

Emerald Care Services Limited

Station House

Inspection report

23 Station Road
Laughton Common
Dinnington
South Yorkshire
S25 3RW

Tel: 01909561917

Date of inspection visit:
20 April 2023
10 May 2023

Date of publication:
16 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Station House provides care and support to up to 10 people with learning disabilities, and autistic people. The service is provided in a house, with an annex and a separate bungalow. At the time of our inspection there were 8 people using the service. The service also provides personal care to 1 person living in their own home.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The model of care and setting maximised people's choice, control and independence. We received positive feedback from people and their relatives about the opportunities to engage in activities and interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

The care and support was person-centred and promoted people's dignity, privacy and human rights. People's care plans and risk assessments had been reviewed and updated to include the necessary detail. Day to day records reflected the personalised care, support and treatment people received.

Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff helped to make sure people using the service led confident, inclusive and empowered lives. People and members of their staff team told us various refurbishment and building work had taken place and further work was planned, to improve and personalise people's environment. However, we identified shortfalls in cleanliness in some areas and some radiators were not covered. The provider's quality assurance processes had not identified these shortfalls.

We have also made recommendations to the provider regarding medicines management, staff recruitment and radiator covers.

The provider acted quickly to put measures in place to make the necessary improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 October 2019).

Why we inspected

We received concerns in relation to the management and planning in relation to people's personal care needs. As a result, we undertook a focused inspection to review the key questions of safe, and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Station House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches of regulation in relation to safe care and treatment and good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We have received an action plan from the provider to indicate what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Station House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Station House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Station House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service registration includes a domiciliary care agency. This provides personal care to 1 person living in their own home.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this

location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a newly registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We received information from the local authority who commission the service, including from their safeguarding team. We used all this information to plan our inspection.

During the inspection

We visited the service on 20 April 2023 and 10 May 2023. We spoke with 6 people who used the service and 11 members of staff including 3 senior staff and 5 support workers, the manager, regional operational manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the course of the inspection we reviewed a range of records. This included a sample of 5 people's care records, including records in relation to the management of people's medicines. We reviewed records relating to the management of the service, including some policies and procedures. We spoke with 3 relatives about their experience of the service provided to their family members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy and quality assurance records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. It was evident people needed further support to clean their en-suite rooms, as bacteria had caused a build-up of both, pink and black mould in some areas. In laundry areas there was dust down the sides of washing machines and heavily stained carpet. Some carpet had been cut around the machines, creating gaps which harboured dirt and were difficult to clean. Radiators and skirting boards required cleaning, with some radiators showing rust where enamel had started to flake. Storerooms were over stocked creating the need for items to be stored on the floor.

We found no evidence that people had been harmed. However, the provider had not always ensured the hygiene practices ensured people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach.

The provider took action to address these issues and during our second visit we noted work had commenced on replacing floor coverings in laundry areas. One person told us they were excited because they were having their en-suite shower room refurbished.

Visiting in care homes

- The provider's policies around visiting ensured they supported visiting in line with the latest guidance. People's care records showed us visiting was enabled. The service supported visits for people using the service in line with current guidance.

Using medicines safely

- Overall, people received their medicines safely.
- There was room to improve some areas of the guidance, administration and recording of unprescribed medicines and PRN ("when required") medicines. The way one person's medicines were stored in their room needed improvement.

We recommend the provider consider current guidance on PRN and unprescribed medicines and take action to update their practice accordingly.

The manager responded quickly, taking action to address these areas.

- The provider adhered to the principles of Stopping Over-Medication of People with a Learning Disability (STOMP). People's medicines were reviewed regularly, to monitor the effects on their health and wellbeing. The manager engaged with external professionals to ensure people only received psychotropic medicines for the right reasons and in the right amount.
- Staff were trained to handle medicines in a safe way. They completed appropriate training and had their competence assessed to make sure their practice was safe.

Staffing and recruitment

- Pre employment checks made before new staff began working for the service. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Interview records were in place to support managers' decisions to employ staff. The records provided evidence managers had explored the previous employment histories of staff and their suitability to work in the service.

We recommend the provider consider further developing their on-line application format to provide more clarity in respect of applicants' employment histories.

- People were relaxed and happy in the presence of staff, who interacted well with people.
- We saw evidence to indicate there were enough staff to meet people's individual needs. There were enough staff to make sure they could get out and about when they wanted to. More than one person said they were looking forward to going to a local social club on the first evening of our inspection. Another person said, "I like living here, I can get a drink when I want from the kitchen and I have my own cupboard to keep my snacks in. I can get up when I want. The staff listen to me. I get on with everyone. My bedroom is nice and I help keep it clean. I have lots of activities and I wouldn't change anything. My favourite thing is being in the garden."
- The management team operated an established duty system to make sure leadership and support was available outside of office hours.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service. However, not all radiators were covered in order to prevent the risk of burns. The provider had assessed the risk to individuals, to help mitigate the risks until radiator covers were ordered and fitted. These indicated appropriate staff support was in place for people who were assessed as vulnerable to this risk.

We recommend the provider bring forward their plans to cover radiators in people's accommodation.

- Care plans and risk assessments were detailed and identified risks associated with people's individual, assessed needs. We saw care and support delivered in line with people's person-centred plans.
- Positive approaches to risk taking had led to some people developing more independence. Additionally, people who expressed anger or distress through their behaviour had benefitted from positive, planned responses from staff, who had a good understanding of people's communications needs. This had resulted in reductions in incidents and 1 person no longer needed 2 to 1 staffing when out in the community.
- The manager had reviewed people's care plans and risk assessments to make sure people's needs were reflected.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured there were effective systems in place to safeguard people.
- One person told us, "I like everything here and wouldn't change anything. I like some staff more than others. If I have a problem I can talk to staff."
- Staff told us they felt comfortable to raise concerns with the management team to safeguard people from the risk of abuse. One staff member said, "I would raise any safeguarding concerns with the managers. If I didn't get a response, I'd take it higher."
- Relatives' comments included, "[My family member] is safe there and has lived there a long time. They [staff] are doing brilliant with [person's] diet and I am 95% happy with the staff", "My family member] is safe in their home. The staff are friendly and it's like a proper home. It's very personal. They make me feel welcome. No incidents or medication errors" and, "[My family member] likes the staff and always wants to go back to their home there, after visiting me".
- Oliver McGowan training on learning disability and autism had been implemented as mandatory training for staff. This is the standardised training developed to enable the health and social care workforce to better support people with a learning disability and autistic people.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers and staff undertook a range of quality monitoring checks and audits, but these were not always effective in identifying and addressing areas for improvement.
- The outcome of the provider's audits did not correspond with our findings in relation to cleanliness, or the absence of radiator covers. For instance, whilst the provider had identified people's ensuite facilities needed updating and had planned imminent refurbishment, they had not taken effective action to monitor and address the issue of cleanliness on a day-to-day basis. We also identified some, more minor shortfalls in medicines management and staff recruitment processes.

We found no evidence that people had come to harm. However, the provider had failed to ensure their systems to assess the quality and safety of the service were operating effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them
- One person said, "I like the staff they are nice and friendly I can talk to them, and I know who the manager is the staff listen and I like them all and I don't have any concerns."
- People were consulted about their living environment in response to the refurbishment and building work.
- One relative said, "The staff are good and yes, [my family member] is safe. Don't have any problems. [Person] is well looked after. They keep me well informed, and they do a good job. Very respectful and everyone seems friendly."
- People's interests and preferences were reflected in their care plans and records showed people were supported to get out into the community.
- The provider worked in partnership with other agencies to ensure people's needs were met and to improve care outcomes.

Promoting a positive culture that is person-centred, open, inclusive and empowering; Continuous learning and improving care

- Each person had a communication support plan. These provided guidance to staff on how best to support, listen and enable the person to communicate their preferences, wishes and needs. We saw evidence of how this helped ensure the service was inclusive and empowering.

- People's relatives felt able to provide feedback and raise concerns should they need to. One relative said, "I would go to the manager if I had a complaint. Everything has always been resolved in the past and I was happy." Another relative said they would like more regular phone or e-mail communication from staff and more involvement in their family member's care planning.
- Staff meetings were held, where improvements were discussed, and information and best practice shared. Staff members we spoke with told us they felt supported and had confidence in the provider, who they felt had a positive person-centred culture. One staff member said, "The provider really does listen and does things that improve people's lives."
- The provider reviewed themes and trends and shared lessons learned within the staff team, and across the organisation as a whole. This helped to make sure there was a culture of continuous learning and improvement to the service overall.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always ensured the hygiene practices ensured people's safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure their systems to assess the quality and safety of the service were operating effectively.