to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately. Staff told us she supported them and communicated well.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Medicines were not always administered safely and securely.

Staffing levels were sufficient to support people safely.  
Recruitment procedures were safe.

There were suitable procedures to protect people from the risk of abuse.

### Is the service effective?

**Good** 

The service was effective.

Procedures were in place to assess peoples' mental capacity.

People were offered a choice of healthy and nutritious meals.  
Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

### Is the service caring?

**Good** 

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and patient. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and patient way.

### Is the service responsive?

Good ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a variety of activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on in a timely way.

### Is the service well-led?

Good ●

The service was well led.

People who lived in the home and their relatives were encouraged to give their opinions on how staff supported them. People told us staff were approachable and easy to talk with.

There were a range of quality assurance audits to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

# Station House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 2 August 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the registered manager, ten members of staff on duty, nine people who lived at the home and four relatives. We also observed care throughout the home.

We looked at care and medicine records of three people. We also looked at the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the local NHS clinical commissioning group (CCG) and other professionals who visited the home. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People told us they felt safe at Station House and were satisfied with the care. One person told us, "I am so settled here. I always feel safe and comfortable. The staff are so very good and kind." Another person commented "I feel staff have a genuine concern and keep us safe and well." Relatives said they were confident their family members were well cared for. One relative said, "It is as safe and comfortable as it gets here and the staff are wonderful."

People told us they felt staff supported them with medicines well. They said they were given medicines as prescribed and at the correct time. Staff said people could manage their own medicines if they were able.

We observed medicines being given to people. We saw on the nursing and dementia units there were two separate medicine cabinets in use. On the nursing unit, There were two nurses administering medicines each from a separate medicine cabinets. One nurse gave medicines safely, without leaving their medicines cabinet unattended. The other nurse left the medicines cabinet in the corridor while they took medicines to people in their bedrooms. They left the medicine cabinet doors fully opened as well as a container of tablets on top of the cabinet. This left the medicines accessible to anyone walking along the corridor. The cabinet was not always within the member of staff's view when they were in the bedrooms.

We observed them leave the medicine cabinet opened in the corridor five times, then informed the unit manager. They immediately took over the administration of medicines and on completion informed the registered manager. The registered manager took appropriate action to ensure the safety of people. We recommend the registered manager remind staff about safe administration of medicines and check this advice is followed.

We saw medicines were ordered appropriately, checked on receipt into the home and stored and disposed of correctly. Medicine audits were completed regularly to monitor if people had received their medicines as prescribed. Any errors or omissions acted upon.

There were procedures to protect people from abuse and unsafe care. The management team were proactive with reporting possible safeguarding concerns. Where there were issues appropriate action was taken promptly. We asked staff how they would deal with unsafe care or a suspicion of abuse. They told us they would report this straight away and also make sure the person was safe. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

Risk assessments enabled people to remain as independent as possible while keeping them safe. They provided instructions and guidance for staff members when delivering care and support. Staff spoken with told us the risk assessments were clear and informative and provided good direction. The registered manager told us they reviewed accidents or incidents. They evaluated how well they had been managed and looked to see if changes to risk assessments were needed.

We looked how recruitment and selection was carried out. We looked at four staff files. The application

forms were completed with any gaps and discrepancies in employment histories followed up. This meant senior staff knew the employment details for each prospective member of staff. References had been received before new staff were allowed to start work.

A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they started working with the organisation. This allowed the employer to check if potential employees had criminal records or were barred from working with vulnerable people. This helped senior staff in assessing the suitability of potential staff to work in the home.

We spoke with four recently appointed members of staff; who confirmed they were unable to commence work before appropriate checks had been made. The organisation checked when recruiting nurses they were registered with the nursing and midwifery council (NMC) and therefore able to practice as a registered nurse.

We looked at how the home was being staffed. We did this to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at Station House, relatives and staff, checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. We saw there were sufficient staff to provide people with personal care and social and leisure activities.

People we spoke with were satisfied with staffing levels. One person said, "There are always plenty of staff about to help you or to do things." Another person said, "The staff spend plenty of time with us so I think there are enough." Almost all relatives said there were enough staff. One relative said, "There always seem to be enough staff when I visit. I never have to hunt for staff." Another relative told us "There is always someone about to ask questions and staff come straight away if we ring the call bell." One relative felt there were not always enough staff at weekends but other people did not indicate this.

Staff we spoke with told us there were enough staff to look after people. One member of staff said, "I feel there are enough staff to allow us to do a good job." Another person said, "It can be busy at times but there are always enough of us to care for people without dashing about."

Agency staff were rarely used as permanent staff usually worked any extra shifts needed. This helped provide good care as staff were familiar with people's needs. Other professionals told us there were enough good quality competent staff. They added there was not a high turnover of staff so staff knew people and their needs.

People were able to spend time in communal areas of the home and their bedrooms as they wanted. Call bells were positioned in bedrooms and communal areas so people were able to summon help when they needed to. People told us they were usually answered promptly. One person said, "The staff usually come as soon as I call them. They will always explain if they are delayed." We saw people were able to access the secure courtyard areas and the large garden during the inspection.

Staff spoken with were knowledgeable about the individual needs and behaviours of people. Where people displayed behaviour which challenged the service, assessments, guidance to staff and risk management plans were in place. Staff were familiar with this information and knew how to support people.

Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and



safety guidelines. Legionella checks had been carried out. There was a rolling programme of redecoration and any repairs needed were recorded for the maintenance person to complete.

There was a fire safety policy and procedure, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. There were regular checks of fire safety equipment. Staff had taken part in fire drills so they understood what to do to keep people and themselves safe. People had personal evacuation plans

## Is the service effective?

### Our findings

People we spoke with told us the food was of good quality and they had choices at all meals. One person told us, "The food is very good, homemade and tasty. The cakes in an afternoon are delicious." Another person said, "We are asked what we want to eat every day and you get a choice. The puddings are superb. It's like an all-inclusive hotel."

We observed mealtimes during the inspection. Although some people ate in the dining rooms on each unit, staff assisted others with their meals in their bedrooms. We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition so people had a balanced and varied diet. The cook prepared meals from 'scratch' and with fresh ingredients. Meals were well presented and staff were person centred in the way they supported people. People were given adapted tableware where needed that enabled them to remain as independent as possible. This included cups with lids or straws and plate guards. One person had finger foods as they wanted to eat without assistance. Staff supported another person slowly with finely cut food. They did not rush them and chatted to them. We saw drinks and snacks were provided at regular intervals. Throughout the day.

People had a nutritional risk assessment in their care records which identified those who were at risk of obesity or malnutrition. People's weights were monitored frequently to help people maintain a healthy weight.

We spoke with the cook. The cook maintained records of people's likes and dislikes and for those with allergies or special dietary requirements, identifying those people who required specialised diets. They told us, "We aim to please here. People can have anything, the choice is theirs. If we haven't got it we go and get it. One person wanted treacle which we didn't have in but we have now."

We found good systems to provide for people who required special diets and textures in their food. This assisted staff to providing the correct meals to meet people's needs and preferences. We found the kitchen was clean and well organised and stocked with a variety of provisions.

People who lived at Station House and their relatives told us their specialist dietary, mobility and equipment needs had been discussed with them and recorded in care plans. They told us their healthcare needs were monitored and met promptly by staff and they saw health professionals where needed. Care records seen confirmed people had visits from or visited chiropodists, opticians and hearing clinics. One person said, "The GP visits here several times a week so it is easy to see them."

We spoke with health and social care professionals who told us they had no concerns with the care being provided by the staff team. They were praising of the care provided. They told us they were confident the home looked after people effectively and staff were competent and caring.

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 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.

The management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. Mental capacity assessments were always carried out before a person was admitted to the home. We spoke with staff to check their understanding of these. They told us they determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Relevant staff had been trained to understand when a DoLS application should be made. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. The management team showed us recent DoLS applications. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

We saw the registered manager and management team had made the home dementia friendly. People's bedroom doors were painted in the colours of their choice, usually the colour the front door their own home had been painted. There were also memory boxes outside people's rooms showing things important to them. There were also dementia friendly signs throughout the home to assist people to find their way around the home.

People who stayed at or lived at Station House and their relatives told us they felt staff were trained and competent. Staff told us they completed induction training when they started in their post. They also shadowed experienced staff for a period of time to assist them to develop basic skills and knowledge of the home.

Staff told us they had good and frequent training. Care staff had completed or were working towards national qualifications in care. Staff had also completed other training including; Dementia, dignity and respect, equality and diversity, diabetes, moving and handling, Mental Capacity Act and Deprivation of Liberty training, first aid, food safety, safeguarding vulnerable adults, infection control and health and safety.

Staff told us they received regular supervision sessions. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and regular staff meetings and felt able to air their views.

## Is the service caring?

### Our findings

People who lived at Station House and their relatives told us staff were patient and attentive and provided good care. One person said, "The staff are wonderful, so helpful and look after us so well." Another person said, "I am very settled here, safe and comfortable. They are so caring and willing."

We observed staff to be caring and attentive to people's needs. Staff interacted with people as they entered rooms and carried out care. We saw staff gave assistance to people promptly. One person asked to be taken to the lounge, which staff quickly did, ensuring they were comfortable and warm in an armchair. We saw staff quietly encouraged another person who needed personal care to accept this. We also saw staff reassure one person who was showing signs of anxiety. They smiled, gave the person a hug and spoke quietly to them. The person smiled back and linked arms with the member of staff and they left the lounge together.

We observed good moving and handling and positive communication as staff transferred people to and from armchairs and wheelchairs. They explained to each person what they were going to do and if they wanted the person to assist. Then checked the person was ready. Staff made sure footrests were in place on the wheelchairs before moving off.

Staff were familiar with the history, likes, dislikes, needs and wishes of people they cared for. They respected each person's diverse cultural, gender and spiritual needs. They knocked before entering bedrooms and bathrooms and made sure people's privacy and dignity was maintained. We saw staff were sensitive and discrete when people needed personal care. They made sure they shut bedroom and bathroom doors to ensure people's privacy. One person told us, "They are so polite and keep things private when helping you." A member of staff said, "I treat the residents how I want to be treated with respect, dignity and empathy."

People looked cared for, dressed appropriately and well groomed. People told us the hairdresser visited regularly and we saw several people having their hair styled during the inspection. A relative told us, "[Family member] is always clean, tidy and well turned out. The staff work hard to make sure people look at their best."

The staff team provided care and support to people needing care at the end of life. There was information on people's personal preferences around the end of life and appropriate documentation regarding resuscitation. We saw people's wishes were clear and staff were aware of these.

We saw comments written to the staff team from relatives whose family member had passed away. They thanked them for the care provided and the comfort it gave them for their family member to have a peaceful death. One comment read, 'Thank you for caring. I know you all made their life a lot happier'. A member of staff said, "End of life care is where my heart is. To ensure people have a dignified, pain free end is so important for them and their families. We find out how they want to be supported so we can provide the best care for them." The member of staff added, "One person liked reading, so we had a rota of staff who took turns to sit and read to them. You could see in their face that it was a comfort." Another member of staff

said, "It is the little things you do that count. It shows you care and will take the time to support people."

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available to people about how to get support from independent advocates so people had a 'voice' where there was no family involved.

## Is the service responsive?

### Our findings

The atmosphere in the home was relaxed and comfortable during the inspection. People told us staff helped and encouraged them to enjoy a good quality of life. One person said, "It is more than caring here. It's home from home. If I don't like something The staff will change it. They try to do anything for you."

Relatives told us care was personalised to their family member's individual needs. We observed staff had a good understanding of people's needs. We saw staff offered people choices of food, activities and times for personal care and encouraged people to retain their independence wherever possible. A relative said, "They have done wonders for [family member]. I can't believe the difference since being here." People were assisted to follow the routines they chose. A member of staff said, "At the end of the day this is their home now. They should be able to choose." People told us they got up and went to bed when they liked. We saw people rose at different times on the inspection. A member of staff told us, "If people want a lie in that's fine, it's no problems - and it aids their recovery."

Staff recognised the importance of social contact, companionship and activities. They spent time talking with people. A member of staff told us, "You learn a lot from having a chat and getting to know people." There was an activities coordinator employed. We saw they offered people a choice of activities. These included DVD's, board games, bingo, animal visits, reminiscence and singalongs and visiting entertainers. One person told us, "They let dogs in and we can stroke them."

The registered manager told us they usually assessed people`s needs before admission. Where people were admitted on Intermediate Managed Care, transitional Care or step up care, occasionally staff only received an assessment completed by the hospital before admission. They then completed their own assessment on admission, from which they developed a care plan and risk assessments.

We looked at the care records of four people we chose following our discussions and observations. Care records were informative. They were regularly reviewed and amended as people's needs changed. A member of staff told us, "They are constantly updated. You know the information in them is relevant and current." We saw their care plans were personalised and staff were knowledgeable about people's needs and preferences. Risk assessments including nutrition, falls and pressure area management had been completed.

The registered manager told us care plans and risk assessments were completed with the person and their relative, if appropriate. We saw from the care records and talking with people who lived at Station House, they and their relatives were involved in care planning where they wanted. One person said, "I could be involved in all that paperwork [care plan] but I can't be bothered. I trust the staff to write it down and they look after me how I want them to." A relative said, "They asked us lots of questions about [family member's] care."

People told us their relatives were made welcome and there were no restrictions to visiting. One person said; "We can have visitors anytime we want, not like the hospital." A relative said, "All the staff make me very

welcome when I visit."

We looked at the complaints policy and saw this provided information on how people could expect their concerns to be addressed. We saw people had been given information about how to make a complaint. People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said if they had any concerns staff listened to them and took action to improve things. One person said, "I have only ever had one complaint and it was dealt with quickly, and as I wanted." Another person commented, "I feel staff have genuine concern about us and try to make everything right. If they do get it a bit wrong they make it better." A relative said, "If I wasn't happy I would speak to the manager or deputy. They are easy to speak to."

The registered manager showed us there had been six formal complaints over the previous twelve months. These had been dealt with promptly and appropriate action taken to the satisfaction of the complainants. There had been frequent written compliments from relatives in the same period.

## Is the service well-led?

### Our findings

People who lived at Station House and their relatives told us the registered manager and staff team were, approachable, considerate and supportive. They felt their needs and wishes were listened to and acted on. They said staff encouraged people to talk with them, ask questions and discuss any fears or worries. One person told us, "Amazing staff. They are all very good and they do what you ask." Another person said, "The manager and staff always listen and will do something about any queries."

The registered manager sought people's views in a variety of ways. She told us she had an 'open door' policy and residents and relatives could talk with her whenever they wanted. People who lived at Station House and their relatives confirmed this. She had informal chats with people about their views of the home. There were also formal 'residents and relatives' meetings held regularly. People who stayed or lived at Station House, their relatives and staff completed surveys about their experience of the home and any improvements they would like. These were mainly praising. Where there was dissatisfaction action was promptly taken to remedy the problem.

The registered manager demonstrated she understood her role and responsibilities. She encouraged staff to develop their skills and knowledge to help them provide the best care they could. Staff said the registered manager was a good leader who was fair and supported and worked with them. One person said, "[The registered manager] is firm but fair. She expects staff to give good care towards people but she also cares about the staff." Professionals who visited the home were complimentary about the registered manager and senior team's management of the home. They felt they were efficient, competent, communicated well and had high standards of care.

The home had a clear management structure. Lines of accountability were clear. Staff understood their responsibilities, knew their abilities as well as the limits of their skills and when to seek advice. There were regular staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues.

Staff attended handovers at the change of each shift. This gave them the opportunity to discuss people's support needs and any day-to-day operational issues. Staff told us at handovers they were encouraged to discuss anything they were unsure about. They told us this open approach helped them to feel valued and supported.

There were procedures to monitor the quality of the service. Audits were being completed monthly by the registered manager and senior staff team. Senior managers in the organisation completed governance audits twice a year any actions advised monitored for progress. Audits included monitoring the home's environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve people's experience of the service. Seniors staff also carried out unannounced observations during the day and night to monitor the care provided. As well as regular competency checks on staff to ensure they provided safe, effective and respectful care.



There was a business continuity plan that identified how the service would respond to different types of emergencies. We saw any accidents and incidents were thoroughly investigated. Where appropriate, detailed action plans had been put in place to prevent any recurrence. This reduced risks to people. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.