

North Yorkshire County Council

Station View

Inspection report

16 Station View
Harrogate
North Yorkshire
HG2 7AJ

Tel: 01609533003
Website: www.northyorks.gov.uk

Date of inspection visit:
06 March 2018
19 March 2018

Date of publication:
16 May 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 6 and 19 March 2018. The first day of the inspection was unannounced.

Station View is a 'care home' situated in Harrogate. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and care provided, and both were looked at during this inspection.

Station View can provide support for up to 38 people. On the first day of our inspection 18 people were living at the service. The service provided mainly short-term support. The building is all on one level and is separated into five units, referred to as flats. Each flat has a dedicated purpose of either rehabilitation support, a period of assessment, respite support or to accommodate emergency admissions.

At our last comprehensive inspection of the service, in March 2016, we awarded the service a rating of 'Good'. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Quality assurance checks completed by the registered manager and provider did not identify some of the issues we highlighted during our inspection, for example risk assessments not being updated and a lack of temperature checks for storage of medicines. The management team were responsive to the issues raised. The provider was in the process of developing their quality assurance tools to ensure the safety of the people who used the service and demonstrated they wanted the service to continually improve.

People were protected from avoidable harm. Staff received safeguarding training and understood how to report their concerns. For areas of potential risk, risk assessments were completed. Measures to reduce the risk of harm were not always recorded however staff had a clear understanding of what actions to take. Safe staff recruitment procedures had been followed. The service was clean and staff had access to personal protective equipment to control the spread of infections.

Staff completed training in the areas considered mandatory by the provider and demonstrated a good knowledge of their role. Staff received supervisions and appraisals to monitor their performance and development. Staff described feeling well supported. People had access to healthcare professionals and a multi-disciplinary team monitored their progress. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

The people who used the service provided positive feedback about the staff team who were observed to be caring and kind. People who used the service told us about the rapport and friendships they had developed with staff. Staff promoted people's dignity and respect through their interactions.

People's care records were personalised and staff provided person-centred care. The staff and management team promoted people's independence. Consent was obtained from people before providing care. There was a compliments and complaints policy in place and the registered manager had followed the procedure when responding to these.

People's views were sought about the quality of the service provided and their responses were used to consider how the service could improve.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? Well-led requires improvement.	Requires Improvement ●

Station View

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. The inspection was planned to check whether the provider was 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.

We inspected the service on 6 and 19 March 2018. The first day of inspection was unannounced. The inspection team was made up of one inspector and an expert by experience on the first day and two inspectors on the second day. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it. We contacted the local authority and Healthwatch for feedback. Healthwatch is a consumer group who share the views and experiences of people using health and social care services in England. We reviewed the Provider Information Return. This is information providers are required to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. This information contributed to our understanding of the service and was used to plan our inspection.

During the inspection, we spoke with 12 people who used the service and three relatives. We spoke with nine members of staff which included the registered manager, deputy managers, care services manager, independent living facilitator, cook and care workers. We also received feedback from two visiting healthcare professionals.

We had a tour of the service including communal areas and, with permission, looked in people's bedrooms. Whilst in communal areas, we continually observed interactions between staff and people who used the service.

We reviewed a range of documentation. This included four people's care records, medication administration

records and training, supervision and recruitment records for three members of staff. We looked at a selection of records relating to the running of the service and policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of Good. At this inspection we found the service continued to be safe.

People said they felt safe at the service. One person told us, "I do (feel safe); they are very helpful." Other comments included, "I feel safe. It's very nice and I'm well cared for" and "There has been nothing that I should worry about."

The provider had safeguarding policies and procedures in place which included a whistleblowing policy that was accessible to all staff. Staff received safeguarding training and were able to explain signs of potential abuse and how to report their concerns. Staff also noted the importance of including people in any discussions about their safety or welfare.

Risk assessments were completed in areas such as falls, weight loss and skin integrity. We found staff had good knowledge of managing risk though their weekly meetings but records did not reflect their knowledge. Risk assessments in people's care plans highlighted the level of risk but did not describe the control measures staff should follow to reduce the likelihood of harm. Risk assessments were not routinely updated when there had been a change to somebody's needs, for example if they had lost weight or had a fall. This is important as the level of risk may have changed and the support people needed to remain safe. We made a recommendation the provider review their systems to ensure records reflect the risk assessment process.

Overall medicines were well managed and people told us they received their medicines on time, People were supported to maintain or develop their skills to manage their own medicines safely. Regular checks had been carried out to ensure people had received their medicines correctly. Staff were trained and in the process of having their competency around medicines checked by the management team. The provider checks had not highlighted areas of safe medicines storage and record keeping which did not follow the provider policy. For example; the temperature of the storage room was not taken and staff had not always signed administration charts when they had applied people's creams. The registered manager agreed to make changes immediately in these areas.

Accident and incident forms, including those for medicines errors, were completed and then analysed by the registered manager to identify patterns and trends. Staff members involved and any wider lessons learnt were discussed within staff meetings to try and avoid making these mistakes in future.

Bed rail checks, to ensure they were in safe working order, were not completed. At the time of our inspection one person required the use of bed rails and the registered manager confirmed bed rails are infrequently used. The registered manager is working with the provider to develop a checklist for bed rails and is aware these need to be checked going forward.

We found all other environmental and equipment checks to promote the safety of those who used the service were completed.

A fire risk assessment and evacuation plan were in place to note what actions should be taken in the event of a fire. Regular checks of fire safety equipment were completed and staff took part in fire safety drills.

Recruitment had been on-going and three full-time members of staff appointed. Staff continued to be recruited safely and had the appropriate checks in place before starting in their role.

We observed there was enough staff to provide people with support they required and to respond to their needs appropriately and in a timely way.

We found the service was clean with no malodours. When asked if the service was clean, one person responded, "It gets top for that." We saw staff use personal protective equipment to prevent and control the spread of infection.

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of 'Good'. At this inspection we found the service continued to be effective.

When we asked people whether they felt staff were skilled in their roles they told us, "They couldn't improve on how they look after me" and a relative said, "I have very good impressions of all staff."

Staff received regular supervisions to discuss their well-being, performance and learning needs. Annual appraisals were in progress. Staff told us they could speak openly during these discussions.

Staff had undertaken training in areas the provider considered mandatory, which included emergency first aid, moving and handling and safeguarding. For those who had not completed training, this had been scheduled. Specialist training had been delivered by healthcare professionals to further skill staff. A member of staff told us their training made them feel valued and confident in their role.

The service worked closely with other agencies to support people. Multi-disciplinary meetings were held on a weekly basis and involved a geriatric consultant, district nurse, pharmacist, occupational therapist, managers from the service and care workers. This provided an opportunity to discuss updates about people's progress and discuss any concerns and how these could be addressed. People confirmed they had access to their GP.

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 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.

The staff understood and promoted the values and principles of the MCA. We heard staff offering people choice and seeking consent before they provided care and people had signed consent forms within their records. Staff and the registered manager understood the need to assess people's mental capacity if there were concerns about their understanding. A member of staff told us, "Not having capacity in relation to a specific thing doesn't mean people have lost all ability."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were no people deprived of their liberty. The registered manager understood when an application would be required and what actions to take.

People told us the food was good. One person commented, "The standard of food couldn't be better in a 5 star hotel; I don't exaggerate, particularly where food is concerned." People were given a choice about what

they wanted to eat and specialist diets were catered for. People were regularly weighed and staff took actions if they were concerned somebody was losing weight.

Is the service caring?

Our findings

At the last comprehensive inspection we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be caring.

We received, without exception, positive feedback about the staff. People frequently referred to the kindness and friendship offered. One person told us, "Staff are wonderful. They're so kind and obliging. They can't do enough for you" and "They are not only kind, they are caring and they give friendship." Another person noted, "You could have known them for years. You get the impression that they care. Something will happen and you end up having a chat. I was in the lounge looking through the window and someone (staff member) chatted to me as if we were friends."

We observed caring interactions between staff and the people who used the service. For example, whilst supporting a person with their medication we heard a staff member continually encourage and reassure them.

Staff understood the importance of providing people with emotional support in addition to caring for their physical needs. A staff member recalled a person who was nervous about going home. They explained how they reassured them, reminded them of how far they had come and their recent successful home visit. The staff member stated by the end of the conversation the person was much more relaxed. Within people's daily records there were examples of staff having provided people with emotional support, for example following the passing of a person's friend.

Staff promoted people's dignity, treated them with respect and provided person centred care. Staff knocked on people's door before entering and discreetly asked whether they required any assistance. The independent living facilitator had developed 'the dignity tree'. People who used the service and staff wrote what was important to them in relation to their dignity and wrote this on a leaf. This was then placed on the wall to remind people of the importance of treating each person as an individual. The staff team received training in relation to equality and diversity

The staff we spoke with were very positive about their job roles and each described how much they enjoyed their job and took pride in their team's achievements. One staff member stated, "I love it. There is a constant change of people and we are helping people to go back to their homes." Staff provided lots of examples about how people's independence had been promoted. This included a person who had been struggling to walk using their zimmer frame and had progressed to walking independently with a walking stick by the time they returned home.

Information about advocacy services was available should people require independent support to help them make important decisions about their life.

Is the service responsive?

Our findings

At the last comprehensive inspection we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to provide people with responsive care.

We received mixed feedback about the activities available. Comments included, "We have exercises and a quiz. Yesterday we had a bit of a sing song. I've been to the day centre where we play games." Another person noted the activities were limited but said they were content to sit and read their newspaper, whilst somebody else described sometimes feeling bored.

This had been recognised by the management team who had recently employed an independent living facilitator who was responsible for organising activities. They were two weeks into their new role and spoke passionately about activities and providing people with social and mental stimulation, ensuring this was personalised to individuals. There was not a set timetable of weekly activities as the independent living facilitator wanted activities to be flexible according to what people wanted to do. Recent activities had included group exercises, crafts and quizzes. A recent record following an activity stated, 'A lot of laughter and all enjoyed'. The independent living facilitator had also developed a pack of short activities for staff to use with people. People who used the service were also able to attend the day centre should they wish to. This demonstrated that meaningful activities for people were available and being developed.

Pre-admission assessments were completed with people to understand their needs and to ensure the staff team could safely meet their needs. People's goals and outcomes were also discussed during the assessment. The staff team and visiting professionals would then review the person's progress towards meeting their goals and amend these if required.

People's assessments and care plans were person centred and described people's likes, dislikes and needs. They also explained people's abilities, for example '[Name of person] is able to manage their top half personal care with prompts'. People wore emergency alarms which enabled them to move around the service freely but to alert staff if they required assistance. The staff and management team spoke to us about the importance of promoting people's abilities as the aim for many of the people who stayed at Station View was to return home.

On the second day of our inspection an information area had been developed to signpost people to other services for support and advice. This included information about how to promote your safety in the home, advocacy services and clubs and activities within the community.

The provider had a complaints policy. Information about to make a compliment or a complaint was available within the entrance to the service and was available in larger print. The service received two complaints within the last twelve months and these had been responded to appropriately. The staff had received lots of compliments about the care provided. We saw the registered manager had displayed one of those compliments on to the wall which stated, 'I would like to comment on the fantastic staff at station view who couldn't do enough for my [family member]'. The atmosphere there was very relaxed and peaceful

which I am sure helped in their recovery'.

Is the service well-led?

Our findings

We looked at the procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement.

The provider had used the registered manager's supervision to monitor the safety and quality of the service up until recently. The provider had recognised that a more robust audit of their services were required. A new form for the area managers to use had been recently implemented and the service was half way through being checked when we visited. This demonstrated the provider's commitment to quality assurance.

Following our visit the area manager shared the completed audit. Alongside the provider audit the registered manager and staff team carried out numerous audits such as checks around medicines, care plans and infection control. The audits which had been carried out had not highlighted the issues we found during our inspection for example; the lack of temperature checks of medicine storage, lack of recorded control measures in people care plans and risk assessment reviews following occurrences. We found nobody had been harmed but made a recommendation that the provider establish and operate effective systems to assess, monitor, mitigate risk and improve the quality and safety of the service.

There was a registered manager in post at the time of our inspection. 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.

The registered manager spoke with passion about their job role, particularly about the unique role the service has. When asked if they enjoyed their job they responded, "I love it. It is different every day."

Staff provided extremely positive feedback about the registered manager and deputy managers. Staff noted they were accessible, their door was always open and they were able to discuss any concerns they had. One staff member told us, "The registered manager and deputy manager are confident and competent in their jobs. The management team really understand the care side. They make sure staff are valued and are always telling you that you are making a difference." This demonstrated to us that staff felt supported within their role.

A professional told us, "The registered manager is a good manager. Very thorough and engages and communicates well." Another professional noted, "The team work well together, people see this and it makes their experience better." The staff and management team noted the importance of team work and talked of how they supported one another.

The registered manager had developed an exit questionnaire to seek people's views on the running of the service. Questions related to the quality of the food, whether people were involved in discussions about their care and people's confidence in the staff. The registered manager had analysed the feedback and

developed an action plan to consider ways the service could improve.

A variety of staff meetings were held on a regular basis. This included meetings for kitchen staff, domestic, night staff, care staff and seniors. Topics such as infection control, dignity and respect and staffing levels were discussed. Areas for improvement or informal complaints raised by people who used the service were discussed in the meeting in order for all staff to continually improve their practice.

We asked people how they thought the service could improve and one person noted, "Nothing, everything is very nice; it's better than being at home." Another person told us, "I'm really pleased, it's far better than I expected."